

**ASSESSMENT
OF THE
PHARMACEUTICAL COST
ASSISTANCE PROJECT**

**Prepared For The
FOUNDATION FOR COMMUNITY HEALTH
Sharon, Connecticut**

By

Hanna K. Grossman

September 2006

TABLE OF CONTENTS

	Page
EXECUTIVE SUMMARY	3
INTRODUCTION	4
PARTICIPATION	4
SOURCES OF DATA	6
DEMOGRAPHICS	7
INSURANCE STATUS	9
INSURANCE ISSUES	11
MEDICAL CONDITIONS	12
FUNDED PRESCRIPTIONS	12
COST OF PROGRAM	13
RECOMMENDATIONS	15

LIST OF TABLES AND APPENDICES

MAP OF SERVICE AREA	5
TABLE 1. Numbers of Clients and Client Descriptions	7
TABLE 2. Age and Gender Distribution Based on Client Descriptions	8
TABLE 3. Age and Gender Distribution Based on First Quarter Data	9
TABLE 4. Insurance Status of Items by County	11
TABLE 5. Cost per Quarter, per Client, and per Voucher	13
APPENDIX A. Insurance Access Problems	16
APPENDIX B. First Quarter Medical Conditions	19
APPENDIX C. First Quarter Medications Funded	20

Hanna K. Grossman is retired and lives in Cornwall. Formerly, she worked as an analyst for the New York City and State Departments of Social Services. She prepared this assessment as a volunteer for the Foundation for Community Health.

EXECUTIVE SUMMARY

Project Design. In mid-2004, the Foundation for Community Health began a Pharmaceutical Assistance Project to assist low and moderate-income persons to pay for needed pharmaceutical products. For the purposes of the Project, “low and moderate-income” was defined as three times the Federal Poverty Level, or about \$45,000 per year for an average household of 2.5 persons. This assessment examines the experience of the Project in calendar 2005, based on data gathered by the local agencies that participated in it.

People Served. A total of 126 clients was served by the Project during 2005. The number of clients served varied considerably from county to county and site to site. The population served was 60% female, 40% male; 57% were under age 65 and 43% were older. Many of those under 65 were disabled. Few clients were regularly employed. Most were over-income for Medicaid and, to the extent that they were financially eligible for other public programs, these tended not to meet their pharmaceutical needs because of application timing issues or the cost of premiums or co-pays.

Medical Conditions. The medical conditions for which clients sought prescription assistance were almost entirely chronic. The following diagnoses accounted for the bulk of the prescriptions: hypertension, psychiatric conditions, diabetes, elevated cholesterol, asthma and osteoporosis. Many of the clients had more than one of these conditions.

Recommendations. If the Project is to continue: (1) data collection should be changed to permit relating the individual client’s characteristics to the kind and amount of assistance needed; (2) income and insurance data should be collected more uniformly; (3) Project sites should more actively recruit eligible clients, and (4) the Project should seek ways to ensure that prescriptions for chronic conditions are for longer than 30 days and make greater use of generic drugs.

INTRODUCTION

The Foundation for Community Health (hence, the Foundation) is concerned with the health needs of people living in 17 towns in a tri-county Service Area on the border of the states of Connecticut and New York. The 17-town area, shown on the accompanying map, includes portions of Litchfield County in Connecticut and of Columbia and Dutchess Counties in the State of New York. The area is that served by the nonprofit Sharon Hospital prior to its conversion to a for-profit entity.

In mid-2004, the Foundation began a Pharmaceutical Assistance Project (hence, the Project) designed to assist in paying for the cost of pharmaceutical products purchased by the area's low and moderate-income families and individuals. For the purposes of the project, "low and moderate income" was defined as three times the Federal Poverty Level. For the average Service Area family with two and a half members, this came to an annual income of \$44,700 in 2006. Assistance was intended to help meet pharmaceutical expenses not covered by insurance, governmental programs or other external sources of assistance.

In Connecticut, clients applied for assistance through their town social service agent or, where there was no such official, through the town's First Selectman. In Dutchess and Columbia Counties in New York, they applied through the Dutchess County Community Action Agency or the Columbia County Community HealthCare Consortium, respectively. These officials or agencies determined eligibility and arranged for payment to local pharmacies on the client's behalf. In Connecticut, the Northwest Corner Council of Governments (COG) served as a financial intermediary between the Foundation and the towns and made the payments. In New York, the participating agencies made payments to pharmacies directly.

The Project operated from July 2004 through the full year 2005 and into 2006. This report primarily assesses Project data obtained during calendar year 2005.

