Advancing Kidney Health
Through Optimal Medication Management

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Part 5: STRATEGIES to Improve Pharmacoequity in Black Persons with CKD

Glossary of Terms

AHRQ = Agency for Healthcare Research and Quality

CKD = chronic kidney disease

eGFR = estimated glomerular filtration rate

FDA = Food and Drug Administration

HHD = home hemodialysis

HPI = history of presenting illness

IHD = in-center hemodialysis

KTx = kidney transplant

ND CKD = non-dialysis chronic kidney disease

PD = peritoneal dialysis

PE = physical exam

PMH = past medical history

sCr = serum creatinine

SDoH = social determinants of health

uACR = urine albumin-to-creatinine ratio

What We’re Going to Cover

Why this matters

Importance of multidisciplinary teams

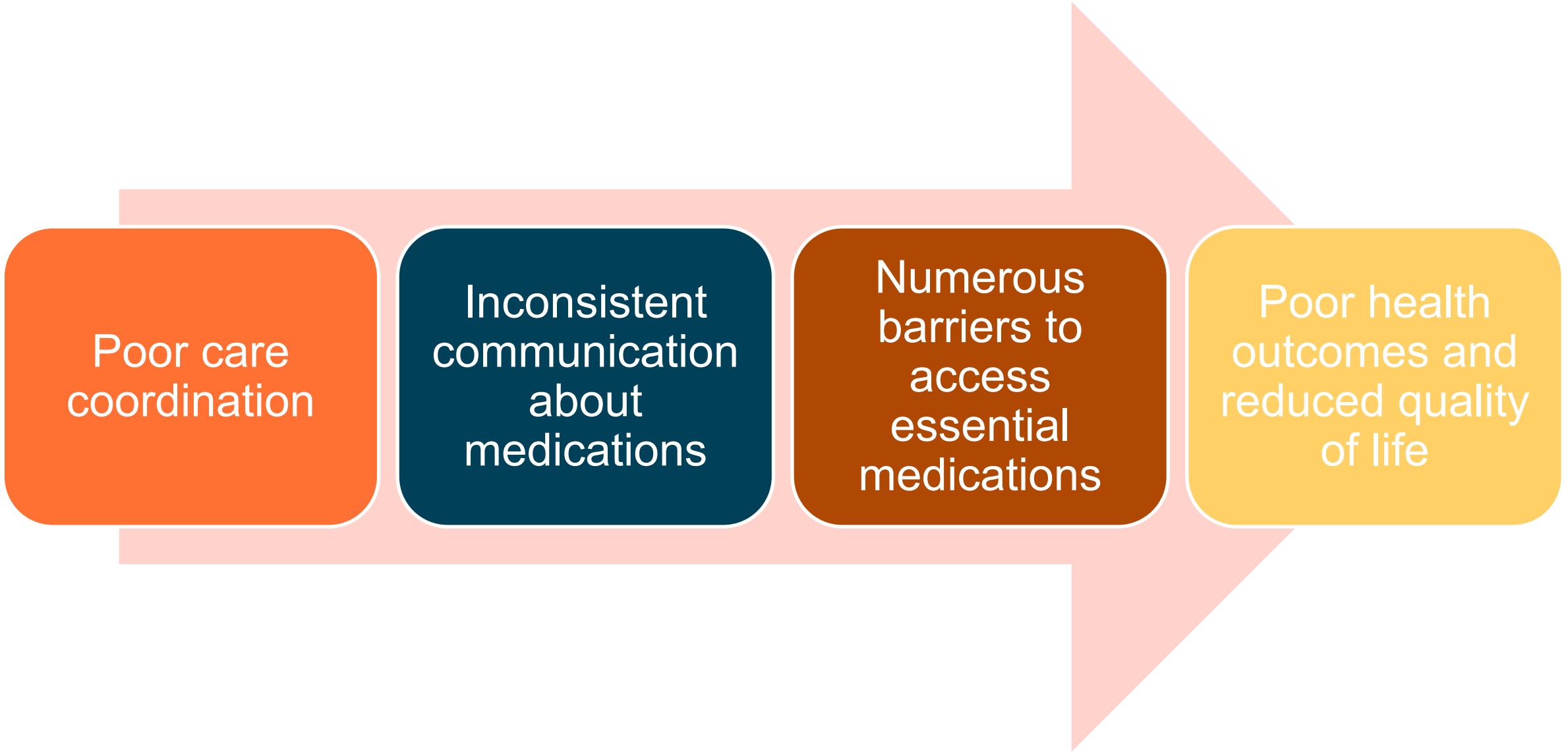
Strategies to overcome medication access barriers

Patient-centered shared decision making

Case study

Key takeaways

Why Does it Matter?



