Improving the lives of the chronically ill
2014

The Polyclinic Community Health Foundation connects chronically ill, mostly low-income individuals with medication assistance and disease-education opportunities that empower patients to lead active, healthy lives.

Our mission
To improve the lives of those in our community struggling with chronic illness

We collaborate with physicians of The Polyclinic and currently serve an average of 125 Polyclinic patients a year. However, King County’s need for this program is far greater – nearly a quarter of a million residents in the county have one or more of these manageable chronic conditions, and nearly 11% of them fall into the low-income bracket.

We intend to incrementally expand PharmaCare to reach this broader population, first by supporting more Polyclinic patients in need, then by assisting social services agencies to connect their at-risk clients and patients with the program. The final expansion phase will transform the program into a comprehensive, county-wide model that includes basic case management and evidence-based chronic disease management.

In short, the Foundation aspires to become King County’s foremost resource for low-income patients seeking assistance with chronic-disease management, education, and medication costs. With your help, we can do that step by step.
A full-time worker at Amazon unexpectedly lost both her job and her benefits after she’d already had a kidney transplant. Paying on her own for her health care and anti-rejection meds soon sent her into bankruptcy. Educated and experienced, she continued to apply for a multitude of jobs but met with no success. With the Foundation’s help, she enrolled in an industry program that provided her with anti-rejection medication for a full year, giving her the peace of mind she needed to concentrate on getting her life back on track.

King County has more than a quarter of a million people who have one or more chronic conditions that are the Foundation’s primary focus. Of these, about 27,500 are likely to be at the “low income” level and need low-cost access to medication and education in order to feel well enough to work, care for their families, and manage their chronic illness.

Our Foundation focuses on the following four prominent chronic conditions, but currently has the funds to serve only a small percentage of the most at-risk patients at The Polyclinic. Statistics show that the need for PharmaCare support is high across King County:

**Diabetes.** In King County, roughly 5% (76,000) of adults age 18 or older have been diagnosed with diabetes. Demographic segments with the highest rate of incidence include those age 65 and older, African American and Native American communities, and households with annual incomes below $35,000/year.

**Depression.** Nearly 6% (91,000) of adults in King County age 18 or older have a current diagnosis of depression (PHQ-8 score of 10 or greater). About 243,000 (16%) of adults 18 or older have received a depression diagnosis within their lifetime. The African American and Hispanic communities have a higher incidence of current and lifetime depression diagnoses.

**Mental distress (anxiety).** Nearly 10% (151,000) of King County adults age 18 or older report they have frequent mental distress. The African American and Hispanic communities have a higher frequency of mental distress.

**Hypertension.** Hypertension contributes to heart disease and is a risk factor for stroke. Roughly 24% (367,000) of King County adults age 18 or older have hypertension. The African American community has a higher incidence of hypertension than other ethnic communities in the county.

Chronic illness in King County – Our potential for making a difference
Financial costs to everyone

While the Affordable Care Act has created wider access to quality, affordable health care, people with a long-term chronic illness still face high costs for managing their condition. Nationally, chronic diseases account for $3 of every $4 spent on health care. This translates to nearly $7,900 per year for every American with a chronic disease. In fact, the average lifetime health care costs for someone with one or more chronic conditions are five times greater than for someone without any chronic conditions.

At-risk patients with chronic illnesses often require intense personal care, experience a greater number of emergency care episodes, and typically do not have an ongoing relationship with a primary care physician that could reduce the risk of more advanced health problems. They must take multiple, usually very expensive, medications for long periods of time. Many of these drugs are specialized and may not be covered by insurance at all. Even with prescription coverage, their out-of-pocket medication costs can easily range from $200 to $1,500 a month, often driving low-income patients into deep credit card debt or bankruptcy as they struggle to balance payments for food, shelter, insurance, and life-saving medicines.

Such high cost of care, coupled with the continued rise in health insurance, co-pays, and out-of-pocket expenses, poses a deep financial burden for those struggling with chronic diseases. It is also a key factor in driving insurance premiums upward.

Lost employee productivity

According to a 2007 study by the Milken Institute, seven chronic diseases – cancer, diabetes, hypertension, stroke, heart disease, pulmonary conditions and mental illness – have a total impact on the economy of $1.3 trillion annually. Of this amount, $1.1 trillion represents the cost of lost productivity. Those with unmanaged chronic diseases simply can’t work at optimal capacity, and they are more likely to be absent due to illness.

Reduction in overall quality of life

About 25% of people with chronic diseases have some type of activity limitation. Personal tasks, such as dressing or bathing, are difficult and often require another person’s help. Physical limitations may also restrict them from working or attending school, caring for their families, and otherwise being self-sufficient. The disabling and long-term symptoms of chronic diseases often take physical and emotional tolls that reduce a patient’s overall sense of well-being. These combined factors further ripple out to affect the lives of friends, family members, neighbors, co-workers and colleagues.

Why chronic illness is important to manage

Joan has battled heart disease for 15 years and had her first of three heart attacks at 35. She also suffers from diabetes and renal failure. When her husband was injured on the job and his employer later went out of business, they lived off a meager insurance check and unemployment. Without health insurance, her prescriptions alone cost more than $1,500 a month. Increasingly anxious about how to make ends meet, Joan turned to the Foundation for help. We provided her medications at no cost for nearly two years until her husband was able to work at a new job in a different industry and they become eligible for health insurance.
The Polyclinic Community Health Foundation

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How the Foundation addresses this need

A retiree from a long-time job with the state now lives alone on a small pension and social security. Even with Medicare contributing to her medications, she relies on the Foundation to assist her in enrolling in industry programs and to help her pay for some of her prescriptions at Kelley-Ross Pharmacy. Without this support, she would likely have to trim her already limited food budget to afford all of her medications.