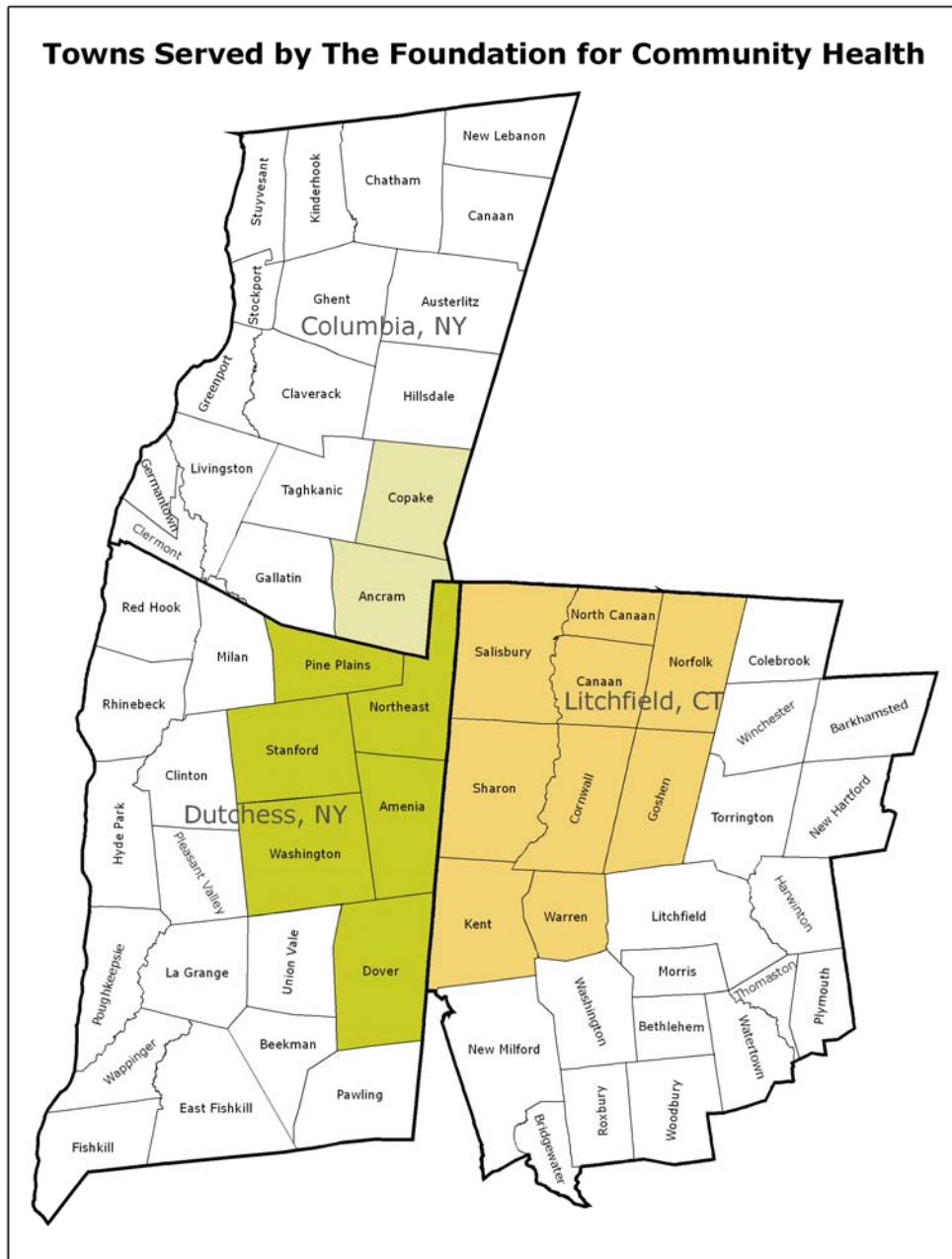
PARTICIPATION

In Litchfield County, of the nine towns included in the Service Area, Goshen, Kent, Norfolk and Sharon began participating in mid-2004 and continued into 2006. Canaan (commonly known as Falls Village) recruited several clients in the first quarter of 2005 but all withdrew or were found not to need service, and the town provided no further service during 2005. North Canaan recruited three clients in the first quarter of 2005 and several more later in the year. Cornwall did not start service until the third quarter of 2005 and Salisbury and Warren never started at all.

Columbia County recruited its first client in mid-2004 and provided service throughout the period, serving a total of six people in 2005. All but one of these clients came from the town of Copake, which suggests that outreach was rather limited

geographically. Columbia was also supposed to serve Ancram, but had only one client from there.

Dutchess County served 10 times as many clients as Columbia. It served clients from the communities of Amenia, Dover Plains, Millbrook, Millertown, Wassaic and Wingdale. Residents of most of the Dutchess County towns in the Service Area were represented among the Project's clientele in Dutchess.