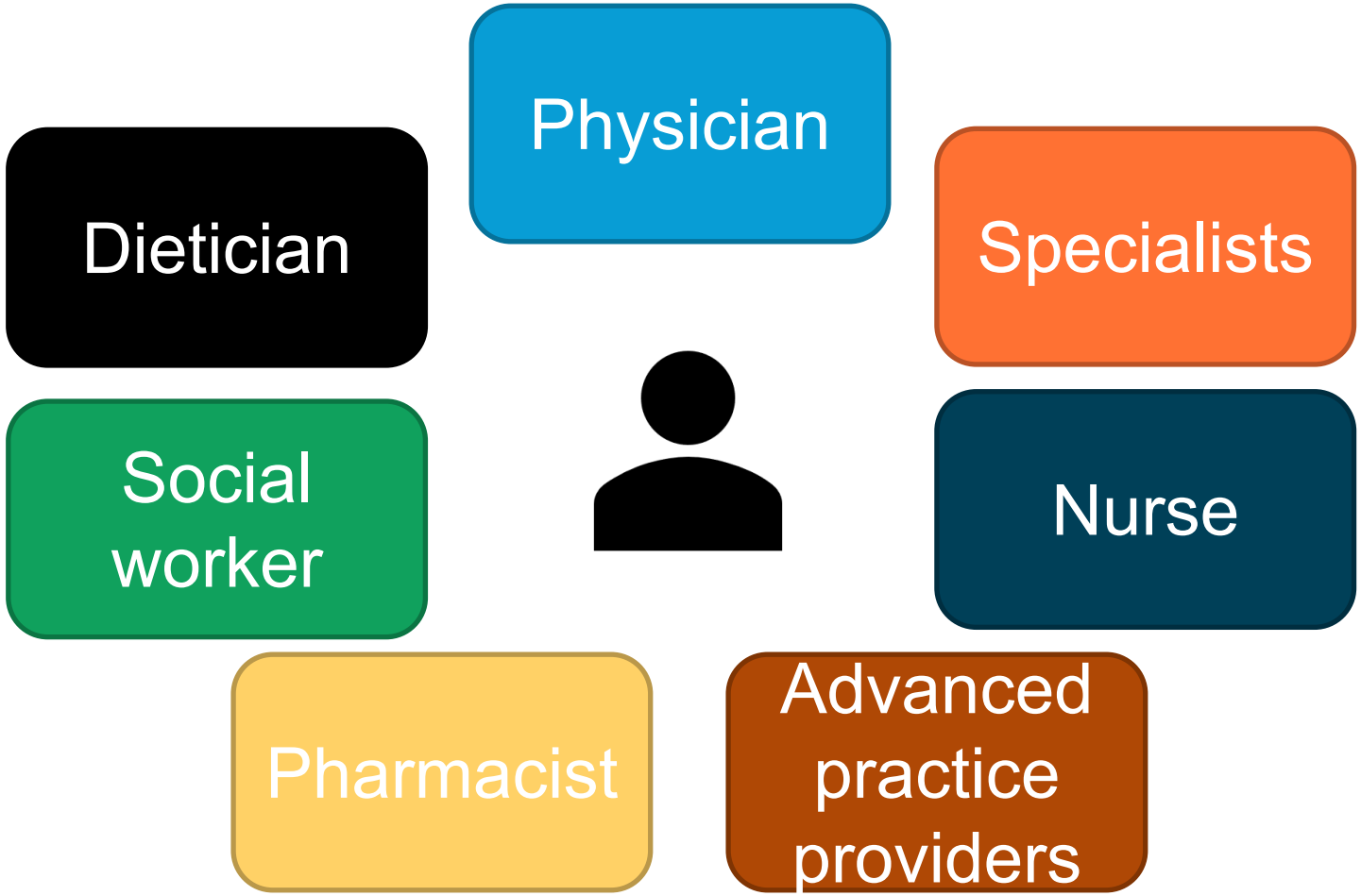
Pharmacoequity

"A health system where all patients, regardless of race, class, or availability of resources, have access to the highest quality, evidence-based medical therapy indicated for their condition"

-Utibe R. Essien, MD, MPH

https://www.statnews.com/2021/07/28/pharmacoequity-new-goal-ending-disparities-us-health-care/
Accessed 5/24/2023

