

# Metrics That Matter to Older Adults:

## *Senior PharmAssist Blends Healthcare & Social Drivers of Health*

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# Objectives

- Describe the basic tenets of Senior PharmAssist
- Understand what is meant by using a racial equity lens
- Describe the advantages of addressing social drivers of health beyond medical interventions

# Spoiler Alert

- Why we do what we do: demographics and common sense
- What we do
- How we do it: always in process...intentionality
  - ✓ Do our best to **meet people where they are**
    - ✓ Staff, Board, Committees, Volunteers, etc. – should reflect our community
    - ✓ Trained to use motivational interviewing
    - ✓ Trained to better understand racial equity



# Senior PharmAssist Core Services

SPA helps Durham residents 60 & older with Medicare:

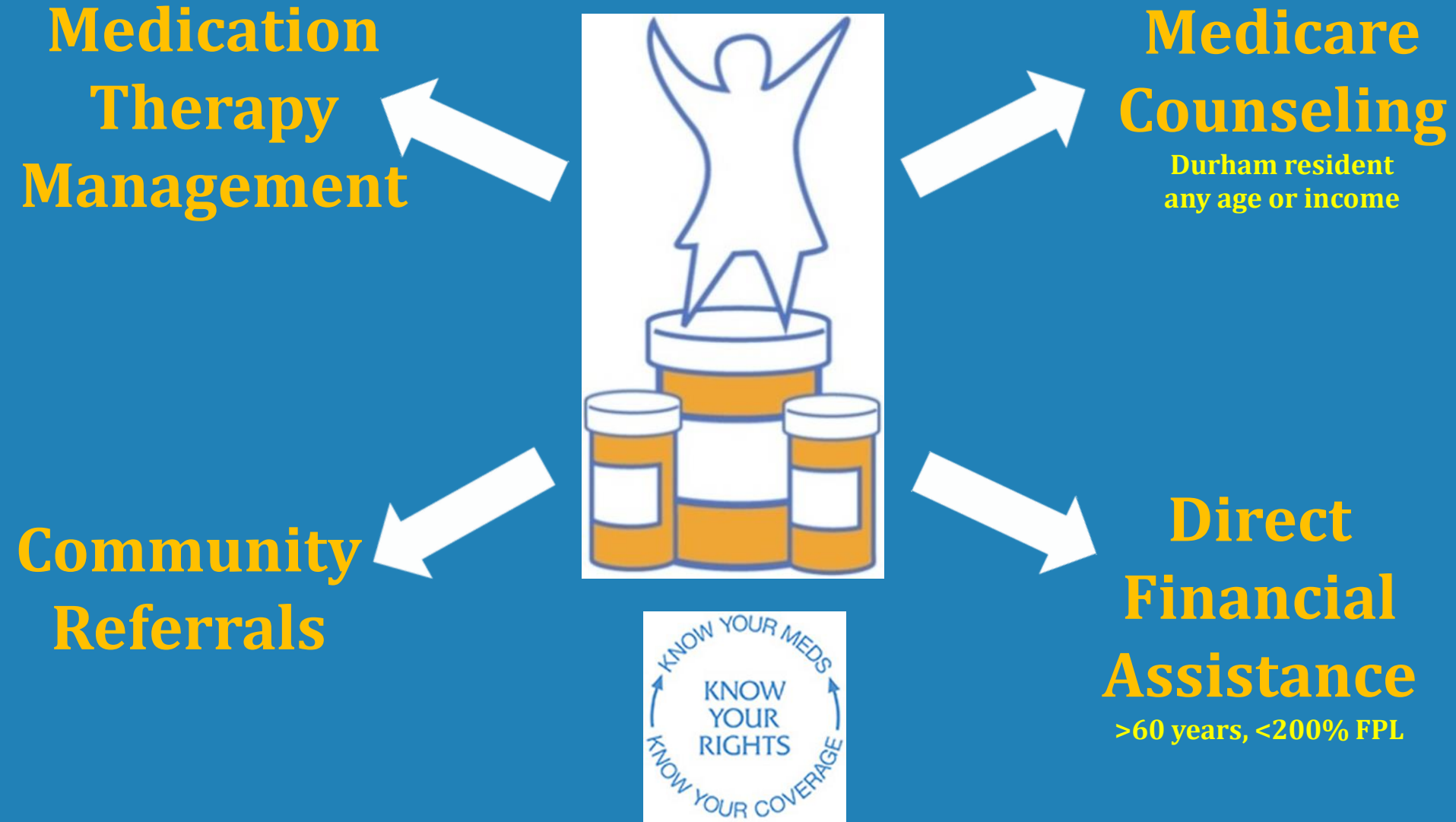
1. Pay for needed medicines if they have limited incomes
  - Secondary Rx Card Program (after Medicare Part D)  
<200% FPL - \$2,082/single/mo. or \$2,818/couple/mo.
  - Screen for other assistance programs such as Low-Income Subsidy (Extra Help) and Medicare Savings Programs (MQB)
2. Use their medications safely and cost-effectively
  - Medication Therapy Management with pharmacists trained in geriatrics - free of charge if income <300% FPL