The Foundation’s PharmaCare program assists eligible patients by providing two programs for affordable prescription medications, as well as education in disease management. Where possible, we use both prescription programs together, for the greatest savings to the patient. Candidates for support are referred to us from Polyclinic physicians, who also assist in our coordination of care by signing forms and prescriptions and answering questions when necessary. Assistance is available to both insured and uninsured patients.

**PharmaConnect Pharmaceutical Program**

PharmaConnect is a grant program that enables the Foundation to partner with Kelley-Ross Pharmacy to fill prescriptions for low-income patients. Once approved for assistance, the patient receives a renewable grant of $500 to use for medications over six months, with a maximum spending limit of $200 per month. Candidates for PharmaConnect must be at or below 150% of the Federal Poverty Level (FPL) and have one or more qualifying conditions (diabetes, depression, anxiety, hypertension). Continued eligibility is contingent on the patient completing a chronic illness or lifestyle-management educational program that has been approved by the Foundation.

**Industry-partner prescription program**

We work with pharmaceutical companies to help patients at both lower and higher income levels take advantage of industry programs to obtain certain high cost brand-name medications for managing their chronic conditions. For example, we assist patients who have only asthma as a chronic condition to procure asthma medications through an industry program, even if the patient’s income exceeds 150% FPL. Patients are not required to complete educational activities in return for our assistance in coordinating industry-program medications.

**Education**

The Foundation has recently begun providing individual education opportunities around the management of chronic illness and other key life areas affected by illness. Future education may be individual, group, online, in-person or take the form of larger seminars or symposia.

In 2013, the Foundation was able to serve 124 patients, partnering with Kelley-Ross to fill about 1,800 prescriptions and working with pharmaceutical companies to approve over 150 successful pharmaceutical assistance applications.
The Foundation has a four-phase plan to incrementally expand PharmaCare across the greater Seattle area. The rate of implementation depends only on how quickly funding for our initiative can grow.

**Phase 1: Current PharmaCare**

Today, the program can support about 125 Polyclinic patients a year. With additional funding, we will be able to support more Polyclinic patients.

**Phase 2: Expanded PharmaCare**

Even further funding can enable us to increase numbers of patients served, lower the financial threshold of participation and/or increase grant amounts for patients. We can also begin partnering with social services agencies to connect their at-risk clients and patients with the program.

**Phase 3: Community PharmaCare**

Greater funding commitments can allow us to expand our outreach to additional community providers serving at-risk populations; to provide basic chronic disease related case management; and to include community service provider partners in our education support. This phase can also include expanding the drug formulary for the four covered chronic conditions, and/or adding other covered conditions.

**Phase 4: Comprehensive PharmaCare**

At the highest level of financial assistance, we can afford to reach organizations serving at-risk populations across all of King County and provide a deeper level of case management. We can also host larger community events/symposia on chronic disease management and extend our educational component to other medical providers (including city, county and state entities). To give low-income patients the greatest access to education, we would also implement the evidence-based Stanford University Chronic Disease Self-Management Program (CDSMP), a six-week workshop held in local community settings (senior centers, churches, libraries, hospitals) for people with chronic diseases.

**Our values**

ACCESS to medication and other resources
EDUCATION for patients, their caregivers and the broader community
OUTREACH to those most at risk for not receiving quality, consistent care
OUTCOMES measurable and positively impacted by patient compliance
How your support can make a difference

Your financial support at any stage of our progress can help the Foundation achieve these measurable results:

- Incrementally increase the number of Polyclinic patients we can support with medication assistance and education programs designed to abate chronic illness.
- Measurably improve clinical outcomes, including medication adherence, alleviation of chronic disease symptoms, lifestyle improvements and self-reported improvements in quality of life.
- Expand the program to reach at-risk populations across the entire Greater Seattle area.
- Educate not just patients, but also their caregivers and other social service providers, about best practices for chronic disease management.

- Incorporate an evidence-based model of chronic condition self-management that can be replicated across the county, and even to communities beyond.

- Provide a basic level of case management to those with chronic conditions to improve their access to other social services and resources that can help them manage other aspects of their lives, including personal financial management, housing, mobility, etc.

- Raise awareness of chronic disease management and vulnerable populations within the broader community.

- Do our part to reduce the costs of health care through a low-cost, effective model of care that helps one of the most costly population groups to stay healthier longer, through their own self-care.

To make a gift to the Polyclinic Community Health Foundation or for more information, please contact Ken Schlegel, Director of Development at (206) 860-5443 or ken.schlegel@polyclinic.com

Foundation Support Sources

The Polyclinic Community Health Foundation is a 501(c)3 organization affiliated with The Polyclinic, an independent, physician owned and governed multi-specialty medical group with 13 locations across King County. We provide financial and education assistance to help Polyclinic patients with chronic conditions manage their health and wellbeing. The Polyclinic serves 200,000 patients annually.

To support its program, the Foundation receives gifts from Polyclinic physicians, staff, grateful patients and individuals in the broader community who are interested in providing access to needed health care and education. Private and corporate foundations also support the work of the Foundation through event sponsorships and grants.

1 Behavioral Risk Factor Surveillance System. Public Health, Seattle/King County, April 2011.

2 Milken Institute “An Unhealthy America” The Economic Burden of Chronic Disease – Charting a new course to save lives and increase productivity ad economic growth,” October 2007