North Carolina Medication Assistance Program
2016 Profile (Data from State Fiscal Year 2016)

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**Overview and Importance**
The Medication Assistance Program (MAP) is a safety net for uninsured, low-income individuals in the state. It provides access to free prescription drugs available through pharmaceutical manufacturers to patients who cannot afford them. This service, currently offered through 126 sites – rural health centers, federally qualified health centers, and community and faith based organizations – uses special software, called Medication Access and Review Program (MARP), created in partnership with the Foundation for Health Leadership and Innovation as well as The Duke Endowment. This software matches patients’ eligibility with available free medications. The Office provides training and technical support to users of this software, as well as assisting prescription assistance coordinators in each site, to develop best practices in their medication assistance programs. MAP has become a significant safety net for uninsured, low-income individuals in our state. Since the program began in 2003, it has accessed $1,386,772,186 in free medications for patients who could not afford them.

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**Grant Facts**

$2.7M
From funds appropriated by the General Assembly and Kate B. Reynolds Charitable Trust

55.5 FTEs*
Health care professionals supported through grant funds

*Full-time equivalent

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**Return On Investment and Economic Impact**

<table>
<thead>
<tr>
<th>MAP Expenditures</th>
<th>Created Economic Impact</th>
<th>Total Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,477,385</td>
<td>$1,740,134</td>
<td>$4,217,520</td>
</tr>
</tbody>
</table>

Generates 15 additional jobs from the economic impact

$118,910 Generated in state and local taxes which goes back into the local and state economy

$957,267 In employee compensation impacted from the grant

The Medication Assistance Program also generated a cost savings of $186,500,000 based on the value of medications received (AWP).

*Economic return is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.

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**Medication Distribution**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and Neurological</td>
<td>35,617</td>
</tr>
<tr>
<td>Diabetes</td>
<td>36,905</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>25,580</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>21,049</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>14,427</td>
</tr>
<tr>
<td>Pain</td>
<td>10,213</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>9,409</td>
</tr>
<tr>
<td>Others</td>
<td>8,784</td>
</tr>
<tr>
<td>Allergy/Cold</td>
<td>6,885</td>
</tr>
<tr>
<td>Endocrine</td>
<td>5,713</td>
</tr>
</tbody>
</table>

MedAssist: NC MedAssist is a central fill pharmacy purchasing prescription drugs for patients who meet certain income criteria.

6.75 FTEs  14,230 Patients served

263,302 Prescriptions filled based on 30-day supply

$39,543,192 Value of prescriptions filled (AWP)
North Carolina Telepsychiatry/Rural Health Information Technology Program 2016 Profile

The N.C. Statewide Telepsychiatry Program (NC-STEPI) was developed in response to Session Law 2013-360, directing ORH to oversee a statewide telepsychiatry program. The program was instituted so that an individual presenting at a hospital emergency department with an acute behavioral health crisis will receive a timely specialized psychiatric assessment via video conferencing technology.

Telepsychiatry allows for the psychiatric evaluation of patients, through videoconferencing technology, in emergency departments lacking psychiatric staff.

Telepsychiatry is defined as "the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of two-way real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site."

Importance

As of August 2015, there are 35 counties in NC that are classified as Mental Health Professional Shortage Areas. Though not designated, there are additional counties that have a very low supply of mental health professionals in proportion to the population.

This use of technology can reduce patients' length of stay in the emergency department (which can last for days in some cases) and overturn unnecessary involuntary commitments, thereby reducing the burden on staff and reducing costs to the state and federal governments, as well as the private sector.

Costs and Savings

NC-STEPI has been awarded $6 million in State appropriations ($2 million each for SFY14, SFY15, and SFY16). The program is also supported by an additional $1.5 million in philanthropic funding from The Duke Endowment.

Overall, the program has generated cost savings from overturned involuntary commitments, which benefit the State, Medicaid, Medicare, and other insurance carriers.

Duke Endowment, $800,000, 19%
State, $3,409,664, 79%
Federal, $71,163, 2%

If you have further questions, please contact: Ginny Ingram, Program Manager, Community Health Office of Rural Health Phone: 919-527-6457