# Senior PharmAssist Core Services

SPA helps Durham residents 60 & older with Medicare:

3. Tap into other local nonprofits and social services
4. Make informed decisions about Medicare drug and health insurance coverage; balance access with affordability
  - Available to **any age/income** Medicare beneficiary in Durham – Seniors' Health Insurance Information Program (SHIIP) coordinating site in Durham
  - Part D savings for 2019 averaged \$825/person!

# Reasons to Refer to SPA



## Senior PharmAssist: Less Hospital Use with Enrollment in an Innovative Community-Based Program

Leah B. Herity, PharmD, MPH,<sup>\*†‡</sup>  Gina Upchurch, RPh, MPH,<sup>\*†§¶</sup> and Anna P. Schenck, PhD, MSPH<sup>\*</sup>

**INTERVENTION:** Medication therapy management (MTM), customized community referrals, Medicare insur-

**CONCLUSION:** Older adults who enrolled in a community-based program that helps them manage medications, connect with community resources, and overcome barriers to medication access experienced reductions in acute health services use. *J Am Geriatr Soc* 00:1–7, 2018.

**Key words:** aged; community health services; community health planning; medication therapy management; pharmaceutical services

# Recent Outcomes

**Journal of the American Geriatrics Society, 66:2394–2400, 2018.**

- ✓ After two years in our program:
  - 36% decrease in emergency room visits
  - 29% reduction in hospital stays
  - Increase in medication adherence from 66 to 76%
    - a means to an end, not the end
  - 12.5% more individuals rate their health Good to Excellent
  - WHAT MADE THE DIFFERENCE?



# Major Public Health Concerns: Associated with Medication Use

- Medicines don't work in people who don't take them.
- Sometimes the best medicine is no medicine at all.



# Major Public Health Concerns: Associated with Medication Use

- Underuse:

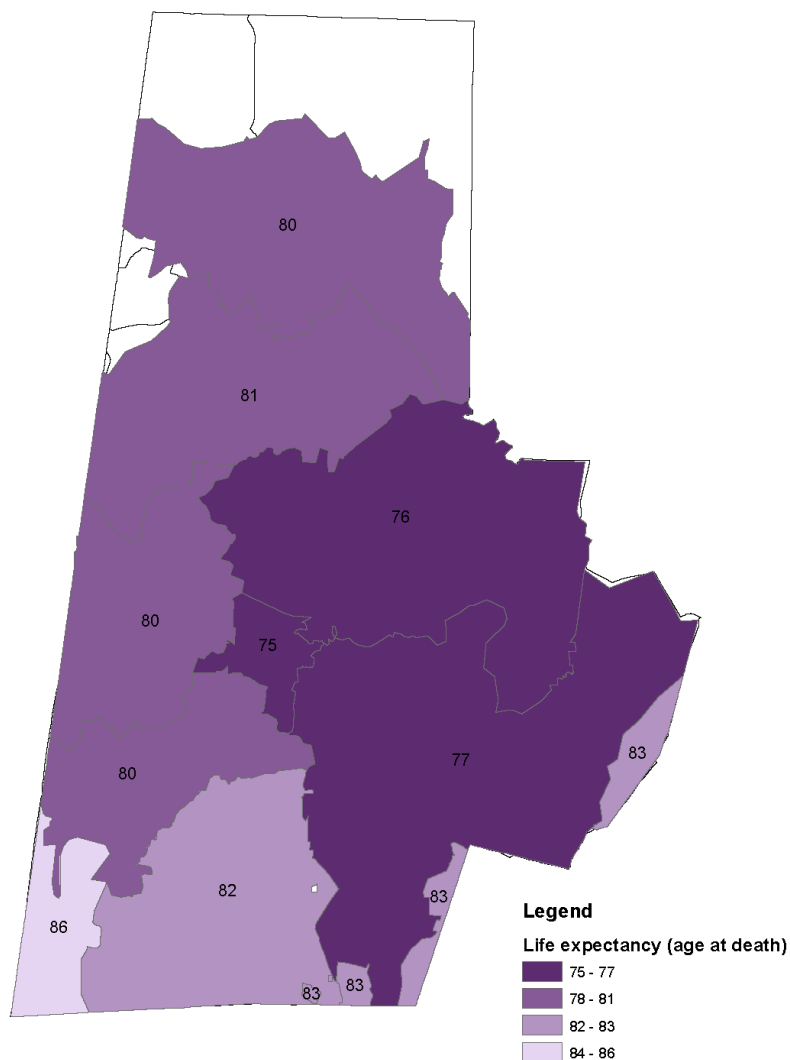
- cost
- under-treatment
- non-adherence

