



SOCIAL DETERMINANTS
OF HEALTH FORUM

EXPLORING MEDICATION ACCESS & QUALITY

November 14 -15 • Alexandria, VA

Access to Care: Defining the Medication Access Patient Journey

Matthew K. Pickering, PharmD, RPh
Director, Research & Quality Strategies
Pharmacy Quality Alliance





Quality Framework of the National Quality Strategy: The Triple Aim and Six Priorities

Better Care



Making care safer by reducing harm caused in the delivery of care.



Ensuring that **each person and family are engaged** as partners in their care.



Promoting effective communication and **coordination of care**.



Promoting the most **effective prevention and treatment practices for the leading causes of mortality**, starting with cardiovascular disease.



Working with communities to promote wide use of best practices to **enable healthy living**.



Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

Healthy People/ Healthy Communities

Affordable Care

About the National Quality Strategy. Content last reviewed March 2017. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/workingforquality/about/index.html>

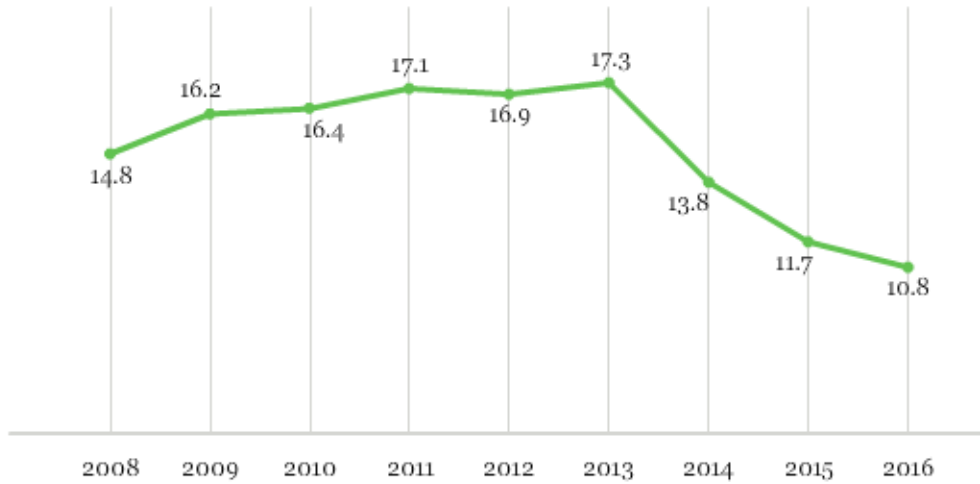


Stats and Stacks



Percentage of U.S. Adults Without Health Insurance

■ % Uninsured



2016 data reflect Jan. 2-July 31, 2016
Gallup-Healthways Well-Being Index

GALLUP®





Stats and Stacks

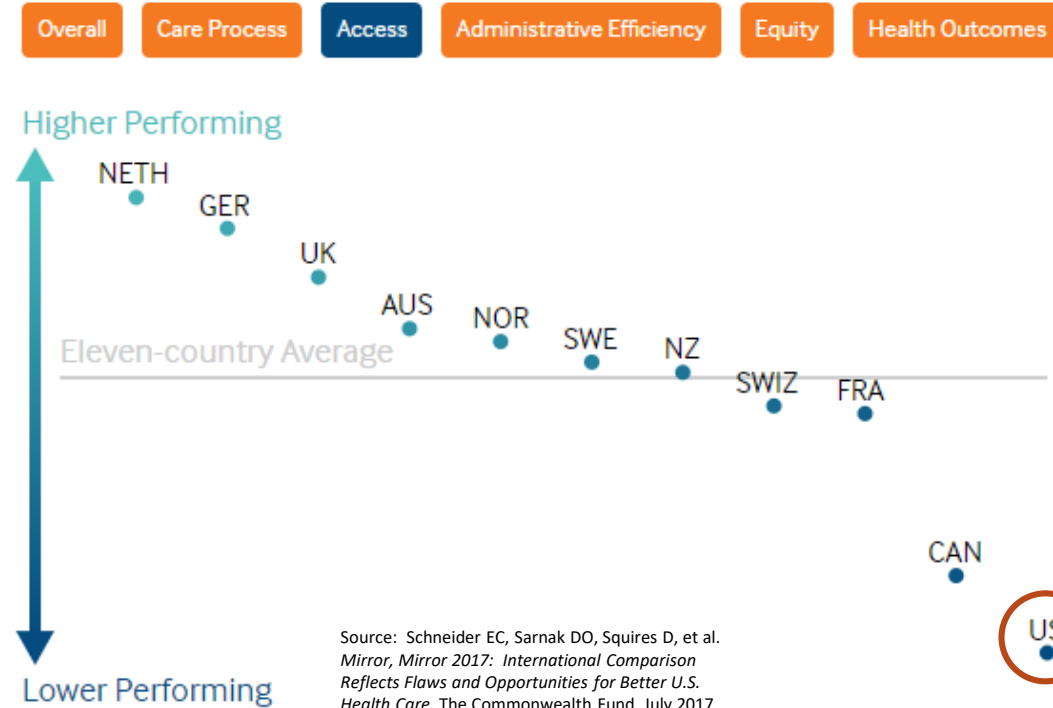
Affordability

- Paying for care
- Out-of-pocket costs
- Insurance shortfalls

Timeliness

- Ease of obtaining care
- Making appointments

Exhibit 3. Health System Performance Scores



Source: Schneider EC, Sarnak DO, Squires D, et al. *Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care*. The Commonwealth Fund, July 2017.



Stats and Stacks



Exhibit 6. Adults Who Cited Cost as a Reason for Skipping Prescriptions or Doses, 2016