Teamwork makes the dream work



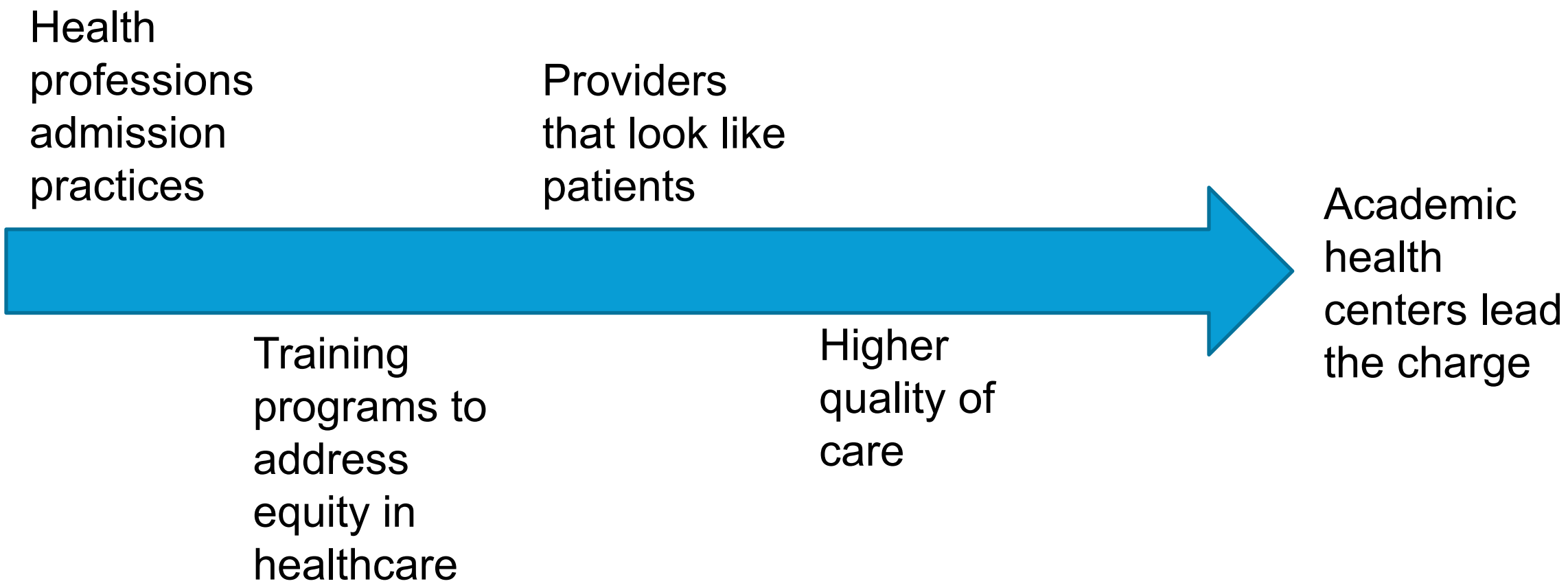
Collister D et al. *Can J Kidney Health Dis* 2019;6:2054358119882667.

How to build the team

Needs assessment	•• What unique needs does your clinic have? •• What professions can best address needs?
Well defined roles	•• Care coordination •• Communication
Providers that look like patients	•• Racial/ethnic concordance between providers and patients improves patient experience •• Higher quality communication

J Takeshita et al. *JAMA Net Open* 2020;3:e2024583
MJ Shen et al. *J Racial Ethn Health Disparities* 2018;5:117-140

Workforce diversity to improve pharmacoequity



DR Marquez and H Lever. *AMA J Ethics* 2023;25(1):E3-6.
M Alsan et al. *National Bureau of Economic Research, 24787.* doi: 10.3386/w24787 (https://www.nber.org/papers/w24787)

Multidisciplinary care in CKD

- Improved kidney survival
- Higher rate of guideline-directed medication therapy
- Reduction in all-cause mortality
- Cost savings
- Slows decline in kidney function

Chen PM, et al. Am J Med 2015;128:68-76.
Chen YR, et al. Nephrol Dial Transplant. 2013;38:671-682.
Curtis BM, et al. Nephrol Dial Transplant. 2005;20:147-154.
Bayliss EA, et al. Clin J Am Soc Nephrol. 2011;6:704-710.

Multidisciplinary teams in CKD

TS Johns et al. *BMC Nephrol* 2015;16:161

TS Johns et al. *Kidney Med* 2022;4:100450.

Multidisciplinary teams: patient perspectives

"...but also talked to the transplant coordinator, the nephrologist, and I also included my pharmacist. I had a good relationship with my pharmacist and so I was able to have my group of individuals to answer my questions and give me some comfort... And that was the most important once I had spoken to all of the practitioners."
Female, aged 68, KTx (previously IHD)

"I have my vascular doctor and I have my primary care physician. And I have, well, the nurse I talked to today, but my nephrologist has never addressed my creatinine or given me any medication for it"
Female, aged 72, ND-CKD

"My pharmacist worked very closely with my transplant team and he knows his patients just like the nephrologists and the doctors, so he worked with my social worker and they were able to get some type of a grant and he managed that grant so I can get certain medicines. That's a benefit."
Female, aged 66, KTx (previously PD, IHD)

