

N-HEFT NEWS



Dr. Ileana Piña
Case Western Reserve University



Dr. Hector Ventura
Ochsner Clinic

LETTER FROM CO-DIRECTORS

Dear Colleagues,

Greetings to each of you in this month of February, American Heart Month. February is also the month of the Winter Olympics, a time when adversary and friend come together to celebrate humanity. Is it a paradox that Heart Failure Awareness Week (February 12-18) intersects The Winter Olympics (Feb 10-26) in Torino, Italy. There we will celebrate humanity by showcasing the best athletes in the world, young men and women who are vitally alive and strong, brimming with energy, passion and health. In the same week we draw attention to heart failure embodied in the weak and the elderly, struggling for every breath. HF patients look very different from Olympic champions, but are they really so different? If we look beyond their physical affliction, we see people who are still vitally alive and strong inside. Weighed down by failing systems, they struggle to

keep going. The strength of the human spirit required to walk six minutes for the advanced heart failure patient comes from the same source as the Olympic champion skating across the finish line. Let's take some time in the midst of all our activity to celebrate the human spirit in all its forms.

This month truly brings a flurry of activities as we stretch ourselves even further to "spread the word" about the management of heart failure within the context of best practices. Our activities truly reflect our mission both in our own management of heart failure and how we help other health care providers improve the diagnosis and treatment of their patients. N-HeFT has grown to be much more than a training program; it has become the network of experts with all our stakeholders as we seek to deliver and share the best care possible for heart failure patients. You, dear friends, are the heart and soul of N-HeFT with your dedication and commitment to finding the answers in research and applying the best evidence to your practice. We appreciate you.

N-HeFT continues to expand as our members move on to new places. Srinivas Murali, M.D., and Jessica (Spates) Lazar have moved from the University of Pittsburg. Dr. Murali is now the Director of Cardiology for Allegheny General Hospital and Jessica is the Director of Program Development for their CHF/Heart Transplant/PH Programs. N-HeFT has moved with them and will now be hosted at Allegheny General Hospital.

We also introduce and welcome two clinical coordinators. Debra L. Eger, RN, BS, BSN, who will replace Kimberly Huck, RN, ND, working with me, at Case and Annette Contasti, RN, BSN, with Barry Greenberg, MD, at The University of California, San Diego. We have inserted a brief introduction about each of them in our Clinical Coordinator Corner and look forward to their contribution.

With many invitations to training in the mail, many new projects, new faces and new places, we have launched another year that proves to be more successful than last year.

Good luck to Dr. Ron Oren, now with Iowa City Heart Center at Mercy Hospital who is taking a leave from active participation in N-HeFT for awhile. Kimberly Huck, RN, ND has asked to step down from her role as lead clinical coordinator of N-HeFT due to a major increase in her research responsibilities. However, she will still serve as part of our faculty at Case where she will continue to play a vital role in our training. Last year alone Kim coordinated ten trainings, including many pilots. We thank Kim for her valuable contribution and all the time and energy she has donated to our many activities over the last two years.

PURPOSE OF THE NETWORK

The purpose of this national network is threefold

- Maintain best practices in the care and treatment of heart failure
- Disseminate best practices to physician teams who are eager to learn and enhance their care for HF patients
- Continuously improve the quality of the program itself as an educational delivery system with the goal of improved quality outcomes.