Percent

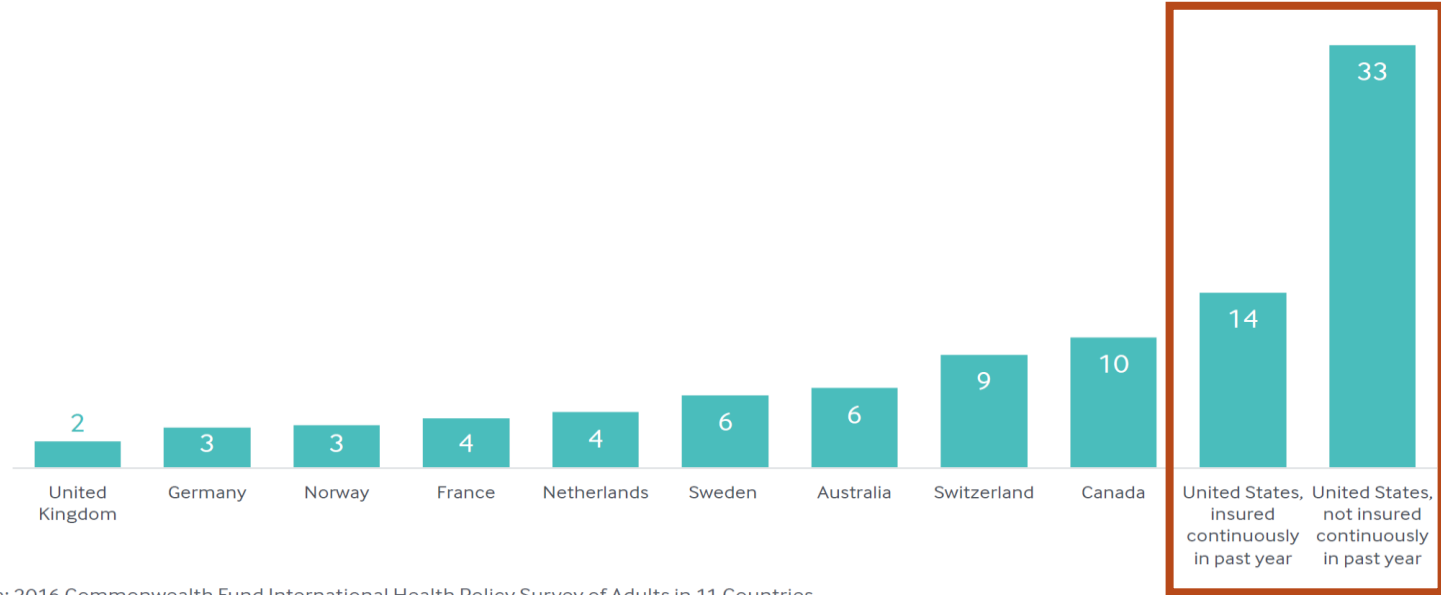
40

30

20

10

0



Data: 2016 Commonwealth Fund International Health Policy Survey of Adults in 11 Countries.

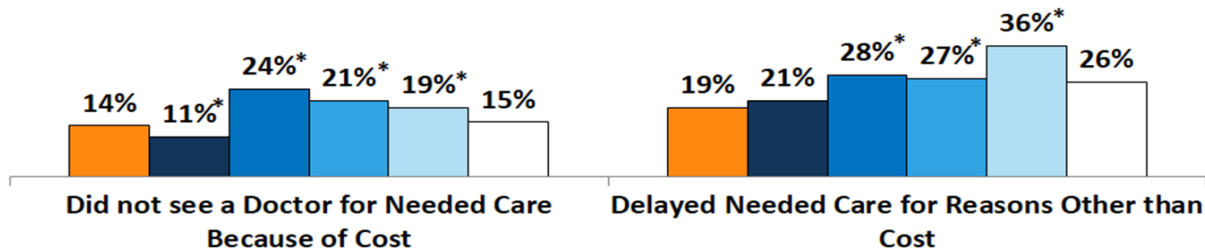


Stats and Stacks



