Value of the 340B Program to the Community We Serve – April 2023
Trinity Health Grand Rapids, Grand Rapids, Michigan

Trinity Health Grand Rapids is a Catholic health system employs more than 4,500 people, and is anchored by our 283-bed hospital. Outpatient services include a freestanding Emergency Department, two Urgent Care Centers, 57 clinic practices, three clinics serving the public with financial barriers to care, and a large HIV clinic. Many of our locations also provide community access to lab, radiology, physical therapy and pharmacy services. We provided ministry for the poor and underserved, including 340B patient savings, totaling $20.1M in the last year; ministry for the broader community totaling $13M; and bad debt at cost totaling $7.8M.

Benefits of the 340B Program
At the foundation of the 340B program, US Representative John Dingell, Jr. (MI), now deceased, stated the purpose of the 340B program is "to enable covered entities to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services." Trinity Health Grand Rapids leverages the financial impact of the 340B program to provide a broad range of services that increase access to medications, medical treatments, primary care and specialty care, while improving the quality of care for all patients, regardless of ability to pay.

At Trinity Health Grand Rapids, the 340B program helps to enhance and sustain the following:

Patient access
- Supports continued investments in primary and specialty care. Trinity Health Grand Rapids operates 30 child site clinics in tracts with 20% or more families below 150% of the federal poverty limit and more than 25% with less than high school education. (Community Commons data)
- Supports continuing acceptance of new patients on Medicare and Medicaid at all MHSM clinics. (compared to 85.3% and 70.8% respectively, of primary care physicians from the most recent MACPAC report)
- Operates five community pharmacies to meet the prescription access needs for insured and uninsured patients in our core service area. We operate the only pharmacies in the Grand Rapids inner city core.

Offsets costs for programs that benefit the underserved, such as
- Specialized neonatal intensive care transport that connects high-risk neonates from Muskegon and Ottawa Counties to services at THGR’s Level IV Neonatal ICU
- Advance Care Coordination Program serving the most vulnerable, frail elderly and high-risk patients
- The only acute care Psych Med Unit in the region
- Specialty care, including oncology, diabetology, pulmonology, cardiology, neurology and infectious disease services not otherwise available to many low-income individuals in the community
- Built our 6th pharmacy in the heart of a tract with 44.5% in poverty and 26.4% less than high school education. This pharmacy and our Clinica Santa Maria are the only health services in this healthcare desert. Opening pending access to insurance contracts.
- Temporary guardian program for patients with excessive lengths of stay, while working on final guardian relationships.
Translation services to meet the needs of vulnerable populations throughout our system with most services through live interpreters. We believe that human touch is vital in the often traumatic situations that bring people into difficult conversations with healthcare providers.

Home education for patients at high-risk for asthma and COPD
Trinity Health was able to continue the operation of Clinica Santa Maria, Browning Claytor Clinic and Sparta Clinic as primary care sites after HRSA eliminated rules that allowed these sites to receive FQHC grants. Mission discernment would not allow us to close these clinics, despite certainty of financial losses, because we are committed to serve these communities in need.

Provides access and financial assistance to patients unable to afford their prescriptions
- Serving 337 patients monthly and providing 1,135 prescriptions monthly at no cost to qualifying patients in need. Calculated $5.03M annual patient out of pocket savings compared to retail usual and customary cost.
- Currently providing an additional 263 prescriptions a month at cost to patients with temporary financial need. Calculated $2.13M annual patient out-of-pocket savings compared to retail usual and customary cost.

Additional Benefits
- Provides optional prescription services to patients discharged to home to assure successful treatment starts while reducing hospital readmissions.
- Supports the operation of our geriatrician group providing medical services to patients in skilled care, assisted living and independent living senior communities.
- Supports the cost of Trinity Health’s Community Needs Assessment every three years, along with program development to meet identified needs.
- Supports continued ability to operate a hospital infusion center and a freestanding infusion center, which would be under threat of closing due to chronically low reimbursement compared to hospital contracted cost of goods.
- Provides dedicated support to our clinics to reduce abandonment, increase compliance and increase medical adherence.
- Supports investments in staff and patient safety programs, such as the Psychiatric Resource Team, which has lowered patient and staff anxiety, while improving perception of safety, and decreasing use of restrictive measures.
- Community “Stop the Bleed” classes, teaching high school students life saving skills recognizing life threatening bleeding and the different ways to control it.
- Supports investment in Behavioral Health Crisis Center to be opened within a year in partnership with Network 180 (Kent County Community Mental Health)