Albany Medical Center

Edwin Philbin, MD

To Be Announced

Allegheny General Hospital

Srinivas Murali, MD

Jessica Lazar, PA

The Cardiovascular Center

Douglas Chapman, MD

To Be Announced

Case Western Reserve University

Ileana Piña, MD

Debra Eger, RN, BS, BSN

Duke University Medical Center

Christopher O'Connor, MD

Laura Gaulden, RN

Emory University Hospital

Andrew Smith, MD

Pam Pursley, RN, CCRN,
MN, ANP**Midwest Heart Specialists**

Maria Rosa Costanzo, MD

To Be Announced

Northwestern University

William G. Cotts, MD

Kathleen L. Grady, PhD,
RN, FAAN**Ochsner Clinic**

Hector Ventura, MD

Moriah Richie, PA

Oklahoma Cardiovascular Associates

Philip B. Adamson, MD

To Be Announced

South Florida Medical Institute

Gervasio Lamas, MD

Parandeh Alashti, PA-C

St Louis University

Paul Hauptman, MD

To Be Announced

St Luke's Episcopal Hospital

Reynolds Delgado, MD

Michelle Edwards, RN,
MSN, FNP, ACNP

FILLING THE CRACKS: HOW TO ASSIST PATIENTS IN OBTAINING MEDICATIONS

Sherry K. Milfred-LaForest, Pharm.D., BCPS

Heart failure has become a disease of polypharmacy. Multiple medications are often required to optimally control heart failure symptoms and prevent progression of disease. One critical component of care is encouraging compliance with prescribed medications. There are many barriers to compliance in this population. However, a growing number of patients are "falling through the cracks" in the current system of medication coverage. There are numerous causes for these cracks, including the growing number of working uninsured and underinsured patients, Medicaid plans with high spend-down requirements to activate coverage, and most recently, transition of patients onto the Medicare part D plans. This article is intended to briefly outline some programs available to assist patients and providers in overcoming financial access barriers.

Local Pharmacies

Like most other medical providers who deal with third party reimbursements, pharmacies vary pricing for patients who pay cash. One informal survey in a major metropolitan area found a 5-fold difference in the cash price of the same 30-day supply of a typical generic ACE inhibitor, depending on the pharmacy. These differences can be especially dramatic for generic medications. Some pharmacies offer services such as tailoring prescription quantities to meet Medicaid spend-down requirements, or providing partial fills on a prescription if the patient cannot afford the entire prescription at once. Knowing the local pharmacies and what they are able to provide for underinsured patients can be a major asset to clinicians.

Pharmaceutical Industry Programs

The pharmaceutical industry has offered a variety of different programs, ranging from discounts for uninsured or low-income patients to free 90-day supplies of medications. Most of these programs require an application process. Some have specific limits on income or medication insurance coverage that the patient needs to meet in order to qualify. Some medications for diseases such as cancer, transplantation, HIV, thrombotic diseases, and anemia have specific programs, and providers may be able to obtain additional information by contacting an industry representative for the medication. Examples of some general resources in identifying these programs are listed in the website references below.

Some pharmaceutical companies offer discount cards on their products to patients who have no other prescription coverage. These cards may or may not have an income limits. Typical discounts range from 25-40% off the usual cash prices of the covered prescriptions.

Most pharmaceutical companies have patient assistance programs (PAPs) for low-income and/or uninsured patients where free medication can be provided through the patient's physician. These programs require an application process, and financial information for the patient and/or other household members. Programs vary as to the exact nature of the required financial documents, but typically the most recent year's tax return, a statement of social security benefits, pension statement, or a recent month of pay stubs are requested.

Many programs provide a 90-day supply of the medication to qualified patients. Some programs send the prescription from a mail-order pharmacy to the prescriber or the patient's home. Others require that the medication be sent to the prescriber's office and be labeled and dispensed to the patient by the prescriber. Some programs will allow the patient or prescriber to order refills via telephone for up to one year after the initial application, with financial and insurance coverage information required on an annual basis. Others require a written application signed by the patient and/or prescriber every 3 months. Tracking when refills, new prescriptions, and when applications are needed also presents a major challenge. Processing time for new applications ranges from 2-8 weeks. Refills are usually received 7-14 days after ordering. Patients and prescriber's need to have a system to insure reordering of medications accommodates these time constraints. Tracking applications, refill due dates, receipt and dispensing of medications can also be a challenge. A computerized spreadsheet or database is very helpful in this regard.