Percent of Nonelderly Adults who did not Receive or Delayed Care in the Past 12 Months by Race/Ethnicity, 2014

White Asian Hispanic Black AIAN NHOPI



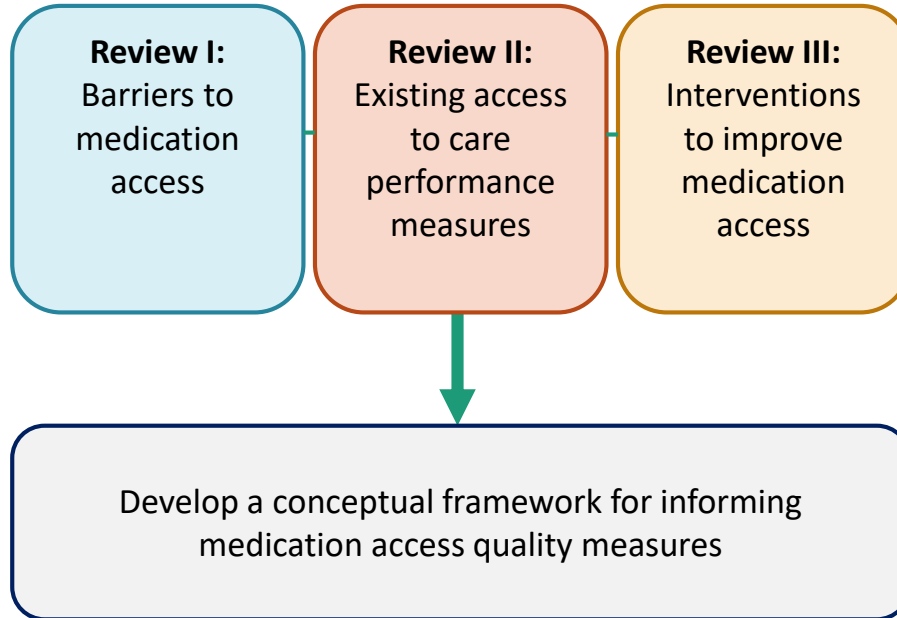
* Indicates statistically significant difference from the White population at the $p < 0.05$ level.