SOURCES OF DATA

The data examined in this study was derived from two forms of report submitted by the participating agencies to the Foundation on a quarterly basis:

Tabular Reports. One form of report consisted of a tabular form that was completed for each separate prescription that was to be paid for. This form had columns for the date of the request, the age and gender of the client, and the town and zip code of his/her residence, as well as the name of the drug, the cost of the prescription and the health issue involved. There were also two columns to capture the insurance status of the client, one headed “insured” and the other “uninsured”.

Complete tabular data was provided for most prescriptions at Project sites. However, a number of difficulties arose in compiling this information because of variations from site to site and quarter to quarter in the way forms were completed. Even more problematic for this assessment was the absence of unique client identifiers. Because most clients made several prescription requests in a given quarter, and because most were served for more than one quarter, it was extremely difficult to use the data to provide reliable client-specific information. In the smaller venues of the Connecticut towns and in Columbia County, it was often possible to identify unique clients, but in Dutchess County the number of clients and tabulated items was simply too great to make that possible. As a result, some elements of this assessment are based on prescription *requests* rather than clients; others rely on data limited to one quarter of the year.

Descriptions. Each project site was asked to write a description of the client’s circumstances, following a model which asked for information on family composition, economic situation, insurance or other aid status, as well as health status. In 2005, client descriptions were provided for 84 or 67% of the 126 individuals who were served. Dutchess County provided 32 different descriptions for the first two quarters of 2005 and none in the last two quarters, while they reported serving 41 different individuals in that period and an additional 26 separate individuals in the last two quarters. Thus, information drawn from the descriptions is based on the on 32 of Dutchess’ 67 clients, all six served by Columbia and 47 of the 54 clients from the Litchfield County towns.

To the extent that individual client descriptions were available, they varied greatly in how many of the five elements listed in the model were provided. Typically, they covered only two or three.

TABLE 1.

**NUMBER OF CLIENTS AND
CLIENT DESCRIPTIONS**

County	Town	Separate Clients	Client Descriptions
LITCHFIELD	Falls Village	0	0
	Cornwall	3	0
	Goshen	7	7
	Kent	11	11
	Norfolk	4	4
	N.Canaan	11	11
	Salisbury	0	0
	Sharon	17	13
	Warren	0	0
COLUMBIA		6	6
DUTCHESS		67	32
TOTAL		126	84

DEMOGRAPHICS

The following information is based on the client descriptions contained on the forms:

Geographic Distribution. The number of clients served varied widely among the Connecticut towns. Salisbury and Warren did not participate in the Project at all and very few people were served in Cornwall and Falls Village. Sharon accounted for more clients than did any other town.

Age. Of the 84 individuals described, 50 (60%) were under age 65; the remaining 33 (40%) were 65 or older. One was of unknown age. The New York population included slightly more under-65's than did the Connecticut group.

Gender. Of the 84 individuals described, 30 (35%) were male and 54 (65%) were female. The Connecticut and New York portions of the Service Area did not vary much on this dimension.

TABLE 2.

**AGE AND GENDER DISTRIBUTION
BASED ON CLIENT DESCRIPTIONS**

	Male	Female	Total	% Male	% Female
LITCHFIELD					
under 65	11	15	26	42%	58%
65 and up	7	13	20	35%	65%
SUB-TOTAL	18	28	46	39%	61%
NEW YORK					
under 65	7	17	24	29%	61%
65 and up	5	9	14	36%	54%
SUBTOTAL	12	26	38	32%	68%
TOTAL					
under 65	18	32	50	36%	64%
65 and up	12	22	34	35%	65%
TOTAL	30	54	84	36%	64%

A somewhat more detailed picture of the demographic characteristics of the clients does emerge from examination of the tabular material for the first quarter. This does not, however, significantly change the gender or age proportion.

Family Status. Whether or not people were married or otherwise related was not described consistently. For those for whom the information was given: 17 were married with no reference to children in the home; eight were married and had children; six were single parents; one had an adult dependent daughter; and nine were widowed when they applied. There was some indication that 16 persons lived alone. This adds up to only 57 people, far fewer than the total of 84 clients who were described.

Employment Status/ Income Sources. Information was not given uniformly, and thus was not easy to analyze. However, it is possible to say the following:

- A significant portion of those under 65 years of age were described as disabled or on disability. Their work was described in terms such as limited income, first job, single earner, or part-time worker.
- Their financial situation was described in terms such as limited, tight, bankrupt.
- In Dutchess County, there was a little more focus on this issue. There, of 20 participants under 65, five were said to be employed, one about to start a job, and one couple was said to be running their own business.
- Most of the remaining clients were too ill or disabled to work. Two were on SSI, one was on SSD and Workmen's Compensation, and one had only Workmen's Compensation. Two (who were probably over 65) lived on Social Security alone.