IHD = incenter hemodialysis
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ND-CKD = non-dialysis CKD
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St. Peter et al. University of Minnesota, Office of Discovery and Translation grant, interviews conducted in summer 2022

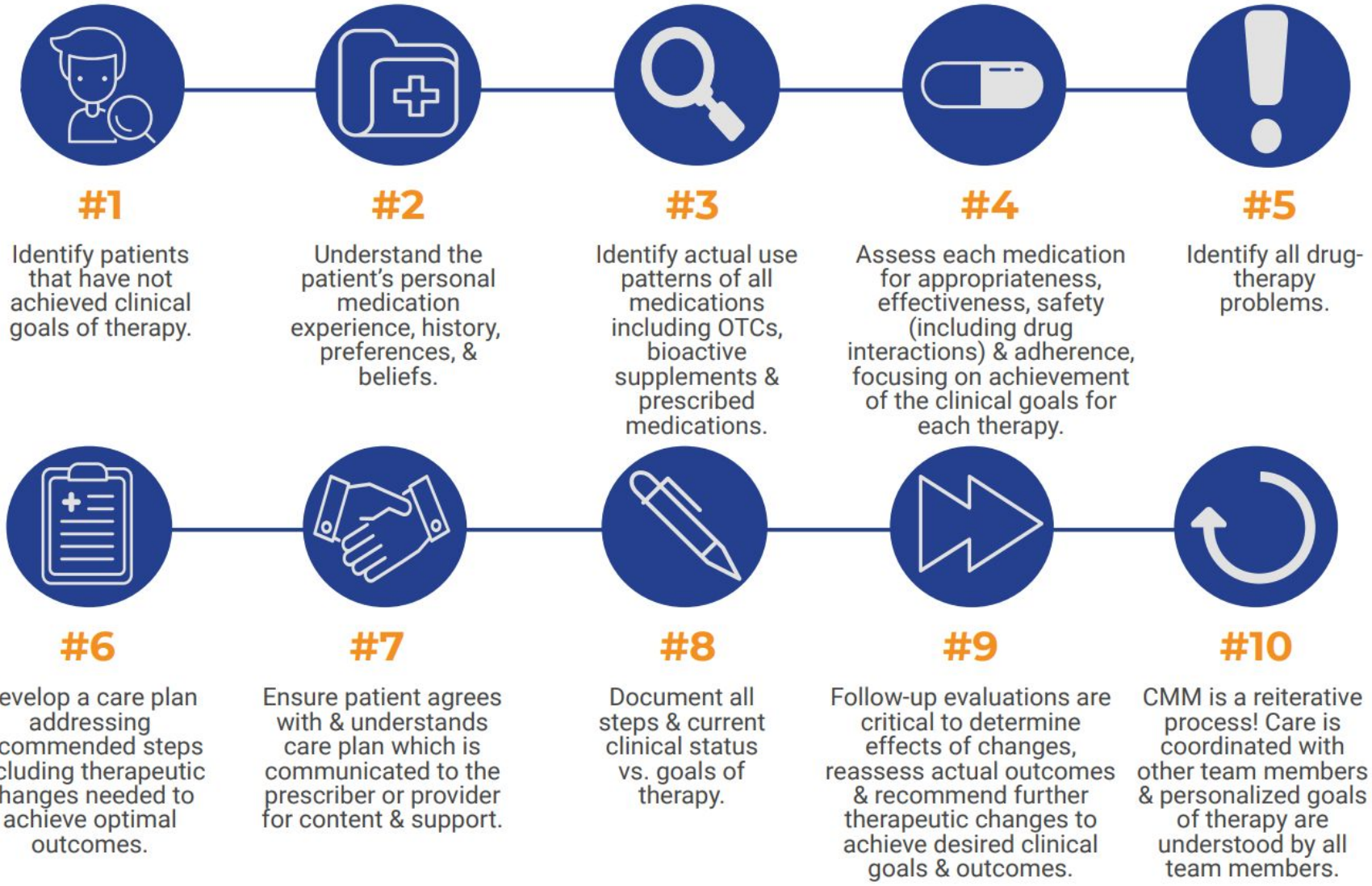
Multidisciplinary teams: provider perspectives

"They call it the PAC team [VA], Patient Aligned Care team, and that's true throughout the nation. So a Patient Aligned Care team includes a primary care provider, a nurse clinical coordinator, a clinical nurse, pharmacist, a social worker, and a clerical support person."
Advanced Practice Practitioner, Female, White, Age 50-59

"They do this multidisciplinary approach to helping patients. I believe it includes the pharmacist. Absolutely. That would help even bridge the gaps in equity too."
Physician, Female, Age 30-39

St. Peter et al. University of Minnesota, Office of Discovery and Translation grant, interviews conducted in summer 2022

Comprehensive Medication Management (CMM) to overcome barriers

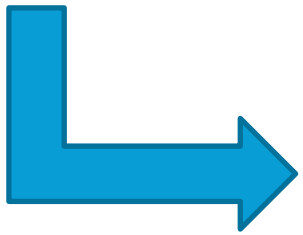


Get the Medications Right (GTMRx) Institute https://gtmr.org/what-is-the-comprehensive-medication-management-process/ accessed 5/24/2023

Advancing Kidney Health through Optimal Medication Management (AKHOMM)

VISION

Every person with kidney disease receives optimal medication management through team-based care including a pharmacist to ensure their medications are safe, effective, affordable and can be taken as intended.