NOTE: AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 18-64 years of age.

SOURCE: Kaiser Family Foundation analysis of CDC, Behavioral Risk Factor Surveillance System, 2014.



Access to Care Initiative



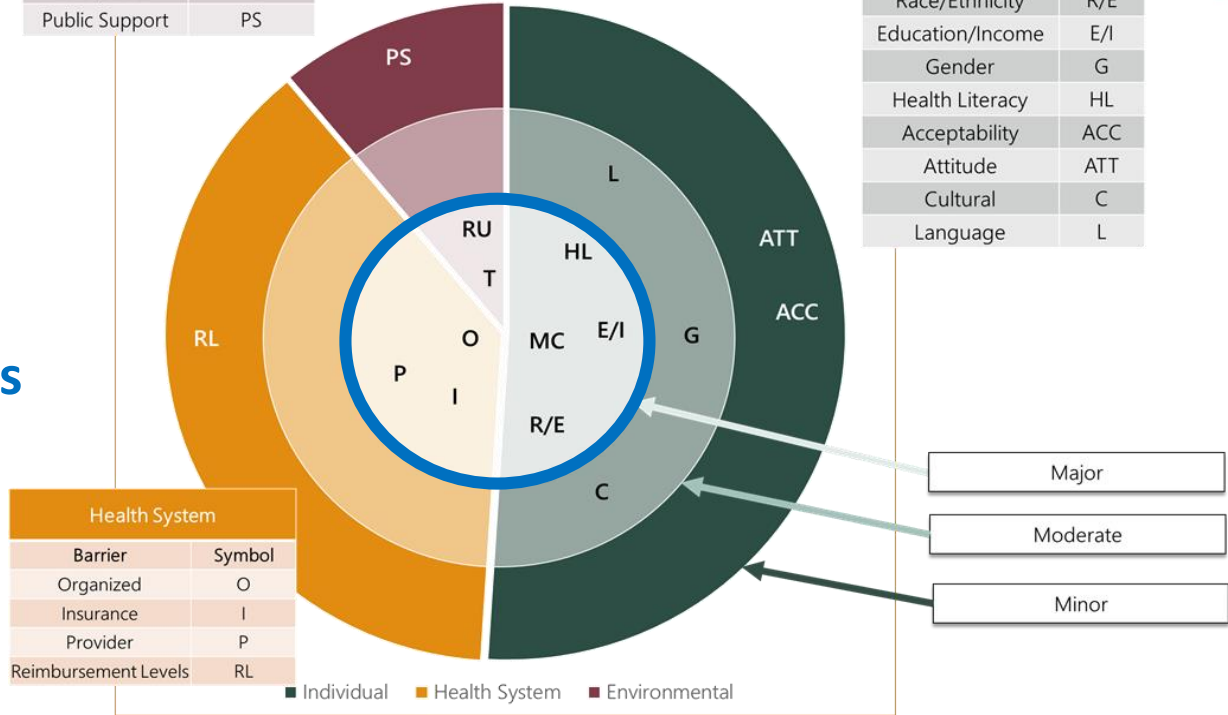
Barriers to Medication Access



Environment	
Barrier	Symbol
Transportation	T
Rural/Urban	RU
Public Support	PS

Individual	
Barrier	Symbol
Medical Conditions	MC
Race/Ethnicity	R/E
Education/Income	E/I
Gender	G
Health Literacy	HL
Acceptability	ACC
Attitude	ATT
Cultural	C
Language	L

Conceptual Diagram of Barrier Severity



Health System	
Barrier	Symbol
Organized	O
Insurance	I
Provider	P
Reimbursement Levels	RL