TABLE 3.

**AGE AND GENDER DISTRIBUTION
BASED ON FIRST QUARTER DATA**

	MALE	FEMALE	TOTAL	% BY AGE
LITCHFIELD				
UNDER 30	0	1	1	
30-64	5	8	13	
65-74	3	5	8	
75 AND UP	1	4	5	
TOTAL	9	18	27	
NEW YORK				
UNDER 30	1	0	1	
30-64	6	12	18	
65-74	2	6	8	
75 AND UP	0	1	1	
TOTAL	9	19	28	
PROJECT				
UNDER 30	1	1	2	2%
30-64	11	20	31	55%
65-74	5	11	16	31%
75 AND UP	1	5	6	11%
TOTAL	18	37	55	100%
% BY GENDER	33%	67%	100%	

INSURANCE STATUS

Analysis of what medical and/or prescription insurance clients had was done from the entries on the tabular forms. Information on the particular ways in which they had difficulty obtaining medications comes from the client descriptions.

Insurance status had to be determined by item, rather than by client, because of the previously described difficulty in identifying unique clients. Since the insurance status of a client could change over time, there was a benefit to recording the data this way. This was particularly true in the Litchfield County towns, where people who initially had no pharmaceutical insurance or other form of assistance were helped to apply for ConnPACE.

The forms submitted by the sites to the Foundation for every prescription had two columns regarding insurance status. One was headed "Uninsured", the other "Insured

(co-pay, no Rx coverage or Medicare)”. Each of these headings seems to have been subject to a variety of interpretations. “Uninsured” may have been interpreted as having no medical insurance or as having no prescription insurance. When checked for persons over 65, it was presumably meant to refer to prescription insurance, rather than medical insurance, since all of them should have been on Medicare. In the other column, a variety of entries were made, mostly repeating one or the other of the sub-heads in the column.

Items where “Uninsured” was checked and the client was over 65, were recorded in this analysis as the client having Medicare. (Even though Part D of Medicare was not yet in effect during this period, those over 65 should have been enrolled in the basic Medicare program). If “co-pay” was entered in the other column, the item was recorded as relating to a client who had Medicare plus some form of pharmaceutical insurance requiring co-pay; it might, of course, be that “co-pay” was meant to refer to the insurance for doctors’ visits. If ConnPACE was entered in this column, the item was recorded as the client having drug insurance. In Dutchess and Columbia, the entries were generally simpler and more uniform than those in Litchfield.

For all three counties, the insurance categories into which items were sorted were:

1. Uninsured. This *excluded* all persons 65 and over.
2. Medicare without pharmaceutical insurance.
3. Medical Insurance (persons under 65) *without* pharmaceutical insurance.
4. Medicare *plus* pharmaceutical insurance (including ConnPACE in Litchfield)
5. Persons under 65 having pharmaceutical insurance, including ConnPACE, but excluding those few of that age who were explicitly said to be on Medicare.

TABLE 4.
INSURANCE STATUS OF ITEMS

ITEM	1	2	3	4	5	6
County	Uninsured under 65	Medicare only	Medical Ins., no Rx, under 65	Medicare + Rx ins. with co-pays	Rx ins. With co-pays. under 65	Total Items
Litchfield	46	158	14	91	59	367
Columbia	7	64	1	0	0	72
Dutchess	138	131	181	101	110	675
Total	145	195	182	101	110	747
Percent	19%	26%	24%	14%	15%	100%

The differences among the counties probably reflect at least as much the understanding of how to fill out the forms as any reliably measured difference between counties. The same may be true of the differences among the towns in Litchfield County. The Columbia data was based on only six persons served. It may be worth noting, however, that in all counties, only a small percentage of items pertained to clients who appeared to have no medical insurance at all.

INSURANCE ISSUES

In addition to the tabular information on insurance recorded for each funded prescription, the client descriptions provided a sense of the insurance and other difficulties that lead people to seek help from the Foundation. Basically, there appear to be eight difficulties encountered by people with relatively low incomes. In about half the cases, more than one of these problems was mentioned:

- People had no insurance.
- They had medical insurance but no prescription coverage.
- They had some prescription coverage but the co-pays were too high.
- They were ineligible for Medicaid and/or other assistance programs, generally because they were over the income limits. In some cases, they were ineligible for other reasons.
- They were awaiting a determination by Medicaid, Disability or Workmen's Compensation.
- They faced a waiting period for ConnPACE or EPIC.
- They had prescription insurance through some public or semi-public program but could not afford the premiums.
- They were between employers.

