Addressing Barriers to Medication Access for Underserved Patients in Mobile, Alabama **Briley Graves and Lila Parrish**



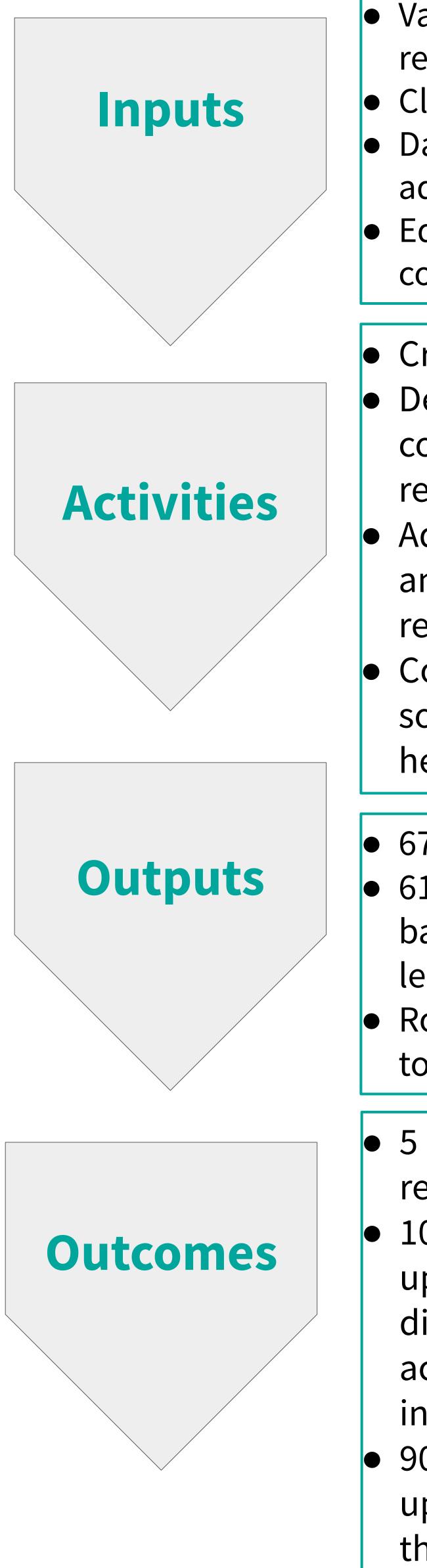
Logic Model

THE ALBERT

SCHWEITZER

FELLOWSHIP[®]

ALABAMA



- Validated SDOH screening tools for reference
- Clinic EHR
- Database of local resources to address SDOH
- Educational printed handouts on community resources
- Created a novel screening tool
- Developed a protocol for connecting patients with relevant resources
- Administered the screener weekly and counseled patient on resources
- Connected clinic patients to the social worker and community health worker
- 67 clinic patients screened
- 61% of screened patients had barriers and were educated on at least 1 resource
- Roughly ¹/₃ of referrals made were to SHIP
- 5 patients reported contacting a referred community resource
- 100% of patients polled at follow up stated they enjoyed openly discussing barriers to medication access with their provider and felt in control of their own health
- 90% of patients polled at follow up stated this intervention made them feel valued at a person rather than solely as a patient

Acknowledgements

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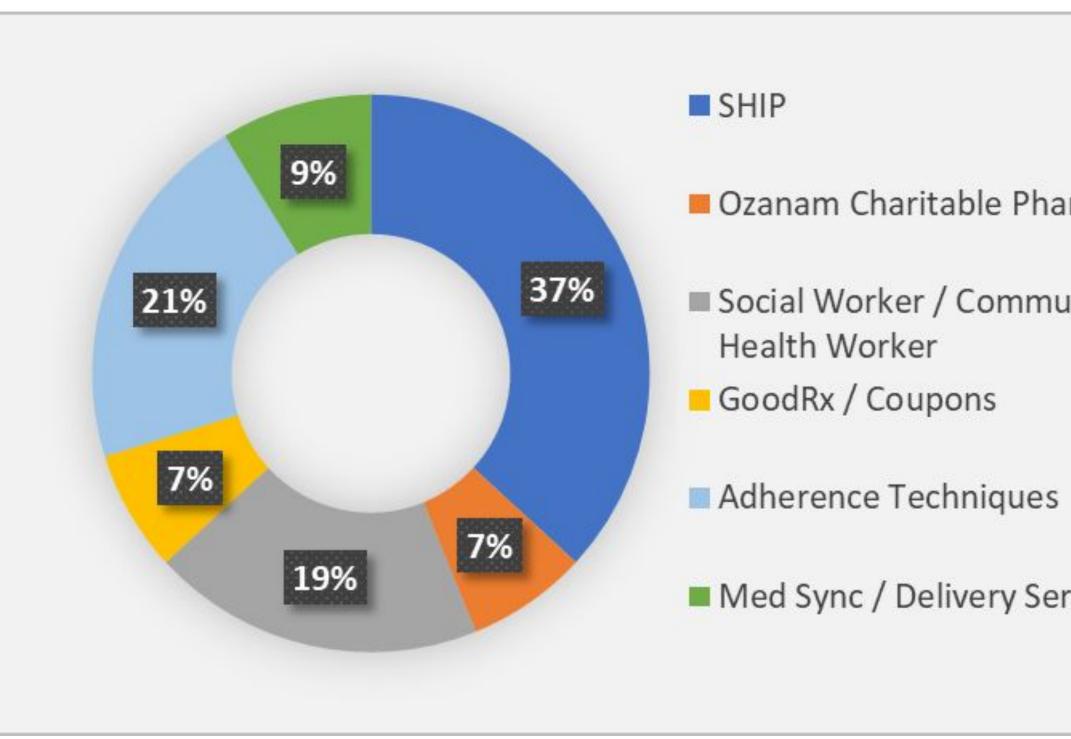
Auburn University Harrison College of Pharmacy and USA Stanton Road Clinic



