best practice report

Welvista: Partnering to Connect People to Prescription Medications
Background

Accessing affordable medications can be a barrier to combating illness or managing chronic conditions for those with insurance. For uninsured and underinsured individuals with limited resources, prescriptions often remain unfilled, impeding good health and overall well being. Fortunately, an organization is committed to working with communities and providing access to prescription medications to the uninsured in South Carolina.

Welvista was established in 1993 as a physician referral service; however Welvista's mission has changed through the years to providing free prescription medication to the uninsured who do not qualify for governmental assistance. Welvista is a 501(c)3 non-profit organization that partners with pharmaceutical companies to provide medications to those in need in South Carolina. As a nationally recognized pharmaceutical provider, Welvista has dispensed and shipped millions of dollars of donated medications to many thousands of eligible South Carolinians.

Ten AccessHealth SC [AHSC] networks function in communities throughout the state to provide medical homes and ensure timely, affordable, high quality healthcare services for low income uninsured people. This is done through health navigation, care coordination, and intensive case management. Two of the AccessHealth SC networks utilizing Welvista, AccessHealth Spartanburg [AHS] and Access Kershaw [AK], have seen improvements in their care coordination efforts by utilizing the Welvista medication assistance program; however, each represent different pathways to enrolling patients in Welvista. AHS has developed a strong hospital-based patient advocacy program, while AK enrolls outpatients who are referred to their organization from a variety of community-based resources. Both AHS and AK attribute their success with the Welvista program to
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continuous communication and promotion of the program to their partners and patients and a commitment to try and enroll every patient who may qualify.

Partnering through Hospital-Based Patient Advocacy Programs

Prior to the formation of AccessHealth Spartanburg [AHS], Spartanburg Regional Healthcare System [SRHS], had taken a critical look at their readmissions and recognized that the lack of access to prescriptions for recently discharged patients was a major problem. “We can provide excellent care to a patient within the walls of our hospital, but if they are unable to access needed medications upon discharge, we will see them again (for avoidable readmissions),” said Renee B. Romberger, Vice President of Community Health Policy and Strategy for SRHS. SRHS chose to make an investment in partnership with Welvista through its hospital-based patient advocacy program. This was an effort to not only better address their readmissions, but to promote prevention and early intervention in part through medication. Through the program, SRHS contracts with Welvista to house a Welvista staff member onsite who works with hospital staff to enroll patients in the program while they are still in the hospital, an effort Romberger sees as essential. By enrolling patients while in the hospital, Welvista can ensure patient eligibility so that qualified patients may have medications shipped to their homes when discharged from the hospital instead of having to apply on their own after discharge. This greatly expedites the process so that patients can receive medications much more quickly and efficiently. Inpatient charts are reviewed daily by case management to determine who should be enrolled, and the Welvista staff member then goes to visit patients before they are discharged; in November 2013 alone, 100 patients were enrolled in Welvista at SRHS.
Ensuring medication access is one component of SRHS’ plan to encourage appropriate utilization and improve health. The system has recorded reduced charity care costs and improved health outcomes attributed in part to their partnership with Welvista; SRHS went from spending $116 million in charity care to spending $81 million in charity care for fiscal year 2012. “While we are making a significant investment to provide our patients with access to prescription medications, we believe it is not only the right thing to do for our health system, but for our patients in providing them total person care,” said Romberger.

Spartanburg Regional Health System and AHS utilize a Welvista staff member who is located on SRHS’s main campus. The timely and convenient access to the Welvista staff member has been a key part of AHS’ and Welvista’s success in Spartanburg. Working as a team to manage the uninsured population, SRHS, AHS and Welvista have worked to strengthen the hospital’s patient advocacy program. Many of these changes have made it easier for both AHS clients and hospital patients to enroll in Welvista. By working together, SRHS, AHS and Welvista staff encourage every new client to apply for all the hospital system patient advocacy programs available to them, including AHS and Welvista.

Communicating Opportunities with Welvista

In additional communities such as Kershaw County, where hospital-based patient advocacy programs have not yet been established, Access Kershaw [AK] care navigators, tasked with assisting clients with health navigation, care coordination, and case management, play an important role in connecting individuals to Welvista. Each new AK client receives a complete list of prescriptions covered by Welvista’s formulary, as well as
education about the program and encouragement to share the formulary with their providers. If an individual needs to apply for Welvista, regardless of whether or not he or she is enrolled in AK, staff works with them to complete and send in the application, and continue necessary communication with medical providers.

Both AHS and AK remain proactive about sharing the benefits of Welvista throughout their communities in addition to their work with clients. Welvista has been discussed and represented at meetings with safety-net providers, and network partners have also been given information about how they can utilize the resource with their patients. Staff continues to work diligently to inform case managers at partnering hospitals and other providers about Welvista, and to offer their services to help connect people to the program.

Conclusion

AHS director Carey Rothschild had this to say about the importance of partnering with Welvista and other prescription assistance programs, “Access to prescription medicine is often a life or death issue. At minimum it can be a quality of health issue. The remarkable health outcomes we continue to see for our clients are largely attributable to their access to critical prescription medications through the Welvista program.” Utilizing Welvista to increase access to prescription drugs adds tremendous value to the services a network provides in its community. As networks that function to work collaboratively with safety-net providers and community organizations, sharing a program as valuable as Welvista is an opportunity for networks to be well-positioned as a resource within the community.