1. Education and practice standards
2. Launching curriculum and learning & action collaborative
3. Engaging patients, caregivers, key stakeholders, and practitioners at every step

https://kidneymedicationmanagement.nexusipe.org/continuing-education

KE Cardone et al. *Kidney Med* 2022;4:100509.
DL Pestka et al. *J Am Coll Clin Pharm* 2022;5:1121-1127.
JQ Hudson et al. *Kidney Med* 2022;4:100508.
J Gray et al. *J Am Coll Clin Pharm* 2022;5:912-920.

Overcoming Medication Access Barriers

"As far as getting my medicine, that is not a problem because the pharmacists, they deliver it to my home. They deliver it, so that's a big plus."

Female aged 66, KTx (previously PD, IHD)

" I've not had any problems getting my medicine. It's still by [Name of HCS] Transplant Pharmacy. And they're very proactive. In fact, I got a call while I was on the focus [group] and I guess they're calling to see what meds I need and they will mail the medications to me."

Female, aged 68, KTx (previously IHD)

HHD = home hemodialysis
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STRATEGIES: Overcoming Medication Access Barriers

- Refill automation and synchronization
- Medication delivery
- Proactive communication and follow-up
- Specialty pharmacy services

Awareness of Pharmacy Access Services

Patients not aware

Practitioners not aware

1. Community outreach
2. Relationship development
3. Engage patients, care givers, and practitioners

STRATEGIES: Proactive Communication

"And like I said, because I use the smaller specialty pharmacy now, I feel really good about talking to the pharmacist about my medication questions. They'll mention things to me. They'll be like, 'If you have any questions?' 'No.' And then they'll be like, 'Okay, well, there's been an update with this medication.' They'll mention things to me"

Female, aged 44, HHD (previously IHD, KTx x2)

"When I go pick up my medications, the question should not be, "Do you have any questions?" I feel personally that we should be given that one on one attention and say, "Hey, this is the medication. This what it does. And these are some of the effects consult with your doctor..."

Male, aged 44, ND-CKD

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STRATEGIES: Patient Resources

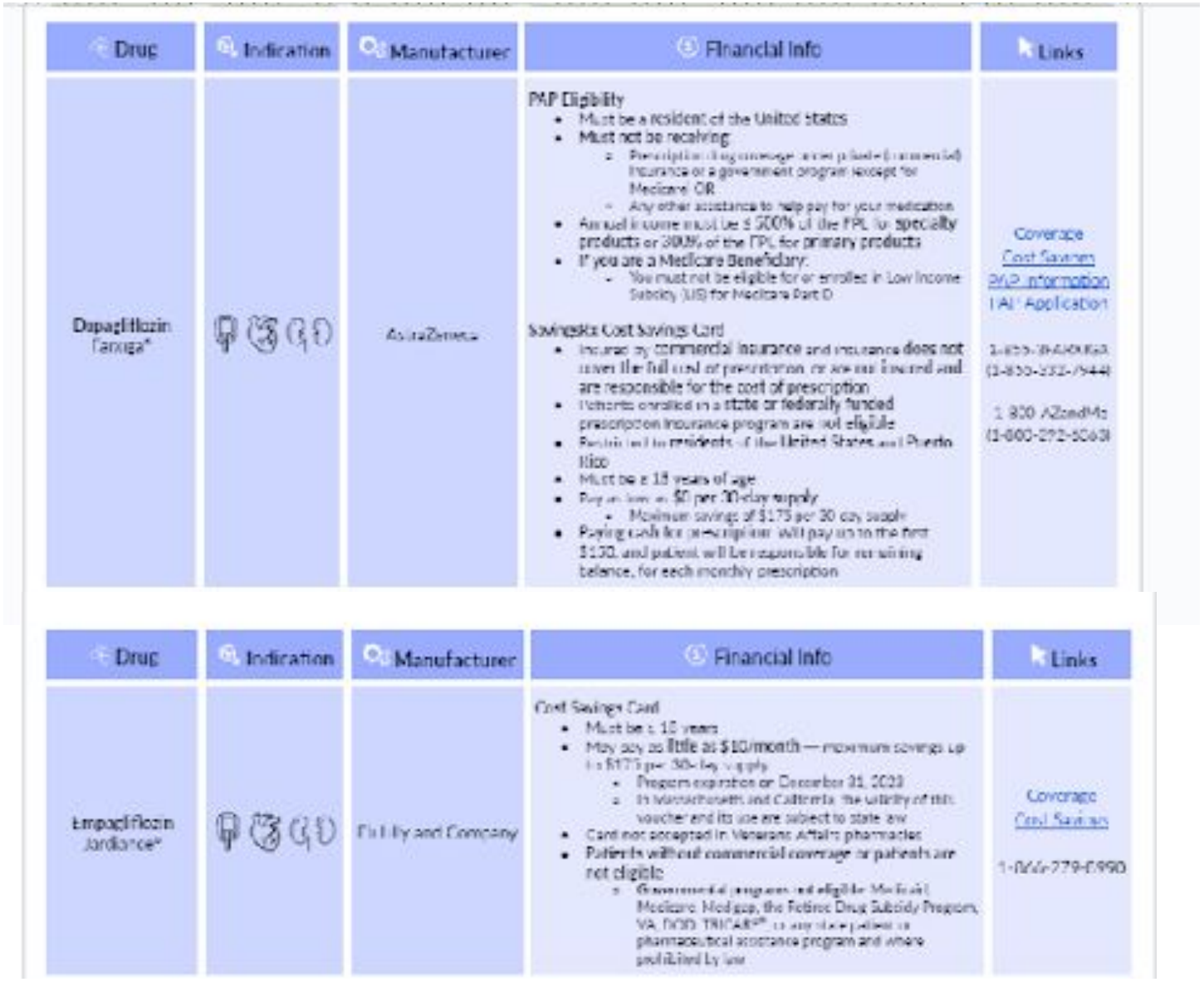
- Patient networks: ESRD Network and Kidney Transplant Network
  - Social media
  - Local support groups