Medicare Part D Plans

The Medicare Modernization Act included a mechanism for Medicare to cover most pharmaceuticals for the first time. This is a potential benefit for many patients who did not have other sources of prescription coverage, and made up a large portion of the underinsured. The benefit is voluntary, and most patients must actively elect to join a plan. Patients who do not currently have medication coverage through other insurance will pay a penalty if they wish to enroll in a plan after May 15, 2006. All patients who have Medicare part A or B are eligible, but lower income beneficiaries have lower out-of-pocket costs. The actual coverage is administered via multiple private insurance companies, in the hopes that costs would be reduced by free market competition. Some patients have had individual cost savings from this program. However, numerous problems in the implementation of this program have led to an additional layer of barriers for others, particularly those who had previously received medication coverage via Medicaid programs ("dual-eligible" patients).

As daunting as the application process can be, there are resources to assist patients in navigating the plan choices. Patients can contact Medicare by telephone, or a family member or advocate can log on to one of the websites below. Senior advocacy groups may also have a list of local agencies familiar with the plans and application process. Coverage options include Part D plans (PDPs), which only cover medications, and Advantage plans, which also cover other medical care. Patients should consider the following when choosing a plan: 1) Are all the patient's doctors and medical facilities included in an Advantage plan, or is it better to enroll in a PDP? 2) Are the medications the patient is taking covered, and what are the co-payments for each prescription? 3) What are the premium, deductible, and "coverage gap" that the plan requires? A patient-specific analysis with the website takes 30-60 minutes. The patient or family member can then request more detailed information and an application from the plan, or can enroll for a plan online. Any patient with an income of less than \$14,355 (individual) or \$19,245 (couple) should

Filling in the Cracks cont.

consider applying for “extra help” with Medicare part D through Social Security. This is a separate application from the Medicare Part D plan, which can be submitted regardless of the plan selected. If the patient qualifies, he/she can receive lower co-payments, lower premiums, and reduced or waived deductibles and coverage gap.

Although the many choices in the program have led to projected savings on the program costs, the complexity of the program, the large number of plan choices, and the multiple steps needed to sign up for a plan and the “extra help” discounts for lower income beneficiaries have become barriers for many patients. Many patients whose medications were previously covered by state Medicaid programs were automatically enrolled in a plan if they had not chosen one on January 1, 2006. The vast numbers of patients enrolled on that date led to problems with patients not having insurance cards, and the plans and pharmacies not having correct enrollment information. Low-income patients were not always being charged the appropriate discounted co-payments, and pharmacists, plan representatives, and state Medicaid agencies are still attempting to get all patients and pharmacies paid appropriately, without allowing interruptions in therapy. It is also unclear how patients who previously have received medications from the industry PAPs will be impacted by the new Medicare plans, as there are differences in the income limits for assistance set by many PAPs and the Medicare plans.

Although these options are helpful to patients and clinicians, there will still be patients who “fall through the cracks”. Awareness of barriers to obtaining medications and a screening process that includes specific questions about how patients pay for medications can help track patients into an individualized solution. Hopefully, as the Medicare Part D implementation problems are eliminated, and uninsured patients are offered available resources, we can “fill the cracks” in medication access.

Websites for Patient Assistance Programs

www.TogetherRxAccess.com (1-800-444-4106)

Provides 20-40% discount on brand name medications for patients with no medication coverage, regardless of income. Several companies participate and over 250 medications are included.

www.merckhelps.com/uninsured (1-800-506-3725)

Provides 15-40% discount on Merck brand name medications for patients with no medication coverage, regardless of age or income.

www.RxOutreach.com (1-800-769-3880)

Provides generic medications used for a variety of chronic diseases (e.g. hypertension, heart failure, depression, diabetes...) for \$18 for a 3 month supply, regardless of medication coverage. Income limits apply. Patients must send 90-day prescription, order form, and payment with order.

