

The Tulsa County Medical Society Committee on Concerns of Older Tulsans History

The Tulsa County Medical Society Committee on Concerns of Older Tulsans was established as a permanent committee of the society in 1987. However, it was actually a continuation and expansion of the Society's cooperative working relationship with representatives from the Tulsa senior community dating to circa 1983.

Talk With Your Doctor

One of the first efforts of the Community Relations Council of the TCMS was to improve patient-physician communication. The Committee recognized the importance of patient's accurate and full communication with their doctor in regard to symptoms, all medications taken, financial matters, etc., developed a concise brochure "Talk With Your Doctor." This was distributed to seniors through agencies servicing seniors, senior nutrition sites and other gatherings of seniors. These were often accompanied by a talk reviewing the importance of communication.

The VIP Program

In May 1985, TCMS president Dr. Rollie Rhodes and the Board of Directors established a task force to develop a program to benefit low-income Medicare patients in assuring availability of medical care to those over 65 with limited means.

Among the physicians on the task force were Brent Laughlin, M.D., Richard Reinking, M.D., Rollie Rhodes, M.D., George Prothro, M.D. and Bernard Swartz, M.D. The task force included representatives from the Tulsa Area Agency on Aging, Tulsa Coalition of Older People, and the American Association of Retired People and individual consumers.

The problem - The 1980 estimated population of Tulsa County over 65 was 46,546. It was also estimated that 11,108 of those persons had income "near or below poverty levels." The primary medical insurance for those over 65 is Medicare. A physician submitting a statement to Medicare for his fee receives in return a notice of the Medicare "approved charges" for this service. The Medicare approved charge is usually considerably less than the physician's actual charge. Medicare then reimburses 80% of these "approved charges" not the actual charge.

The physician in submitting the Medicare claim form indicates whether "Medicare assignment" was accepted or not accepted. In checking Medicare Assignment, the physician agrees that regardless of the actual charge, the "Medicare approved charge" would be accepted as full payment for the service. If the physician did not accept Medicare assignment, the patient would be billed and expected to pay the physician's actual charge, which often was considerably more than the Medicare reimbursement.

The problem for physicians and low income persons was obvious. Most physicians were willing to accept assignment for patients in financial need but expected others to be responsible for the full charge. Unfortunately there was no way for the physician to determine those individuals who would be unable to pay for care unless Medicare assignment was accepted and no way for these patients to identify physicians who would accept assignment. Therefore approximately 75% of Tulsa physicians did not routinely accept assignment.

A very successful program, labeled the VIP Program was started by the Task Force and adopted by the TCMS Board. VIP had a double meaning namely “Very Important Patient,” and “Volunteer Income Program.” Physicians sometime referred to it as the “Verified Income Program.”

Income guidelines for participation were established. A simple application form would be completed at agencies serving seniors. Qualifying individuals were issued an attractive “VIP” card by the TCMS. Participating physicians could be identified by a similar decal in their office or by contacting the TCMS. Patients presenting their VIP card to a participating physician assured them that the physician accepted Medicare assignment. This program was implemented by the TCMS in 1986.

This VIP program was extremely popular. Over 400 Tulsa County physicians participated. The Medical Society received letters from gratified patients. The Oklahoma State Medical Association adopted the VIP program as a statewide program. The program received national publicity and the committee that developed the program became known as the VIP committee.

Concerns of Older Tulsans’s Committee Established.

In January of 1987, Dr. Jerry Puls, president of the TCMS, being aware of the successful working relationships that had been established by the VIP Committee in working cooperatively with representatives of senior groups and agencies serving seniors began discussions that would continue this effort and expand the role into other areas of concern to physicians and older patients.

Dr. Puls called for a meeting with Drs. Reinking, Swartz, Rhodes, Prothro, and himself. Paul Patton, Executive Director of TCMS, in correspondence relating to the meeting referred to it as the Council on Concerns of Older Tulsans. The name stuck and the committee became the Committee on Concerns of Older Tulsans—whose membership sometimes referred to themselves as “the COOTS.” The committee is often also still called the VIP committee. It was proposed that the committee consider involvement in the following areas:

- a. VIP Project- Its future application in Tulsa and statewide.
- b. Political-Current legislation of interest to older Tulsans.
- c. Community Relations- Development of new projects.

Patient Rights and Responsibilities

One of the initial considerations of the Committee was the recognition that in the optimal patient-physician relationship that there are certain rights applicable to both parties but those rights carry certain responsibilities. The physician and patient should be aware not only of their rights but also their responsibilities.

The Committee developed a brochure covering Patients Rights (The Physicians responsibilities) and Physician Rights (the Patient’s responsibilities). This brochure was distributed to senior groups and was published in Tulsa Medicine along with a supporting editorial comment by the TCMS president, Dr. Jerry Puls.

Standardized Form for Indigent Patients Qualifying for Free Medications From Pharmaceutical Manufacturers.