Measures by Major Barrier Category

Direct Focus on Medication Use

Major Barriers	# of Measures (N=246)
Individual	
Medical Condition	214
Race/Ethnicity	2
Health Literacy	9
Education/Income	0
Health System	
Organization	6
Provider	3
Insurance	7
Environmental	
Transportation	0
Rural/Urban	0

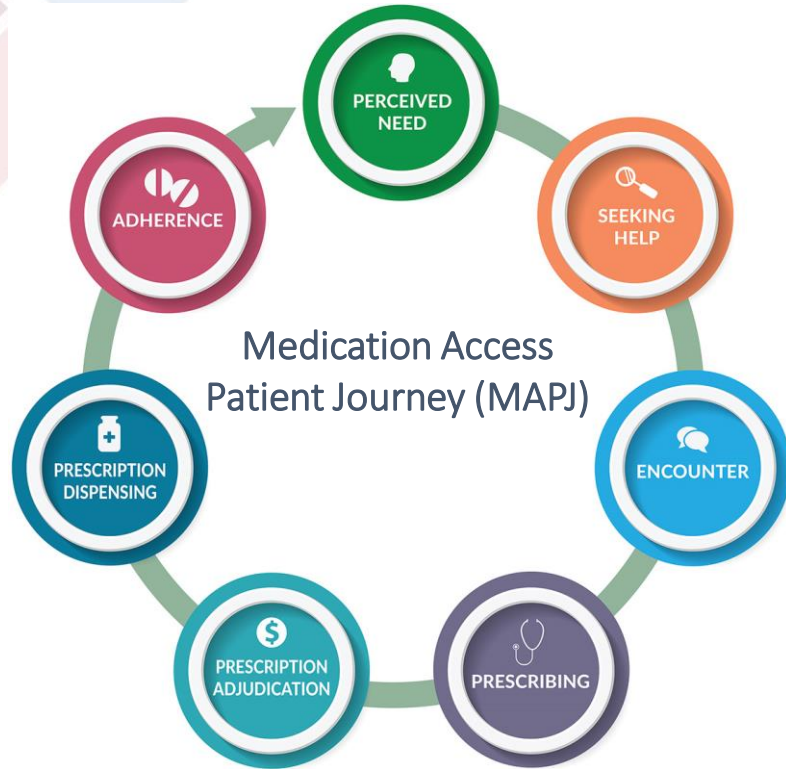




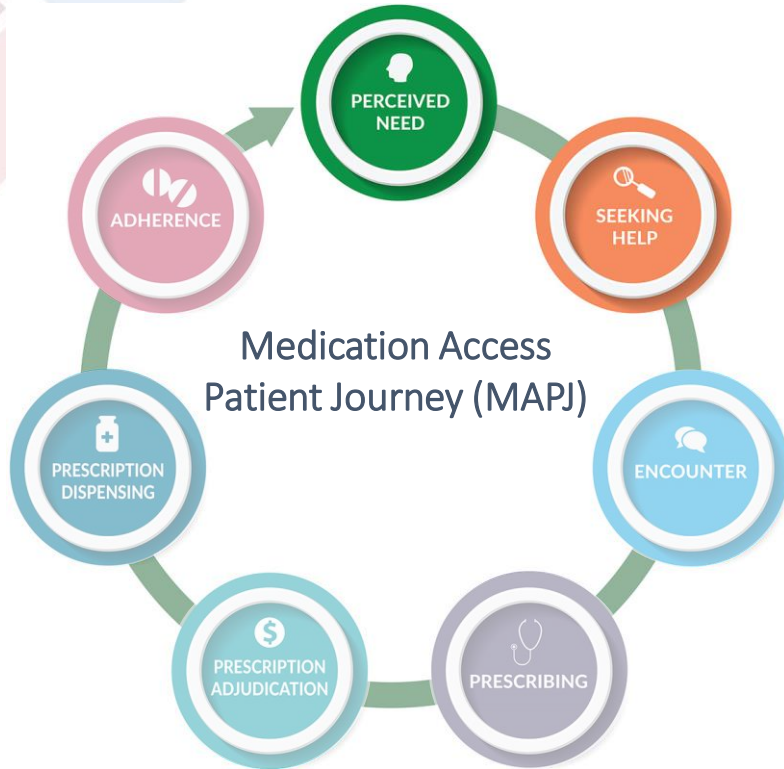
How do we define medication access?