www.rxassist.org; www.pparx.com; www.rxhope.com; www.needymeds.com

Websites that provide access to applications for pharmaceutical assistance from industry, often for free medication. Income limits apply. Most programs (not all) require that patient has no other medication insurance coverage. Some applications can be printed, others done online by physician.

www.benefitscheckup.org

Sponsored by National Council on Aging. Designed for older adults, but also has information on state pharmaceutical assistance programs, Medicaid, and other sources of assistance for low-income people with chronic medical needs.

www.rxassistplus.com

Systemetrics, Inc. offers a database program based in Microsoft Access designed to maintain relevant demographic, financial, and prescription data on patients enrolled in pharmaceutical patient assistance programs. Also linked to a website where applications can be downloaded and printed with patient-specific data. The program is available for a licensing fee – a reduced fee is available for non-profit organizations.

Websites for Assistance with Medicare Part D Plans

www.medicare.gov (1-800-MEDICARE)

Provides an online tool for patients, advocates, or family members to use to find a plan that has costs that a patient can afford based on medications patient currently takes – lists deductibles, premiums, and prescription costs. Can also enroll online, check formulary status of a drug on a plan, or find co-payment and deductible information.

www.ssa.gov (1-800-772-1213)

Patients or family members can apply for “extra help” with Medicare plan costs. This site does not provide information on the plans themselves, but lower income patients must apply through social security to obtain discounts, reduced or waived deductibles or premiums, and reduced prescription co-payments. Qualification is based on income and assets.

www.mymedicarematters.org

Website sponsored by National Council on Aging and Access to Benefits Coalition providing information about the Medicare Part D plans. Also provides list of face-to-face sessions in local communities.

www.benefitscheckup.org

Sponsored by National Council on Aging. Information on the Medicare Part D plans, whether or not patients qualify for “extra help” in paying for part D plans or co-payments, and information on how to apply for plans and for the “extra help” if patients are likely to qualify.

www.cms.hhs.gov/Partnerships/10_SHIPS.asp

Medicare has links to the individual state health insurance programs. Many states have programs through these agencies to assist Medicare beneficiaries in navigating through the application process over the telephone, group seminars, or in face-to-face counseling sessions.

Temple University Hospital

Alfred Bové, PhD, MD

Judith Moore, RN, BSN

Tufts New England Medical Center

David DeNofrio, MD

Linda Ordway, RNC, MS, ANP

University of California San Diego Medical Center

Barry Greenberg, MD

Annette Contasti, RN, BSN

University of California San Francisco Medical Center

Theresa DeMarco, MD

Amanda Brown, E.M., RN, MS, CNS

University of Cincinnati

Lynne Wagoner, MD

Ginger Conway, MSN, RN, CNP

University of Kansas Hospital

Charles Porter, MD

Christy Russell, RN

University of Maryland School of Medicine

Stephen Gottlieb, MD

Kay Blum, PhD, CRNP

University of Minnesota

Leslie Miller, MD

Khris Monson, RN

University of New Mexico

Robert Taylor, MD

Elizabeth Shepherd, RN

University of North Carolina

Kirkwood Adams, MD

Jana Glotzer, RN, MSN, CCRN, ACNP

Valerie Johnson, RN

University of Rochester

John Bisognano, MD

Sheila McCart, AOS

University of South Florida

Douglas Schocken, MD

Mary Ann Yarborough, RN

University of Southwest Texas

Clyde Yancy, MD
Brenda Thompson, RN, MS, CCRN ,CNS

University of Washington Medical Center.

Carol Buchter, MD
Mary Stout, NP

Washington University

Gregory Ewald, MD
Cindy Pasque, RN



N-HEFT SITE VISITS!

Marketing Campaign.

Congratulations to Temple University, Northwestern University and the University of California San Diego for taking advantage of our marketing campaign. Join them by forwarding your address lists to jeneen.shell@case.edu as soon as possible to begin marketing for your site.

Dates not yet confirmed

University of Southwest Texas and the University of Cincinnati are working on setting mutual dates with participant groups for site visits. We also have 19 sites preparing dates to accommodate trainings for AstraZeneca.

