

Health care: A business or a responsibility?

Although the U.S. health care system is in many ways the most advanced in the world, it is costly and plagued with inefficiency and inequity.¹ For example, 42.6 million Americans did not have medical insurance in 1999 and therefore lacked clear access to care.² Millions more have inadequate insurance coverage for prescription drugs. Meanwhile, prescription drug expenditures increased nearly 17% in 1999 to \$100 billion and are projected to rise faster than overall health care costs in this decade.

Those who cannot afford necessary medicines include not just the homeless, the unemployed, and Medicare recipients without drug coverage, but also illegal immigrants and the working poor. In addition, there are "pharmaceutically indigent" people whose insurance requires unaffordable copayments or deductibles or does not cover drug costs at all. These people are often not poor enough to qualify for Medicaid.

The burden of caring for indigent patients thus falls heavily on health care institutions, especially public health systems. This issue of *AJHP* contains the proceedings of a roundtable discussion of the challenges of providing pharmaceutical care to indigent patients.³ The participants are pharmacy administrators of large public health systems commanding multimillion-dollar pharmacy budgets. Public hospitals care for a large proportion of indigent patients; they are also hit hard by rising drug costs, shrinking government funds, falling reimbursement rates from government and private payers, and staffing shortages.

Health systems have adopted many strategies to partially pay for indigent patients' care.⁴ Medication assistance programs funded by manufacturers are commonly used. Some pharmacy managers, however, are concerned about relying too heavily on these programs, which are voluntary and can be withdrawn at any time. If that happens, the institution and its pharmacy department will be left to pay for expensive, often life-saving drugs that patients may have been receiving at no cost for years. The federal 340B program, although complicated, can substantially lower the price of pharmaceuticals for health systems with a large share of indigent patients.⁵

Running out of options, administrators are being forced to make ethically difficult decisions: Should indigent patients

receive older, less expensive generic drugs with more adverse effects, rather than newer brand-name drugs? Should they be charged a copayment or tiered copayment? Should pharmacies give faster service to paying or insured patients in order not to lose their business? Is it better to turn away some indigent patients so that the medical facility can remain open?

All these strategies could be merely a Band-Aid on a gunshot wound if drug costs continue their double-digit climb. New technologies and medical advancements save and improve lives, but they can also exacerbate the deficiencies of our health system. The pending Medicare drug benefit legislation may relieve part of the problem but certainly will not eliminate it, because Medicare beneficiaries make up only part of the underserved population. Without increases in funding, hospitals will probably continue to fight an uphill battle.

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The roundtable participants agreed that the dedication and sacrifices of their pharmacists and support staff have been key to implementing cost-saving strategies without compromising quality. These strategies have to be carried out one patient at a time by the frontline pharmacists. In addition, pharmacy departments face the unique challenges of caring for patients who present transportation, language, cultural, and other barriers. Pharmacy personnel must take on multiple roles as social workers, reimbursement specialists, translators, lobbyists, and educators. The pharmacy staff is therefore an especially crucial resource for health systems caring for indigent patients.

Ultimately, health professionals and policymakers must answer questions that have been strangely absent from the health care debate: Is health care nothing more than a business? Should profit dictate everything? In a civilized society, the pharmacy profession has a social responsibility to provide pharmaceutical care to the poor as well as those who can pay.

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