The Medication Access Conceptual Framework



The Medication Access Conceptual Framework



Perceived Need

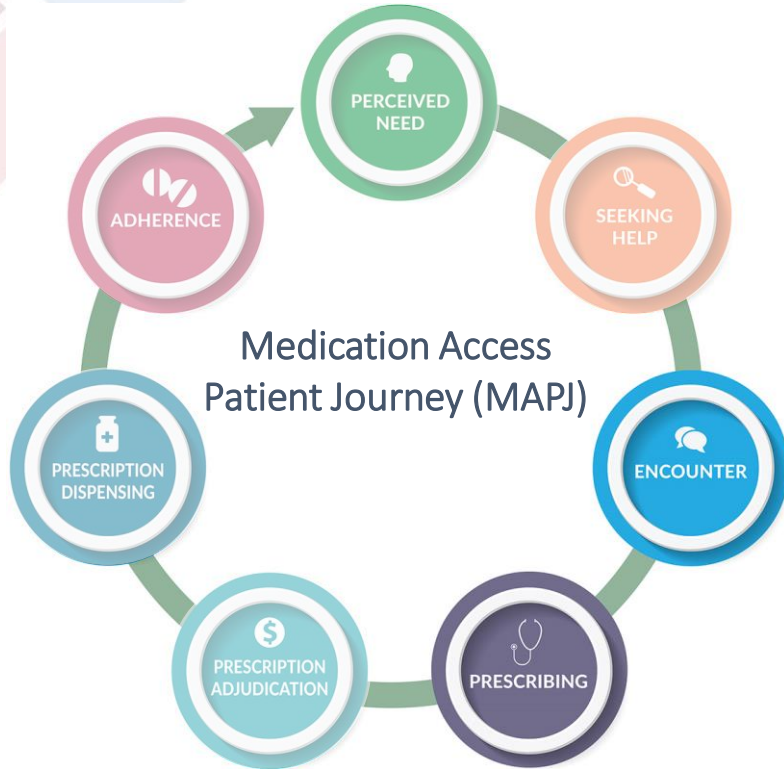
- Awareness of illness/condition that infers the need to seek care

Seeking Help

- Attempting to schedule an appointment with a medical provider
- Contacting an insurance plan for lists of in-network providers
- Checking insurance coverage for specific disease states and/or treatments