Appendix A tabulates these descriptions in somewhat abbreviated form.

MEDICAL CONDITIONS

The client descriptions provide a partial view of the medical conditions afflicting the client population. A more detailed view can be obtained from the tabular forms that list the conditions associated with each prescription. Some of the project sites tended to combine multiple conditions and multiple medications on a single line, which made it difficult to be sure what was prescribed for what condition, although it does not limit our ability to know the medical conditions of the population. Because of the previously discussed difficulty of identifying unique clients across quarters, the following information is based on the first quarter only. The total number of conditions is greater than the number of clients served in that quarter, because most sought prescription assistance related to more than one condition. It was, however, possible to avoid double recording of the repeated (often monthly) prescriptions of the same substance for the same condition.

The conditions reported most frequently were: hypertension, 12; a variety of psychiatric conditions, 12; diabetes, 8; elevated cholesterol, 7; asthma, 6; and osteoporosis, 5. Those reported less frequently were: heart disease, thyroid disease and pain. All other conditions affected only one person during this period. The full list of medical conditions for which prescriptions were funded in the first quarter is shown in Appendix B. The same most frequently seen conditions were seen in both Litchfield and Dutchess counties.

FUNDED PRESCRIPTIONS

In general, several statements can be made about prescriptions funded by the Project:

- Prescriptions for chronic conditions were mostly for one month at a time. This probably increased the amount of co-pay as well as the effort of getting them paid for and filled.
- Several pharmaceuticals were prescribed for most of the clients who had some of the most common ailments:
 - For hypertension, almost all clients had prescriptions for hydrochlorothiazide, either by itself or in combined form, and many also were prescribed lisinopril.
 - For elevated cholesterol, almost all clients were prescribed lipitor.
 - In some instances of chronic conditions, the same individual was prescribed several different medications in just the three months of the first quarter.

The full list of pharmaceuticals prescribed in the first quarter of 2005 can be found in Appendix C.

COST OF PROGRAM

Table 5 shows the amount spent on the Project in each county by quarter, the number of clients served and the number of vouchers paid. Overall, the expenditures and the number of clients served rose for the first three quarters of 2005 (as well as rising from the 2004 amounts) as sites geared up and enrolled more clients. There was then a drop in the fourth quarter as agencies prepared for the possibility of running out of funds. Litchfield reached its maximum expenditure and number of prescriptions funded in the second quarter and dropped slightly in expenditures, substantially in numbers of prescriptions, but not at all in number of clients in the third quarter. Then it dropped in all dimensions in the fourth quarter.

County	Amount spent	Number of clients	Number of vouchers	Per client cost	Per voucher cost
LITCHFIELD					
1	\$2,271	26	189	\$87	\$12
2	\$10,252	37	241	\$277	\$43
3	\$8,907	37	102	\$241	\$87
4	\$7,348	32	78	\$230	\$94
COG Adm.	\$2,810				
2005	\$31,587	51*	610	\$564.26*	\$62
DUTCHESS					
1	\$5,361	26	48	\$206	\$112
2	\$9,003	39	107	\$231	\$84
3	\$11,480	42	190	\$273	\$60
4	\$3,972	28	87	\$142	\$46
2005	\$29,816	67*	432	\$445.02*	\$69
COLUMBIA					
1	\$92	2	10	\$46	\$9
2	\$374	2	10	\$187	\$37
3	\$1,320	4	22	\$330	\$60
4	\$2,033	5	32	\$407	\$64
2005	\$3,818	6*	74	\$636.36*	\$52
TOTAL PROGRAM					
1	\$7,724	54	247	\$143	\$31
2	\$19,629	78	358	\$252	\$55
3	\$21,706	83	314	\$262	\$69
4	\$13,354	65	197	\$205	\$68
COG Adm.	\$2,810				
2005	\$65,222	124*	1116	\$526	\$58

* The number of unique clients for year is fewer than sum of total for quarters; per client cost, therefore, is higher than average of quarterly per client cost.

** Total program, full year 2005 cost includes \$2809.32 for COG support; per client and per voucher cost are increased by a share of this amount

The cost per client varied somewhat from site to site and quarter to quarter, with an overall cost of \$525 for the project for the year. The cost per client was lowest in Dutchess where there were the most clients, and highest in Columbia with the fewest. Since the cost reflects only the direct cost of paying pharmacies for prescriptions (except for Litchfield, no overhead is involved) there is no obvious reason for this relationship.