Fellows Counseling on a Community Resource

Impact

The most profound effect observed from SRC patients was measured during the follow-up survey when patients were asked how this intervention impacted their attitude towards healthcare. Patients agreed this intervention made them feel valued and part of the healthcare team. Moreover, many resident physicians at SRC commented on their appreciation of the screener, which increased awareness of the need to consider SDOH in their patient encounters. Finally, the most common SDOH barriers to medication access were quantified and strong relationships were established between the clinic and two prominent community resources: SHIP and Ozanam Charitable Pharmacy. To sustain this success, written documents demonstrating how to implement this process in similar clinics will be distributed throughout the community. Additionally, future plans are in place to utilize this project in HCOP curriculum as a real world example of course content.



Distribution of Referrals

Introduction

A patient's ability to access medication directly impacts individual health and wellness, but this ability also has implications on the health system, leading to increased utilization and costs.¹ Many screening tools exist to quantify medication adherence, but it is difficult to locate a tool eliciting reasons for non-adherence or which SDOH affect medication taking. To combat this gap, a screener was devised and implemented at Stanton Road Clinic (SRC), which lies within one of thirteen "struggling Mobile communities," where many patients face challenges with transportation, insurance, physical ability, and health literacy.² By choosing this setting, we aimed to expose a need for a formal process by which SDOH are consistently identified and addressed.

Ozanam Charitable Pharmacy

Social Worker / Community

Med Sync / Delivery Services

Critical Assessment

As with many capacity building initiatives, this project faced initial challenges of acceptance within the clinic due to the pre-existing workload of clinic staff. Moreover, SRC underwent several staffing changes: a new clinic director, new community health workers, and the loss of an on-site pharmacist. These changes encouraged development of clear communication skills and determination to continue to advocate for our role in the clinic. This project also highlighted the importance of understanding the resources your community offers and devoting the time and effort to not only understand these opportunities for yourself but also how to apply these resources to those who can benefit from them most.

References



Patien	t Name:
Date o	f Birth: /
Phone	Number: ()
Zip Co	ode:
	complete this short form to help the clinic understand challenges you face when trying to get medications. Based on your answers, you may be eligible for resources to help you get your medications.
1.	In the past 3 months, how often have you missed doses of your medications?
	$\Box \text{ Never } \Box \text{ A few times } \Box \text{ Fairly often } \Box \text{ Almost every day}$
	a. If you have missed doses, please list why:
2.	How hard is it for you to get your medications when you need them?
	\Box Very hard \Box Somewhat hard \Box Not hard
	a. If getting your medications is hard, please list why:
	\Box Physical abilities \Box Lack of transportation \Box Cost
	□ Other:
2	De ven have incomments to help with the costs of your mediactions?
5.	Do you have insurance to help with the costs of your medications? □ Medicaid □ Medicare □ Private Insurance (BCBS of AL, United Healthcare, etc.)
	\Box I do not have insurance
	a. If you do not have insurance, how do you get your medications?
	\Box Free pharmacy (Ozanam) \Box Samples \Box Coupons \Box Pay out of pocket
	□ Other:
4.	How often do you need help from others to read instructions or written materials
	from your doctor or pharmacy?
	$\Box \text{ Never } \Box \text{ Sometimes } \Box \text{ Often } \Box \text{ Always}$
	Are you interested in speaking with someone about your answers to these questions?
5.	Are you interested in speaking with someone about your answers to these questions.

Medication Access Related to SDOH