STRATEGIES: Patient Resources to Address Costs

Manufacturer	Discount cards - Commercial insurance	Low-cost generic medication programs	Federal and state assistance programs
•• Co-pay coupons •• Patient assistance programs	•• GoodRx •• WellRx •• America's Pharmacy	•• Walmart, Walgreens, HEB •• Mark Cuban CostPlus Drug Company	•• Medicare Part D Extra help program

- Medication Financial Assistance Program (MFAP)

STRATEGIES: Patient Resources to Address Costs



Drug	Indication	Manufacturer	Financial Info	Links
Dapagliflozin Farxiga®		AstraZeneca	PAP Eligibility • Must be a resident of the United States • Must not be receiving: ○ Prescription drug coverage (commercial) insurance or a government program (except for Medicare OR ○ Any other assistance to help pay for your medication • Annual income must be ≤ 500% of the FPL for specialty products or 300% of the FPL for primary products • If you are a Medicare Beneficiary: ○ You must not be eligible for or enrolled in Low Income Subsidy (LIS) for Medicare Part D Savingsta Cost Savings Card • Insured by commercial insurance and insurance does not cover the full cost of prescription or we are uninsured and are responsible for the cost of prescription • Patients enrolled in a state or federally funded prescription insurance program are not eligible • Restricted to residents of the United States and Puerto Rico • Must be ≥ 18 years of age • Pay as low as $0 per 30-day supply ○ Maximum savings of $175 per 30 day supply • Paying cash for prescription will pay up to the first $100, and patient will be responsible for remaining balance, for each monthly prescription	Coverage Cost Savings PAP Information PAP Application 1-855-[illegible] (1-855-[illegible]) 1 800 AZandMe (1-800-[illegible])

Drug	Indication	Manufacturer	Financial Info	Links
Empagliflozin Jardiance®		Eli Lilly and Company	Cost Savings Card • Must be ≥ 18 years • May pay as little as $10/month — maximum savings up to $175 per 30-day supply ○ Program expiration on December 31, 2023 ○ In Massachusetts and California, the validity of this voucher and its use are subject to state law • Card not accepted in Veterans Affairs pharmacies • Patients without commercial coverage or patients are not eligible ○ Government programs including Medicaid, Medicare Medigap, the Federal Drug Subsidy Program, VA, DOD, TRICARE®, or any other patient or pharmaceutical assistance program and where prohibited by law	Coverage Cost Savings 1-[illegible]-779-0990

STRATEGIES: Patient Resources

"Another thing that greats, that helps me so much is the workshops and information provided by organizations like the ESRD network and the kidney transplant information network that has all these workshops and information that they provide to us. That is so helpful as well"

Female, age 44, KTx (PD, IHD)

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Shared Decision Making

"I think that physicians should be willing to discuss things with you, if it's a new medication or whatever and let you know what they know about it. Then you too make the decisions on what medications to take and no matter how much they cost, I think that it's important if it's something that can help."