Impact if 340B Program is Scaled Back
The intense pressure on margins for not-for-profit hospitals has been widely reported. A recent Kauffman Hall Flash Report indicates that the average hospital margins are between -0.7% and -3.6% in the last 12 months. Disproportionate Share Hospitals, such as Trinity Health Grand Rapids, face even greater pressure on margin. The benefits from the 340B program provide a buffer that allows the health system to continue meeting community needs, continue investments in vital equipment, maintain critical infrastructure, and expand access to care as we continue our commitment to serve. Without the 340B program, Trinity Health Grand Rapids would likely struggle against constriction, reducing services, forgoing improved technologies, and limiting its positive impact on the community. Prescription Access Programs would have to cease. Many of
The patients and families served by the prescription access programs would be forced to choose between needed medical care and necessities such as food, housing, clothing and transportation.

"The 340B program allows us to be a family and spend time with each other... without the 340B program I honestly do not know how I would be able to get my husband the medication he needs to survive."

The 340B program is vital to Trinity Health Grand Rapids patients. These are just a few stories from our patients and caregivers who would otherwise have to choose between medical treatment and basic needs.

**Diabetes Care**

- A Medicare patient who could not afford insulin admitted to her case manager that she had been using insulin that expired three years prior. The case manager helped the patient apply for full Medicaid secondary to her Medicare, Low Income Subsidy (LIS) program through Social Security, which made her drug plan free with no deductible, no donut hole and very reduced copays. She also applied for the Medicare Savings Program so that the state could cover her Medicare part B premium. While her LIS was pending, we issued a one-time voucher to the pharmacy so that she could get a new vial of insulin that day, at 340B cost. Within a month, the assistance programs kicked in and allowed her to afford her medications and save money. She can now manage her blood sugar levels.

- For one Trinity Health colleague whose husband is a type 1 diabetic (insulin dependent), the cost of medication – 11 vials of Novolog – would be close to $5,000 every three months, out of pocket. This would require a second job for both of them to help offset the cost. "The 340B program allows us to be a family and spend time with each other... without the 340B program I honestly do not know how I would be able to get my husband the medication he needs to survive."

**Behavioral Health**

Ineffective behavioral management can escalate behaviors, causing an unsafe environment for our staff and the patient. The Psychiatric Resource Team collaborates with the bedside nurse to develop a plan of care using evidenced-based practice along with creative/innovative strategies. The addition of this program has resulted in decreased patient and staff anxiety, improved perception of safety, and a decrease in the use of restrictive measures. Trinity Health Grand Rapids has been able to invest in staff and patient safety programs such as this one because of the cost savings from the 340B program.

**Immigrants**

A 73-year-old patient who migrated from Mexico did not qualify for Medicare or straight Medicaid. While her daughter, a single mom, can support the family with food, shelter and money for transportation to and from doctors’ appointments, she cannot pay the cost of her mother’s 20 medications to treat multiple chronic conditions.
Thanks to the 340B program and supplemental resources, this patient can see her primary care doctor without worrying about cost. She also receives pulmonology and cardiology services, as well as access to behavioral health, lab, ultrasound and gynecological services.

**Single Parent**

A single mom who was prescribed Strattera was ready to forego treatment. At $300–$500 per month, she couldn’t afford it. She researched getting the drug from Canada, which would have been $160 for a three-month supply, and not the correct dosage. Her primary care physician suggested she check with Trinity Health Pharmacy, where she was able to get a three-month supply of her prescription for $64 through our one time access program.

**Kidney Transplant**

- We have diabetic patients and transplant patients that comment all the time that if not for 340B pricing, they could never afford the medication they need to stay alive.

- We have uninsured patients who are seen in our office that come back to our front desk after their visit and ask if we know how much their prescription is going to be. These patients are usually too embarrassed to let their PCP know that they struggle financially. At our office, front desk staff will escort the patient to the pharmacy and ask the pharmacist to check for eligible 340B program pricing for the patient. The patients are grateful for the personalized service and for the savings.