Tulsa Senior Services and other agencies serving the elderly brought a problem to the Committee relating to the ability of indigent patients to obtain prescription drugs. Nearly all pharmaceutical companies have a

program for providing their prescription drugs free to documented indigent patients. The problem is that the procedure and criteria for qualifying for free drugs and obtaining them, varies greatly among the different manufacturers. There is an inordinate amount of paperwork and often phone calls involving physicians and patients.

When the patient is finally qualified the medicine is sent to the doctor imposing additional effort on behalf of the doctor's office in getting the drugs to the patient. The whole procedure is so time consuming that some doctors refused to participate and also some deserving patients are unaware of the program or incapable of initiating the procedure.

The COOT committee passed a resolution calling on pharmaceutical companies to adopt a standard form for requesting the drugs and, once approved, the patient would be issued a card permitting them to obtain the prescriptions at their own pharmacy. The resolution was approved by the TCMS, adopted by the OSMA and forwarded to the AMA with the request that the AMA work with the pharmaceutical companies in implementing the procedure.

The House of Delegates of the AMA approved the resolution but, in the opinion of the COOT committee made minimal effort to follow through with the drug industry. The Committee repeatedly requested the AARP to actively support the resolution. The AARP regional office in Dallas failed to respond after detailed supporting information was provided to them, at least 2 different times. The national AARP office did send an Oklahoma State AARP representative to the COOT committee. This person attended one meeting and nothing further was heard.

(In 2002, most drug manufacturers announced their cooperative programs that would provide these products at reduced cost to low income individuals identified by a standard card. Is this a limited response to the COOT committee resolution?)

Unused Nursing Home Medications to be Made Available to the Indigent.

Under Oklahoma State law and regulations all unused medicine in nursing homes must be disposed of in the presence of the nursing home pharmacist and the director of nursing. Nearly all nursing home prescriptions are on cards with the individual tabs or capsules sealed in a blister pack. The usual method of disposing of these medicines is my punching each pill or capsule out and flushing down the toilet.

This procedure results in a tremendous amount of medicine wasted when unused medicine accumulates because of patients deaths or the doctor discontinues the medication. A study by the OSU College of Osteopathic Medicine Center for Health Policy Research conservatively estimated that the annual value of unused medications destroyed in Oklahoma nursing homes at \$7 million. In Tulsa County, the estimate is \$700 thousand.

In addition to the valuable medicines lost there is also the professional time of the pharmacist and DON involved in "punching out" and destroying the medicines, and there is also concern over the chemical pollution involved when such a vast amount of medicine is dumped into our sewage system.

In January 2002, legislation was introduced in the Oklahoma legislature by Rep. John Bryant and Rep Darrell Gilbert calling for the State Board of Health and the Board of Pharmacy to develop a program whereby unused prescription drugs, other than narcotic drugs, may be made available to the medically indigent. The law passed and, called on the Oklahoma State Department of Health, Oklahoma Board of

Pharmacy and Oklahoma Health Care Authority to establish a “pilot program” in Tulsa and Oklahoma Counties and established an 18-month period for a review of the program.

Although nursing homes were enthusiastic in the support of the law to make unused drugs available to the indigent, nevertheless the restrictions imposed by the pilot program were seen as an added burden for nursing home staff and participation was minimal. The Oklahoma Board of Pharmacy made changes in the pilot program regulations (April 2003) more interest and participation increased by the nursing homes.

Maximal benefit and participation would only come when nursing homes are allowed to include all unused non-narcotic medications in the program. In Tulsa, the Tulsa County Pharmacy has supported the program and serves as the site where low-income patients can receive the unused drugs at no cost.

Legislative Activities

Living Will - The COOT committee actively supported legislation which implemented the Living Will or Advanced Directive for health care. Members made numerous public presentations to seniors groups and Vo-Tech health care students regarding the importance of the living will. The TCMS made copies of the living will available without charge.

The COOT committee recognized that it was also important to persons who had signed the living will to make this known to all appropriate persons. The TCMS developed a wallet card for persons to indicate they had signed the Oklahoma directive and the locations of copies.

Catastrophic Medicare Proposal - The COOT committee actively opposed the federal proposal to amend the Medicare program to include catastrophic coverage. The committee in studying this felt that this would do more harm than good to Medicare recipients. AARP and other organizations also actively opposed the proposal. As a result this was defeated.

The Committee also lobbied on behalf of state legislation, which would exempt from liability certain activities of volunteers working without pay in serving indigent patients.

The committee also supported legislation, which would provide a limited no fee license for retired physicians and other health care providers when they are volunteering providing services to the indigent and serving in disaster situations.

Transportation

Transportation needs of the elderly has been an ongoing concern of the committee. Unfortunately progress to date has been very limited. A major concern has been the need for affordable transportation for individuals who are bed ridden and must make visits to the doctor’s office or hospital for non-emergency services such as dialysis and x-ray procedures.

The only transportation available to them is by EMSA, the ambulance authority serving the area. These are very sophisticated emergency vehicles manned by paramedics and emergency medical technicians. The cost for each trip is over \$400 — obviously unaffordable for the patient who makes three trips each week for dialysis.