Cost per voucher overall was about \$60, but it varied tremendously in each site from quarter to quarter, from \$9 in the first quarter in Columbia to \$111 in the same period in Dutchess. Over the whole year, the per voucher costs ranged only from \$51 to \$69.

In Litchfield County, the financial administration of the Project was handled by the Northwest Corner Council of Governments. The fee that the COG charged for its services (\$2,809) was added to the amount spent by Litchfield towns on medications, and increased the per client and per voucher cost there by ten percent. Overall it added about four percent.

RECOMMENDATIONS

The Project clearly was useful to persons in need. Utilization of its services grew over the period, particularly in those sites which were able to perform outreach recruitment. Project sites also found ways to help clients beyond the direct payment for medications, for example by helping them access ConnPACE and or the free programs of drug manufacturers.

If the Project is to continue and the Foundation desires not only to provide assistance but also to learn more about the nature of the pharmaceutical needs of the Service Area population, the data collection effort should be strengthened. Since sites are determining eligibility based on client income data, that information should reach the Foundation. Clients should be assigned unique identifying numbers to facilitate determination of relationships between the amount and kind of need and the client's demographic and other characteristics. Medicare, Medicaid, private insurance and other assistance status of clients should be recorded in more precise and uniform ways; however, once the clients are identifiable, that information does not have to be repeated for each prescription.

In their quarterly comments and client descriptions, Project sites provided some information on their efforts to help clients access other aid. It would be worthwhile to try to get and record clearer information on what they did and what was helpful.

Most Project sites did not actively recruit clients; since funding was limited, that might have been counterproductive. Nevertheless, recruiting more clients with provable needs would provide the Foundation with a stronger basis for helping to gain more effective pharmaceutical aid from other sources, both public and private.

One month prescriptions for chronic conditions waste the time and efforts of physicians, pharmacists, social workers, and the clients themselves. If the Project is to continue, the Foundation should insist on at least 90-day prescriptions.

In order to stretch funds, the Foundation should seek ways to encourage physicians to prescribe generic rather than brand name drugs and pharmacists to fill with generic drugs whenever permitted by the prescription.

APPENDIX A

Individual Problems in Accessing Insurance Abbreviated from Client Descriptions

COLUMBIA COUNTY

1. Moved from California; getting assistance from CA state programs not available in NY.
2. Waiting for a reply from Medicaid.
3. Over income for Medicaid or Family Health Plus. Living on SSD.
4. Employed as gardener, no insurance offered. Also receives SS. Has Medicare Part A only.
5. Medicare, no prescription coverage.
6. Had Healthy NY policy but it was too expensive to keep. Has SS. Will enroll in Part D.

DUTCHESS COUNTY

1. Over income for Medicaid; coverage through Primary Health Care Network
Hormone replacement medication after hysterectomy not covered.
2. Young couple, heavy mortgage, over income for services; serious diagnoses.
3. Widow works 2 jobs for living costs, but not eligible for Medicaid or FHP.
Can't handle medicine costs.
4. Not eligible for MA or FHP; medical costs crushing.
5. Fixed income, rising housing and utility costs, multiple health issues. Has EPIC
but co-pays are high.
6. SS only but over income for MA. Has AARP ins.—visually and orthopedically
disabled.
7. Self-employed couple. No medical insurance.
8. Man on oxygen machine and breathing medication. Only SS. Can't afford
difference from what Medicare pays.
9. Applied for EPIC but it has not come through.
10. Unemployed mother of infant; lives on SSI; denied by Medicaid; over income
for other assistance.
11. Woman and husband both receive SSI benefits. Husband veteran receives
medical care and drugs through VA. Wife is over income for MA and has no
prescription coverage.
12. Man getting SSD and Workmen's Comp + \$15,763, over income for other
assistance. Hudson River Health Care gave him samples of 2 of his meds.
13. Woman lives on Workmen's Comp., not eligible for MA.
14. Ineligible for insurance; direct application for prescriptions from the
manufacturers, but some drugs not available in this manner.
15. Unemployed; insurance from previous employer does not cover drugs. When it
runs out she will reapply for Medicaid.

16. Insurance through employer, but exhausted available coverage for the month. Once the deductible has been met, she will be OK.
17. Woman with only SSI, ineligible for Medicaid. Has AARP and EPIC, but co-pays are too much.
18. Undocumented mother of two ineligible for programs.
19. Medicare without prescriptions, small fixed income.
20. Over income for Medicaid and has exceeded the annual prescription coverage for MegaLife and Health Ins. Co.
21. Couple living on SSI and over income for all other programs.
22. Applied for SS disability. Can take years. Medicaid application pending.
23. Married mother of 2 over income for Medicaid and FHP/CHP but cannot afford insurance through employer.
24. Woman injured on job and has no income while she awaits Workmen's Comp. Has insurance but can't afford co-pays.
25. Husband started business. Family uninsured. Applied for Access NY but until approved can't afford drugs.
26. Young employed woman over income but can't afford multiple meds.
27. Man awaiting appointment to apply for Medicaid, for which he will be eligible; meanwhile can't cover drugs for diabetes and epilepsy.
28. Man had been enrolled in FHP but unable to continue to pay for it. Ineligible for Medicaid. Doesn't want to file for SSD as prefers to work as long as able.