- Overuse and Inappropriate Use:

- polypharmacy -multiple, *sometimes* unnecessary drug use
- lack of attention to geriatric medicine and prevention options
- uncoordinated care - including multiple providers, poor communication & harried environments

- Health Literacy

## Life expectancy in Durham by zipcode



Sources: NCSCHS Vital records analyzed by VCU and RWJF

Note: zipcodes that shared a border with another county were not included in the analysis

Authors: DCoDPH GIS team

## Life Expectancy in Durham County :

All 79.8

Males 77.1  
Females 82.3

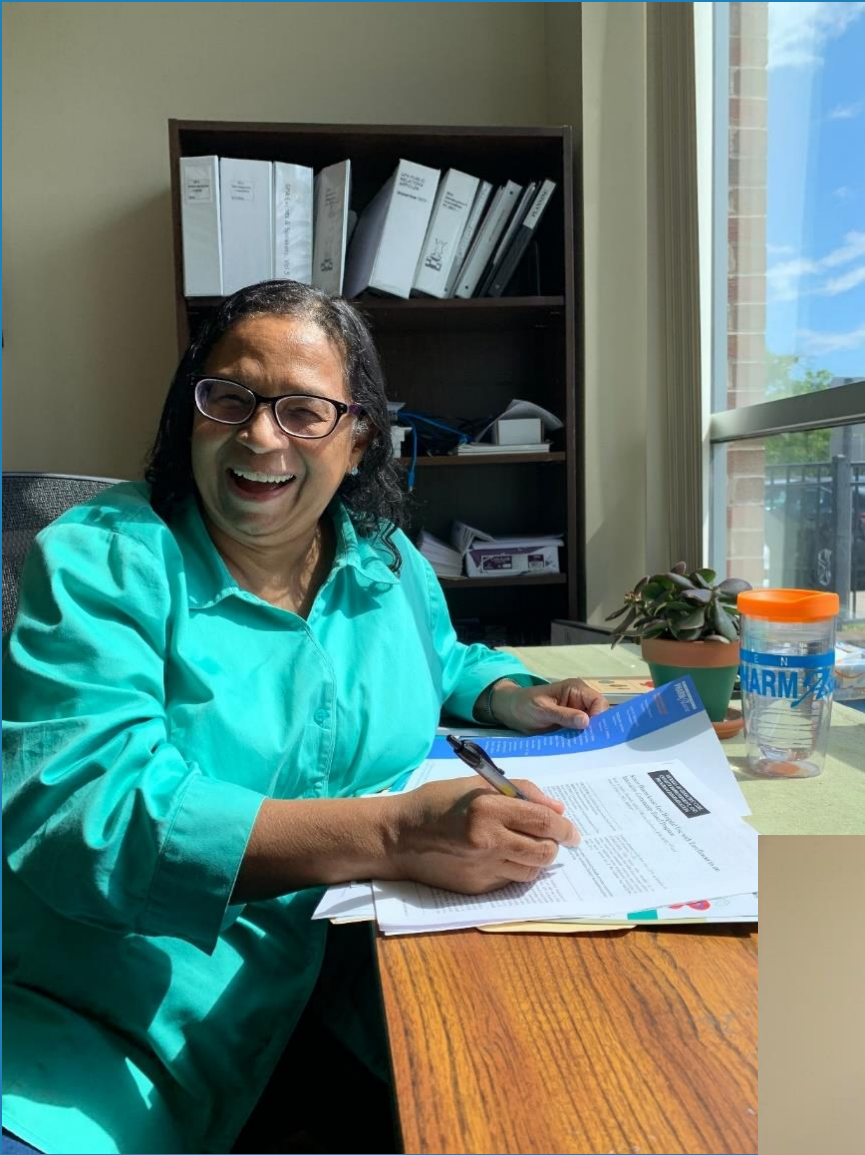
Black 76.7

White 82.0

# Income and Race

- In 2016, 50% of Medicare beneficiaries had annual incomes below \$26,200 (just above 200% of the federal poverty level)
- National median income for Medicare beneficiaries :
  - Whites = \$30,050
  - Blacks = \$17,350
  - Hispanics (ethnicity) = \$13,650