Completed site visits this quarter.

Case Western Reserve University-
December 14

Participant—KePRO

January 25, 2006

Participant- Catholic Health Care Partners and Peter Dillard, MD

Northwestern University-

January 12, 2006

Participant— David Sonneborn, MD
Tufts New England Medical Center

November 30

Participant— York Hospital

February 15, 2006

Participant—Portsmouth Regional Hospital

Residency Pilot— February 14, 2006

Participant— UHHS Family Practice Second Year Residents

Upcoming Scheduled visits

Tufts New England Medical Center
March 29

Participant— Merrimack Valley Cardiology Associates, Inc.

University of Southwest Texas

April 19

Participant— Alaska Heart Institute

Making Moves



Dr. Srinivas Murali, who previously served as director of UPMC's Heart Failure Network, director of its Pulmonary Hypertension Program and associate director of Clinical Services for its Cardiovascular Institute, relocated his practice to Allegheny General on December 1, 2005. He serves as director of Allegheny General Hospital's Division of Cardiology and medical director of the new AGH Cardiovascular Institute where he oversees an innovative program that integrates the hospital's medical, mechanical heart assistance and surgical cardiovascular services. Dr. Murali plans to elevate the heart failure and cardiac transplantation program at AGH to a level of national prominence. "I would like to establish a multi-disciplinary, patient focused model of congestive heart failure care that services the entire spectrum of this disease, including innovative medical therapy, experimental stem cell therapy, heart failure surgery, mechanical cardiac assistance and cardiac transplantation," He was recognized as one of the Best Doctors in cardiovascular disease by Pittsburgh Magazine in 2003 and 2004 and as one of the country's best heart failure specialists by Business Week in 2004. In addition, the Transplant Recipients International Organization recognized Dr. Murali in 2003 as the year's most outstanding transplant physician. Dr. Murali's new clinical appointment at AGH will be accompanied by an academic appointment as a professor of medicine for the Drexel University College of Medicine. A distinguished researcher, Dr. Murali also plans to advance a program that will excel in both basic and clinical research.

Mission Statement

The National Heart Failure Training Program seeks to educate physicians and other healthcare professionals in best practices for treating heart failure by providing both didactic sessions and preceptorships through its network of heart failure centers across the country.

Clinical Coordinator Corner

Our new Clinical Coordinators contribute extensive experience in critical care to our network. We welcome them to our team as we look forward to their contribution to N-HeFT.

Debra L. Eger, RN, BS, BSN, began her career with a degree in zoology. Although animals were her first love, she was soon drawn to care for people in crisis. She has since gained extensive experience in many settings working as an Advanced Clinical Nurse, Assistant Head Nurse, Infection Control Nurse, Carepath Manager in the Department of Disease Management, and staff nurse in the Medical Intensive Care Unit. For the last three years Deb has served as the Clinical Coordinator of the Heart Failure Clinic at the Cardio-Vascular Center of University Hospitals of Cleveland under the direction of Ileana Piña MD. In addition to coordinating the clinic's processes, Debra monitors patients' responses to evidence based medical practices and reinforces their education to meet guideline standards and interfaces with a multitude of Clinical Trials. She has published in the *American Journal of Nursing*.

Annette Connolly Contasti, RN, BSN, brings twenty years of nursing, eleven of those as a Clinical Research Coordinator, to N-HeFT. She is experienced in both in-patient and outpatient care and has worked in Surgical/Medical Intensive care and Ambulatory care. Annette has served as a staff nurse and a charge nurse, closely monitoring and caring for critically ill patients. She has trained staff and educated patients. In addition to her administrative responsibilities, Annette has acted as a liaison among several members of the research team. She has participated in a number of clinical trials and has given a number of presentations targeting the general management of heart failure patients, most specifically medication management. In addition to her busy schedule Annette has found time to volunteer and participate in professional organizations.