The Medication Access Conceptual Framework



Encounter

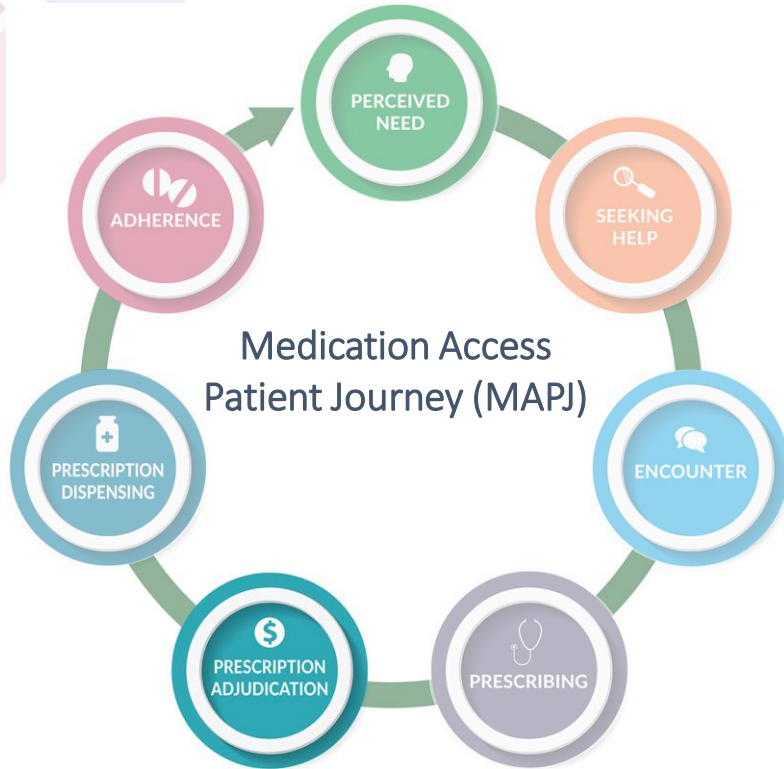
- Patient interacts with healthcare provider
- Health concerns are presented for assessment and for possible treatment

Prescribing

- A medical provider selects an appropriate medication (if needed) after an assessment (Encounter)



The Medication Access Conceptual Framework

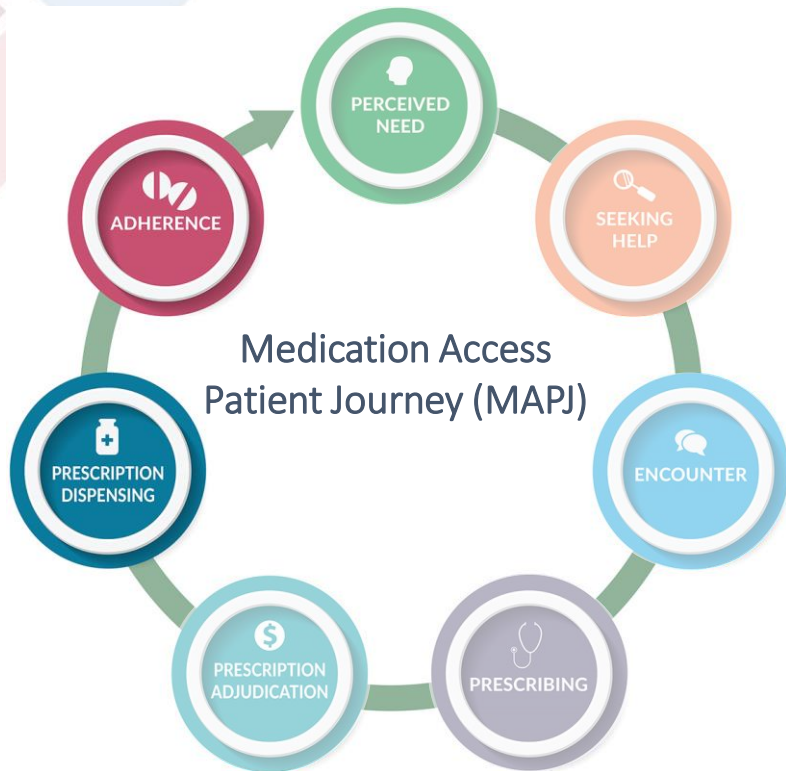


Prescription Adjudication

- Process of paying or denying a submitted prescription insurance claim after comparing to the patient's benefit or coverage requirements
- Medication utilization tools (e.g., prior authorizations and step therapy) may disrupt the timeliness of receiving medication