**Many More Stories**

- P* is a 68 year old female was able to pursue recovery from opiate use disorder because the 340B supported Pharmacy Access Program (RxAP) covered the co-pay on her Suboxone.

- Erika is a single mom with severe, uncontrolled asthma who receives her expensive inhalers through the RxAP. She is able to work and no longer has to choose between feeding her kids or treating her asthma.

- Bea is a 70 year old woman who is legally blind and was not able to control her diabetes because she couldn’t see the read out on her glucometer. Through the RxAP and clinical team she was able to secure a glucometer with a very large readout screen that also spoke the reading result. She now controls her diabetes and says she is able to maintain her independence because of the RxAP.

- John is a 62 year old uninsured worker and family breadwinner, legally in the country and working on citizenship, but facing language and health barriers from diabetes. John was connected with one of our Community Health Workers that determined he was eligible for the RxAP and Trinity Health financial assistance. He was able to see a Trinity Health physician and get his diabetes medicines at a Trinity Health Pharmacy at no cost through the RxAP. He maintains contact with his CHW and keeps all his medical appointments.

- A.T. is a patient with COPD and also the caregiver for her very ill husband. When she was presribed an expensive, but essential medication for her COPD, she thanked her physician, but also explained that she couldn’t afford the medication and had to prioritize the expense of caring for her husband. The Trinity Health physician connected A.T. with a Community Health Worker who determined she qualified for the RxAP and she left with
her medication in hand from the on site Trinity Health Pharmacy. She is very grateful and says that we helped turn “a burden into a blessing”.

- Jane was a bereaved daughter fulfilling her dad’s last wish to care for his two dogs after his death. Her limited income was not enough for the dogs and her own medications for blood pressure and diabetes. Jane chose to care for the dogs, but her own health suffered. She shared her struggle with her Trinity Health physician, who connected her with a CHW. She was not eligible for any federal or state sponsored assistance, but did qualify for our RxAP and has obtained her medications at no cost through Trinity Health Pharmacies. Jane is now controlling her health conditions and enjoying long walks with her dad’s furry friends.

- A recently divorced woman, Mary was losing access to coverage for 14 maintenance medications and on very limited Social Security income. She contacted her Trinity Health primary care physician and asked if there was anything they could do to help. Mary was connected to a CHW and tracked into the RxAP for all of her medications, and packaged in compliance packaging for better adherence to the treatment regimen. She was directed to Medicare enrollment and has been able to focus on the application and picking up her life again without the burden of unaffordable medications.

- Edna* was diagnosed with gestational diabetes in her first pregnancy and started having symptoms again in her second pregnancy. Unfortunately, this triggered a diagnosis change from gestational diabetes to type 2 diabetes, which is not a covered treatment under the Mi Medicaid MOMS program. Fortunately, Edna* qualified for the RxAP that provided her insulin and testing supplies without cost. Edna* was able to experience a healthy pregnancy and gave birth to a healthy baby!

- Unable to secure consistent work due to her pending legal status and failing health, C* was already risking her own health due to financial barriers. Then her husband, the household breadwinner, unexpectedly passed away. Sick and grieving, C* did her best to make ends meet for her and her 3 children, but her diabetes caused her to use the emergency department several times. Fortunately, C* was directed to Trinity Health Clinica Santa Maria where a community health worker enrolled her in the RxAP. C* has stabilized her diabetes and has ongoing access to her medications. She is making progress toward stable housing and full-time employment.

- Irma Santoyo arrived here to the United States to provide care for her parents, as her mother had suffered three strokes and was losing her memory and mobility. When she arrived in the United States, she personally did not have any health issues or conditions. She knew that it was important to take care of her health so she started to ask around where she could get healthcare with no insurance. It was her sister who had insurance who recommended that she got to the Sparta Health Center. Irma became a patient there and has been a patient for the past seven or eight years. Within this time, she developed high blood pressure, then prediabetes, and was recently informed that she has diabetes. She says what has helped her the most being a patient of the Sparta Health Center has been Trinity Health’s Medication Assistance program. If it were not for this program, she said she would have had to choose between purchasing food for her family, paying a bill, or taking her medications. Irma said that what was most important was food for the family, but because of the medication program she can be stress free and not worry or choose between eating, paying a bill or taking my medications. “I thank God for the program that helps me take care of myself.”
*Some names changed or withheld at the request of the patient.