Female, aged 67, IHD

"My nephrologist? Oh, I call it our regular monthly debates. We debate. He says something. I say, 'No.' We debate, but we have an understanding. And he actually tells me, 'I appreciate that.' Because he said, 'You're not just going to let me tell you anything and you're going to agree with it.' I'm like, 'Absolutely not.' I'm like, 'You could tell me the sky is blue right now. I'm still going to peek my head out that window just to make sure.'"

Female, aged 44, HHD (previously IHD, KTx x2)

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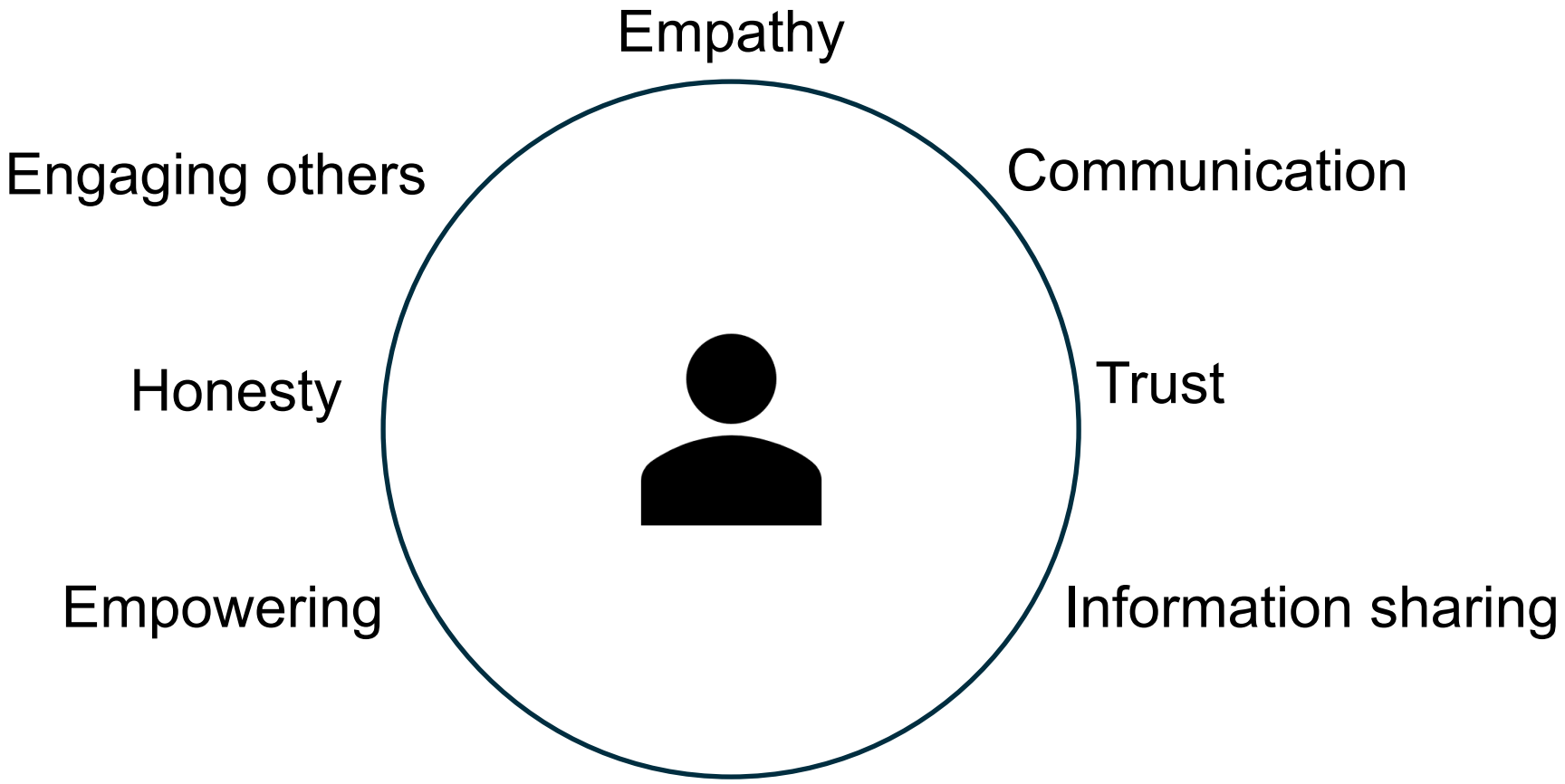
Shared Decision Making



Shared Decision Making: Practitioner Approaches

"But I always acknowledge their concerns, and I try to say,'I understand why you feel that way. These are my experiences and it's okay not to make this decision today.' And I think the most important thing is not to rush it."
Physician, Male, South Asian, Age 40-49

