

SOC Planner: Indigent Drug Programs (IDP)

Present?
0-2

1. Well-defined health problem	2	Approximately 35% of NRHA patients (1,000 Medicare + 3,386 uninsured) have no coverage for medications and thus are often unable to pay for needed medications. Indigent Drug Programs (IDP) exist but create heavy paperwork and phone burden for providers and nurses.
2. Standards of Care that are evidence-based	2	Abundant evidence demonstrates that patients suffering from many acute and chronic diseases enjoy increased survival and quality of life with appropriate drug therapy. Examples include Diabetes, HPN, CHF, Pneumonia, Asthma, Peptic Ulcer disease, and Depression. Therefore, the standard is that patients should receive all medications of proven benefit for their respective acute and chronic conditions.
3. Staff Agreement on Objectives and Interventions Analysis of Costs and Preparation of Budget by Management	1	See HEAT minutes from 7/30/97 for consensus principles concerning IDP. Also see NRHA pharmacy special fund formulary list. Within the HEAT team, there were different opinions on the most effective intervention to meet the practice need for advocacy functions related to IDP. Option A: Supported by the majority and currently in effect is that nurses should play a major role in carrying out these advocacy functions. Option B: (See attached proposal by E. Stollings, PA-C) is that a full-time IDP manager/care coordinator should be appointed.
4. Decision whether to Proceed	1	A <i>de facto</i> decision to proceed has been in effect since at least 1993. Option B would require additional decision.
5. Interdisciplinary Team with clear staff roles	2	The ID team in this case includes the patient, nurse, provider, and pharmacy. Any team member may identify the need for IDP. Nurses work with providers and patients to complete all necessary paperwork. The NRHA pharmacy fills IDP prescriptions, provides IDP information to staff, and manages the special fund. Bonnie Tilley, RN, plays a leading role in IDP management at North Fayette. The nurses distribute and log free samples as they are distributed.
6. Well-defined patient education modules and patient involvement	1	Patients are taking an increasing role in completing necessary paperwork: "self-advocacy" and "the patient as a producer."
7. Presence of necessary tools to accomplish care 7a. Mechanism for case-finding	1 1	*Central file of forms and information at or near nurse station. NRHA Special Fund. Free Samples Closet. (There is no systematic effort at case findings at this time. As noted under Item 5, all team members are involved in this.)
8. Care provided according to standards	1	No defined measures so far. Patients in need of IDP are identified by any and all members of the team. Special Fund is used only for Formulary Drugs.
9. System of care coordination in place with tracking	0	Option A: No care coordinator but "yes" to "in-house expert." This is Diana Neal at NR Scarbro and Bonnie Tilley at NR Lookout.
10. Periodic measurement and reports	1	There are no specific measures so far. Ideas for system monitoring include volume reports from specific IDPs such as Pfizer. NRHA pharmacy does special fund report to management team monthly. NRHA pharmacy reviews special fund formulary yearly. Stay tuned for feedback from patients, nurses, providers, and

		pharmacy.
11. Regular staff education and program revision based on evaluation from step 10	1	IDP SOC should receive annual review as part of the pharmacy report to the QI committee. New River pathway for IDP SOC can be used for staff education.

(0=not at all; 1=partly; 2=fully)

Original: 7/30/97 revised by HEAT Team 2/18/98

Items in bold are required for a Basic SOC.

Items not in bold are added over time to achieve an Advanced SOC.

Attachments:

1. HEAT Consensus Statement
2. Special Formulary List
3. Eric Stollings, Care Coordinator proposal
4. New River Pathway for Indigent Drug Program