The Medication Access Conceptual Framework



Prescription Dispensing

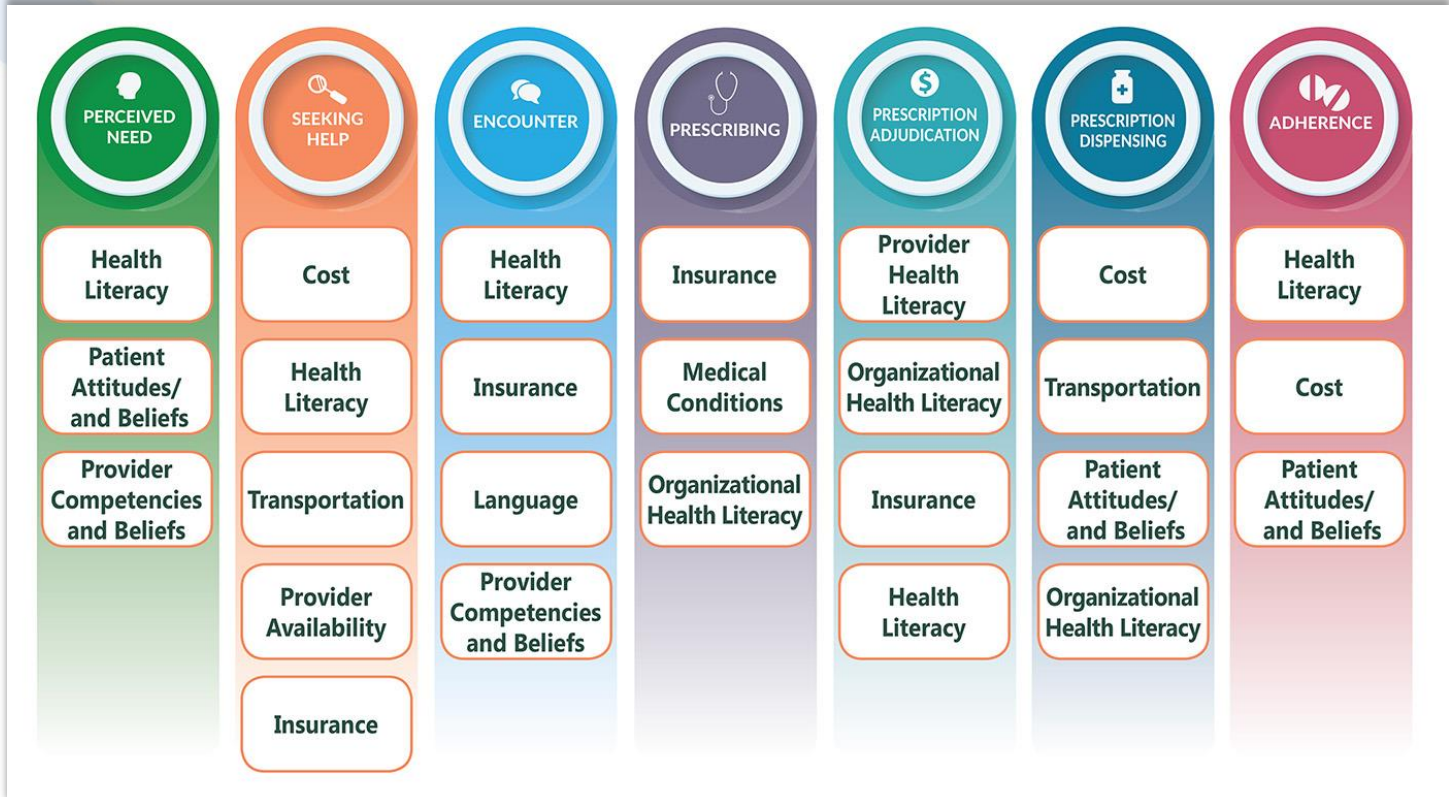
- Encompasses the point of contact between a patient and the pharmacy that provides the medication

Adherence

- Following a healthcare provider's recommendations to take medication as prescribed



Common Barriers Across the MAPJ





Implications for Quality Measurement

- Measure Gap Identification/Prioritization
- Core Measures for Alignment and Harmonization
- Patient/Community Engagement within Measurement