Source: Jacobson G, Griffin S, Neuman T. Income and assets of Medicare beneficiaries, 2016-2035. The Henry J Kaiser Family Foundation [on-line]. 2017



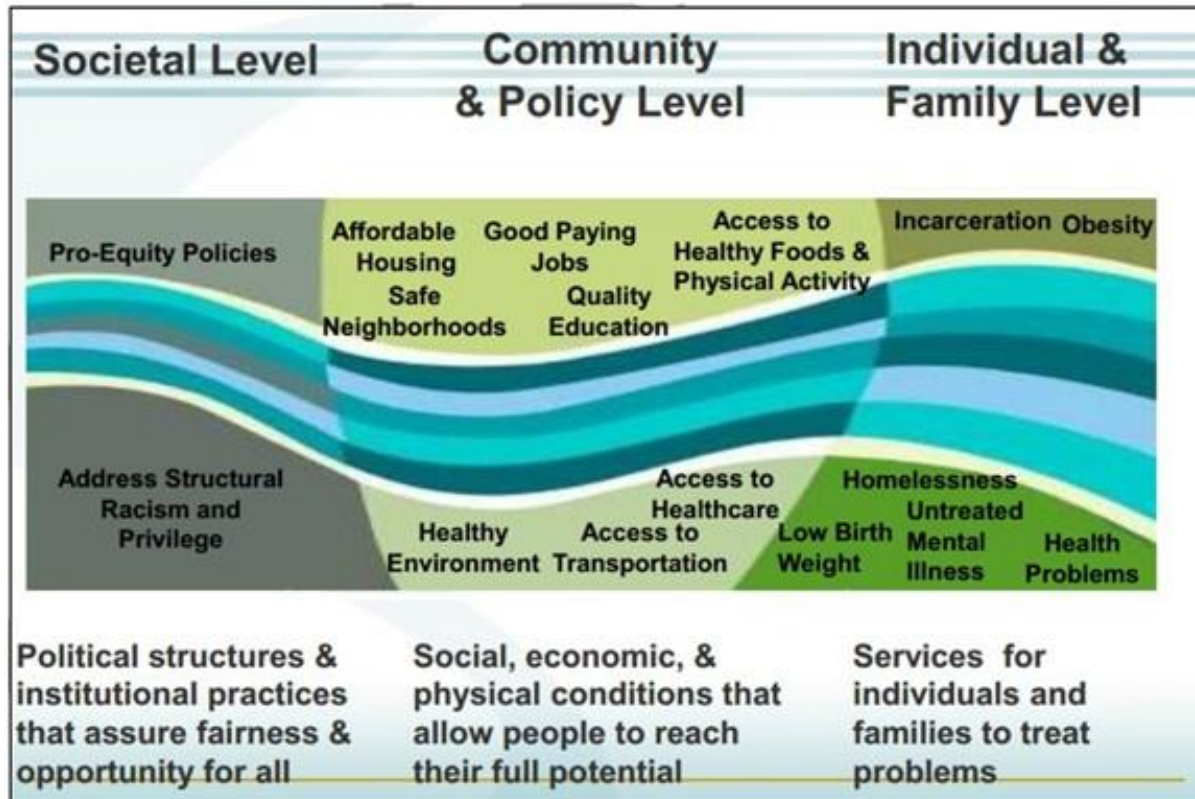
# Think about racial equity

Three 'buckets' of prejudice/bias



What narrative do we tell ourselves about our patients?

# Social and Structural Determinants of Health



<http://www.dph.illinois.gov/topics-services/life-stages-populations/infant-mortality/toolkit/understanding-sdoh>



# Person Centered Approach to Well-Being

## Domains of Well-Being: Dr. Allen Power

**“Well-being transcends the presence or absence of medical illness. It transcends functional ability and cognitive ability. The domains represent universal human needs, and therefore our right to them must never be sacrificed.”**

**Identity** – *Being well-known; having personhood; individuality; wholeness; having a history*

**Growth** – *Development; enrichment, unfolding; expanding; evolving*

**Autonomy** - *Liberty, self-governance; self determination; immunity from the arbitrary exercise of authority; choice; freedom*

**Security** – *Freedom from doubt, anxiety, or fear; safe, certain, assured; having privacy, dignity, and respect*

**Connectedness** – *State of being connected; alive; belonging; engaged; involved; not detached; connected to the past, present, and future; connected to personal possessions; connected to place; connected to nature.*

**Meaning** - *Significance; heart; hope; import; value; purpose; reflection; sacred*

**Joy** – *Happiness, pleasure; delight; contentment; enjoyment*



# Beware! Helper Deserts & Helper Swamps