LITCHFIELD COUNTY

Cornwall

Needs help paying ConnPACE co-pays.
Over income for ConnPACE.

Goshen

Fixed income but too high for ConnPACE.
Same situation.

Kent

Living on SS; no prescription ins.
In bankruptcy and can't afford co-pay.
SS and very little else; no drug ins.
SS, chemo, no drug ins.
SS, can't afford co-pay.
Minimal income.
Unemployed, disabled, unemployment ran out, awaiting approval for disability.
Self-employed, no ins.
Owns business, no ins.

North Canaan

Lives on SS. Waiting till out of medications to apply, now receives ConnPACE.
Same situation.

Norfolk

Limited income. Total amount of drugs far exceeds the \$250 allotment.
Got a couple on ConnPACE, and helping with co-pays.

Sharon

Living on SS.

Member of PHN.

Living on SS plus small pension. Has ConnPACE but faces 5 times \$16.25 co-pay monthly.

SSD but still going to school.

Man awaiting SSD.

Family on Husky but co-pays are too much.

Appealing Medicaid denial and is on PHN.

APPENDIX B

FIRST QUARTER MEDICAL CONDITIONS BY COUNTY

Columbi County		Dutchess County		Litchfield County		All Sites	
Condition	# of Clients	Condition	# of Clients	Condition	# of Clients	Condition	# of Clients
anxiety	1	acid reflux	1	antibiotic after surgery	1	acid reflux	1
deaf in one ear	1	ADHD	1	anxiety	1	ADHD	1
hypertension	1	anemia	1	arthritis	1	anemia	1
lymphodema	1	angina	1	asthma	5	angina	1
panic attacks	1	arithmetic	1	back pain	1	antibiotic after surgery	1
		asthma	1	cholesterol	3	anxiety	2
		blood thinner	1	degenerative bone	1	arthritis	1
		bronchitis	1	degenerative disc	1	arthritis	1
		cancer-nausea	1	depression	2	asthma	6
		chol.-triglyceride	1	dermatitis	1	back pain	1
		cholesterol	3	diabetes	2	blood thinner	1
		chronic pain	1	diabetes type 1	1	bronchitis	1
		Crohn's disease	1	emphysema	1	cancer-nausea	1
		depression	3	eye allergy	1	cholesterol	7
		diabetes	5	fribromyalgia	1	chronic pain	1
		emphysema	1	gout	1	Crohn's disease	1
		heart disease	1	heart condition	2	deaf in one ear	1
		hormone replacement	1	hypertension	5	degenerative bone	1
		hypertension	6	infection	1	degenerative disc	1
		migraine	1	lung cancer	1	depression	5
		muscle relaxant	1	manic depression	1	dermatitis	1
		osteoporosis	2	osteoporosis	3	diabetes	8
		pain management	3	pain after surgery	1	emphysema	2
		potassium	1	psychiatric	2	eye allergy	1
		prevention	1	stomach	2	fribromyalgia	1
		respiratory infection	1	thyroid	1	gout	1
		seizure	1	UTI	1	heart condition	2
		thyroid disease	2	water retention	1	heart disease	1
						hormone replacement	1
						hypertension	12
						infection	1
						lung cancer	1
						lymphodema	1
						manic depression	1
						migraine	1
						muscle relaxant	1
						osteoporosis	5
						pain after surgery	1
						pain management	3
						panic attacks	1
						potassium	1
						prevention	1
						psychiatric	2
						respiratory infection	1
						seizure	1
						stomach	1
						thyroid disease	3
						UTI	1
						water retention	1
						Total Conditions	94