…let it be a joint decision. I also don't like to say, 'Oh, you have to start this today.' 'This is something that is now available. I have a couple of patients on it. I'm going to see how they do if you want me to let you know how I think it's going. It's not something you have to do right away.'"
Physician, African American, Female, Age 60-69

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STRATEGIES: Shared Decision Making Practitioner Tools

Training:
https://www.ahrq.gov/health-literacy/professional-training/shared-decision/workshop/index.html

Agency for Healthcare Research and Quality, Rockville, MD.
https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tools/factsheet.html
Accessed 5/24/2023

STRATEGIES: Shared Medication Lists

What is it?

- Portable / electronic medication list shared between practitioners, pharmacies, patient, and caregivers

What does it do?

Medication discrepancies

Time spent reconciling medication lists

Accuracy of medication list

Patient satisfaction

R Stock et al. *Adv Patient Safety* 2008;4: PMID: 21249957
AV Josendal et al. *BMC Health Serv Research* 2021;21:1335

STRATEGIES: Patient and Caregiver Tools

Medication Lists

- MedActionPlan
  - https://medactionplan.com/
- Agency for Healthcare Research and Quality (AHRQ):
  - https://www.ahrq.gov/health-literacy/improve/pharmacy/medicine-list.htm
- Food and Drug Administration (FDA):
  - https://www.fda.gov/media/73856/download

STRATEGIES: Patient and Caregiver Tools

Medication Management (Reminders)

- Pill boxes
- Electronic alarms/reminders
- Apps:
  - Apple Health
  - MyMeds
  - Medisafe
- HERO
- MedMinder

MedMinder.com

HeroHealth.com

STRATEGIES: Patient and Caregiver Tools

Medication Packaging ("Adherence" Packaging)

- PillPack
- MedMinder
- Local independent / specialty pharmacies

PillPack.com

MedMinder.com

Case

- HPI: 72 year-old female at nephrologist appointment for CKD. She reports frustration with “taking too many pills every day”. Her son helps her with medications at home, but he works full time and lives 20 minutes away. When he’s not available, she walks to the pharmacy around the corner which is a “chore”. She can afford most of her medication co-pays but notes her “blood thinner” is expensive. She’s not sure why she takes many of the medications and reports “forgetting on purpose” to take them a few times each week.

- PMH: hypertension, stage 4 CKD, coronary artery disease , atrial fibrillation, depression; she self-identifies as “African American”

- Medication List (per patient report)

Losartan 50 mg daily	Metoprolol tartrate 50mg twice daily
Bumetanide 2 mg daily	Apixaban 5 mg twice daily
Aspirin 81 mg daily	Amlodipine 5mg daily
Atorvastatin 40 mg at bedtime	Escitalopram 10 mg daily
Ferrous sulfate 325 mg twice daily	Multivitamin daily
Calcium carbonate 600 mg / vitamin D 200 IU twice daily	

- Labs (today): sCr: 2.1 mg/dL, eGFR: 25 mL/min/1.73m^2 (1 yr ago, 32 mL/min/1.73m^2), uACR: 312 mg/g

Summary:

Many **STRATEGIES** exist to overcome barriers to optimal medication management

Multidisciplinary, patient-centered care is vital

Individualize tools based on shared-decision making and patient needs

Pharmacists are well positioned to improve care quality and outcomes

Additional Helpful References

- The SHARE Approach: Agency for Healthcare Research and Quality (AHRQ) https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html
- Fillable shared medication list via AHRQ https://www.ahrq.gov/health-literacy/improve/pharmacy/medicine-list.html
- Luo J, Feldman R, Rothenberger SD, Hernandez I, Gellad WF. Coverage, Formulary Restrictions, and Out-of-Pocket Costs for Sodium-Glucose Cotransporter 2 Inhibitors and Glucagon-Like Peptide 1 Receptor Agonists in the Medicare Part D Program. JAMA Netw Open. 2020 Oct 1;3(10):e2020969. doi: 10.1001/jamanetworkopen.2020.20969. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2771731
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- Muvuka B, Combs RM, Ayangeakaa SD, Ali NM, Wendel ML, Jackson T. Health literacy in African-American communities: Barriers and strategies. Health Lit Res Pract 2020;4(3):e138-e142. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7365659/
- Gray J, Hillman L, Vivian E, St. Peter WL. Pharmacist's role in reducing medication-related racial disparities in African American patients with chronic kidney disease. J Am Coll Clin Pharm 2022;5:912-920 https://accpjournals.onlinelibrary.wiley.com/doi/epdf/10.1002/jac5.1653

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Thank you!

https://twitter.com/kidneymedmgmt