THE HOSPITAL: MercyOne Siouxland Medical Center is a regional medical center that meets the needs of residents in a 33-county area of western Iowa, eastern Nebraska and southeastern South Dakota. In addition to the main hospital in Sioux City, MercyOne Siouxland Medical Center owns rural hospitals in Primghar, Iowa, and Oakland, Nebraska, manages hospitals in Pender, Nebraska and Hawarden, Iowa, and operates a primary care clinic network, specialty care clinics and home health services. We serve with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities and will set the standard for a personalized and radically convenient system of health services. Challenges to transforming the health of our communities involve serving a patient population largely struggling with many comorbidities, chronic disease management, lower than desired health literacy, insufficient household income, and access to health influencing resources. These difficulties cause us to allocate an excessive percentage of our annual budget to charity care and uncompensated care.

THE BENEFITS OF THE 340B PROGRAM: As a new participant in the 340B program, MercyOne Siouxland Medical Center plans to address the unmet needs mentioned above with 340B savings by commissioning two new Transition of Care pharmacists, establishing an in-house retail pharmacy, and supplementing our budget for the reimbursement of retail pharmacy prescription purchases. The new pharmacists will deliver medication reconciliation and discharge drug counseling on our general medicine and post-critical care units. These individuals will address our struggles with chronic disease management and health literacy through improved medication adherence, avoidance of adverse reactions, and lowered symptom severity.

A new in-house retail pharmacy that provides most discharge prescriptions will advance our patients' health care experience through a second drug counseling opportunity and disease management by increasing medication adherence from the offering of a more convenient option for filling prescriptions.

Adding to our budget for the reimbursement of retail pharmacy prescription purchases for disadvantaged patients will help alleviate the burden of paying for high cost drugs. In addition to the community health benefits from all of the services described above, we also expect them to positively impact readmissions, elevate patient satisfaction, and improve the overall wellness of our patient population. These initiatives, made possible with 340B savings dollars, have the potential to make almost immeasurable advancements in the health of our community.

Finally, we plan to expand our recently started 340B program in both reach and scale; and thus, realize greater savings that can be routed back to other non-reimbursed, under-subsidized, free, or community services which we provide. Any potential additional uses of our 340B savings will be applied in ways that address unmet needs for our patient population.

IMPACT IF THE PROGRAM WAS SCALED BACK: If the 340B program were scaled back and our 340B savings were reduced, our plans to commission two new Transition of Care pharmacists, establish an in-house retail pharmacy, and supplement our budget for the reimbursement of retail pharmacy prescription purchases would be delayed. This would cause our patients and community members to continue to suffer from their comorbidities, chronic diseases, limited ability to maintain their self-care regiments, financial burdens, and lack of access to convenient health influencing resources.