APPENDIX C

MEDICATIONS FUNDED BY PROJECT IN FIRST QUARTER

Columbia County Prescripion name	# of times prescribed	Dutchess County Prescripion name	# of times prescribed	Litchfield County Prescripion name	# of times prescribed	All Venues Prescription names	#of times prescribed	All Venues Prescription	#of times prescribed
(continued)									
advair	1	accupril	2	abilify	2	abilify	2	metoprolol	1
clonazepam	1	actus	1	advair	4	accupril	2	metronidazole	1
diltiazem	1	advair	2	albuterol	1	actos	1	micro K	1
flonase	1	albuterol	1	allopurinol	5	advair	7	mucinex	1
furosemide	1	altace	2	ambien	2	albuterol	2	nasacort	1
lisinopril	1	amiodarone	1	atenolol	2	allopurinol	5	nexium	2
meclizine	1	amphetamine	1	augmentine	1	altace	2	nizoral	1
methadone	1	aspirin	1	cephalexin	1	ambien	2	nortriptyline	1
protonix	1	atenolol	5	ciprofloxacin	1	amiodarone	1	norvasc	1
tiram/hctz	1	avandia	3	combivent	2	amphetamine	1	omeprazole	4
TOTAL	10	captopril-hctz	1	cozaar	1	aspirin	1	oxycodone	1
		cipro	1	depakote	2	atenolol	7	patanol	1
		citalopram	1	docusat sodium	1	augmentin	1	paxil	2
		clonidine	1	econazole nitrate	2	avandia	3	percocet	3
		combivent	1	enalapril	4	captopril-hctz	1	plavix	1
		cumidin	1	evista	1	cephalexin	1	potassium	3
		dilantin	1	fluoxetine	5	ciprofloxacin	2	pravachol	1
		duratus	1	fosamax	3	citalopram	1	prednisone	1
		effexor	1	furosemide	2	clonazepam	1	premarin	3
		evista	3	glyburide	2	clonidine	1	prevacid	2
		flexerol	2	Hctz	14	combivent	3	protonix	3
		folic acid	1	heparin	1	coreg	1	prozac	1
		freestyle	1	humulin	2	cozaar	1	ranitidine	8
		furosemide	1	hydrocodone	1	cumidin	1	risperidone	1
		gemfibrozil	1	isosorbide	3	depakote	2	saline	1
		glipizide	5	lantus	2	dilantin	1	seroquel	2
		glucovance	2	levaquin	1	diltiazem	1	singulair	5
		hctz	5	levoxyl	1	docusat sodium	1	sotalol	1
		hydrocodone	1	lipitor	7	duratus	1	spironolactone	1
		isosorbide	1	lisinopril	7	econazole nitrate	2	synthroid	4
		KCL	1	lithobid	1	effexor	1	syringes	1
		lantas	3	lorazepam	1	enalapril	1	tetracycline	1
		levithroid	1	lovastatin	5	evista	4	tiram/hctz	1
		lexapro	1	medrol	2	flexeril	2	topomax	2
		lidoderm	2	metazarolol	1	flonase	1	toprol	16
		lidoderm	1	metformin	4	fluoxetine	5	transderm sco	1
		lipitor	5	metoprolol	1	folic acid	1	tricolor	2
		lisinopril	3	metronidazole	1	fosamax	3	tylenol #3	1
		lorazepam	1	mucinex	1	freestyle	1	vicodin	1
		metformin	1	nasacort	1	furosemide	5	warfarin	2
		micro K	1	nexium	2	gemfibrozil	1	wellbutrin	2
		oxycodone	1	nizoral	1	glipizide	5	zeta	2
		plavix	1	nortriptyline	1	glucovance	2	zithromax	2
		prednisone	1	norvasc	1	glyburide	2	zocor	1
		coreg	1	omeprazole	4	Hctz	19	zoloft	2
		premari	1	patanol	1	heparin	1	z-pack antibio	2
		premarin	2	paxil	2	humulin	2	zyprexa	1
		prevacid	2	percocet	2	hydrocodone	2	TOTAL	274
		sercoret	1	potassium	2	isosorbide	4		
		synthroid	3	pravachol	1	lantus	5		
		topomax	2	protonix	2	levaquin	1		
		toprol	6	prozac	1	levothroid	1		
		tylenol #3	1	ranitidine	8	levoxyl	1		
		welbutrin	1	risperidone	1	lexapro	1		
		zetia	1	saline	1	lidoderm	3		
		zithromax	1	seroquel	2	lipitor	12		
		zocor	1	singulair	5	lisinopril	11		
		zoloft	1	sotalol	1	lithobid	1		
		z-pack antibiotic	2	spironolactone	1	lorazepam	2		
		TOTAL	100	synthroid	1	lovastatin	5		
				syringes	1	meclizine	1		
				tetracycline	1	medrol	2		
				toprol	10	metazarolol	1		
				transderm scop	1	metformin	5		
				tricolor	2	methadone	1		
				vicodin	1				
				warfarin	2				
				welbutrin	1				
				zetia	1				
				zithromax	1				
				zoloft	1				
				zyprexa	1				
				TOTAL	164				