The committee has had several meetings with EMSA officials requesting another level of transportation. As one committee member stated, "all these patients need for their transportation is a vehicle with a cot and 2 burley individuals."

Initially the committee received reasons why this additional level of service was not possible, or practical, or risky. A more recent meeting has assured the committee that this type of service would be developed. We are still waiting.

Prepared by George Prothro, MD and Paul Patton, Printed 8-20-2003

Dr. Prothro chaired the committee February 2003, when Dr. Jerry Gustafson became chair.

Addendum:

The Retired Physician Volunteer License was passed by the Oklahoma Legislature and the license is now available without charge to qualified physicians at no charge. The license is issued on an annual basis and will not permit the issuance of an Oklahoma BNDD or US BNDD license. This no charge license allows retired physicians to offer medical care to indigent patients in charity environments with no charge or CME required for the license

Return and Update of the Drug Recycling Project from Nursing Homes (now called Long Term Care Facilities or LTC to Tulsa County Pharmacy this is a continuation of the preceding Unused Nursing Home Medications to be Made Available to the Indigent.

Tulsa County, Oklahoma has operated a full service pharmacy for non-controlled medications for decades where the indigent can present a prescription, then buy the product at cost. How does an indigent buy something? They don't, but family members, agencies, religious groups, and other Guardian Angels pay the bill.

Over ten years ago, George Prothro, MD, the Executive Director (now retired in Tulsa) of the Tulsa City County Health Department had a vision. It was to transfer unused, unexpired, packaged medications from LTCs to the Tulsa County pharmacy for re-dispensing to indigent patients of Tulsa County to improve health care.

Michael Lapolla, working in research projects at Oklahoma State University did significant studies, concerning the legality of the vision, a survey of states having such a program, and the benefits of the vision, especially cost savings.

This vision has become a win-win-win-win situation, as it (1) lowers the cost of medication for indigents for Tulsa County, (2) removes pollutants from the sewer system, (3) lessens labor at the LTCs and (4.) relieves family, friends, agencies, etc. of paying for the medications, allowing their funds to be applied elsewhere.

At that time, Oklahoma Statutes required the State Board of Health to establish rules and regulations for LTCs, including medication disposal with input from the Oklahoma Board of Pharmacy. A supplying pharmacist joined with the director of nurses (DON) to record a disposal manifest, then oversee employees flush the medications. Later, "blister packs" made the job more difficult as they had to cut or punch out the medications, a more difficult and time consuming job.

To arrive at our present status took four legislative sessions, extensive talks with LTC owners, administrators, and director of nurses, pharmaceutical suppliers, regulators, legislators, media, etc.

The Oklahoma Statute was passed in May 2004 and became operational November 2004. In the first 3 years of operation over 3 million dollars worth of medications at AWC, average wholesale cost, were dispensed 30,000 times to Tulsa County indigent ill and injured.

The vision disposes of some medications via recycling. To establish high safety levels, the transfers are from pharmaceutical supplier to LTC pharmacy to Tulsa County pharmacy.

We support community disposal of other medications via the Metropolitan Environmental Trust (MET) of Tulsa household pollutant collections.

For more and updated information check www.tcmsok.org on the left side of the page click on Drug Recycling.

We are very pleased with our effort. One special aspect is that a member of the "Golden Oldies", the retired physicians of the Tulsa County Medical Society, volunteer to transfer the medications and a transfer manifest from the LTC to the Tulsa County pharmacy.

There has been one unintended consequence, that being the transfer of non-prescription medications. One could not imagine the unopened bottles of antacids, aspirin, vitamins, etc. that the Director of Nurses ask us to also transfer. These items were shipped to areas hit by the hurricanes and the shelters for those removed from the storms. Charity clinics are supplied with these items.

Committee Membership

The membership of the COOT committee has changed over the years. There has been a balance between TCMS members, individual representatives of seniors, and agencies serving older persons. Among those entities involved have included: RSVP-Retired Senior Volunteer Program, Tri-County Council on Aging, Tulsa Area Agency on Aging, Long Term Care Authority, Tulsa Senior Services (Now Life Senior Services), Volunteer Nurses Association, Tulsa Metropolitan Nursing Home Association, American Association of Retired Persons, Community Service Council, Oklahoma Department of Human Services, Oklahoma Board of Pharmacy, and other members.

Committee Near Future

The COOTs will continue to enlist LTCs to donate medications to the Tulsa County Pharmacy. We will respond to requests for information from others, and be available for media interviews.

Work is beginning to develop a "VISION for Concerns of Older Tulsans. Reports are being obtained from numerous agencies to produce listing of activity assets, funding, personal, special services, communications between agencies determination, and their MISSIONS.

We hope these Missions will combine and produce a coordinated Vision for Tulsa. We watch the PlaniTulsa program underway for aspects relating to the older Tulsans, and other programs.

Scanned and updated by Gerald Gustafson, MD, July 25, 2008