

How to navigate dermatology care for the uninsured



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Literature regarding health disparities in dermatology show that underinsured patients have worse outcomes.¹ For instance, uninsured patients are diagnosed with melanoma at a later stage (odds ratio [OR] 2.59, $P < .004$)² and have increased hospitalization rates (OR 1.55, $P < .001$) and length of stay (OR 0.082, $P < .001$).^{2,3} They are less likely to receive treatment and often have delays in interventions that can be unaffordable for those with Medicaid and unattainable for those who are uninsured.⁴⁻⁷ While the rate of uninsured adults has declined nationwide since the implementation of the Affordable Care Act in 2010,^{8,9} it is estimated that 31 million adults will remain uninsured in 2018,¹⁰ a number that drastically impacts health care, costing the economy up to \$207 billion per year (Fig 1).^{10,12} Insurance coverage gaps and discrepancies between states that have not expanded Medicaid, among other reasons, pose obstacles for the economically disadvantaged (Figs 2 and 3), but resources exist that can be used for uninsured patients through free clinics, safety net providers, and \$4 prescription lists.^{14,15} The purpose of this commentary is not merely to highlight a problem but rather to shed light on action plans that are available in assisting uninsured dermatologic patients. These issues are multifactorial, in both ethical and practical terms, but the potential solutions are of value in treating some of our sickest patients.

A common conundrum in a dermatology free clinic is an uninsured patient who is found to have melanoma. After diagnosis, the process to request temporary emergency insurance coverage can take weeks and varies between states. Therefore, a working knowledge of resources within an institution and community is imperative. In the hospital setting, a social worker or case manager can maximize services offered to uninsured patients and refer them to

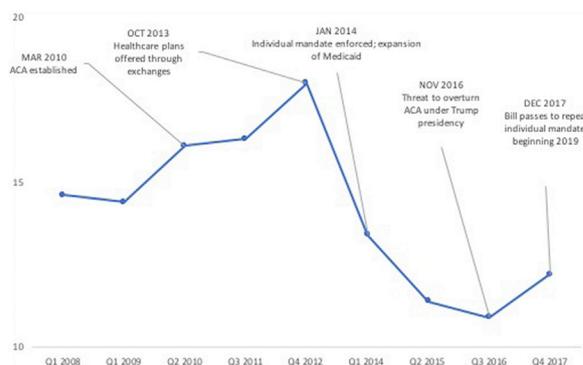


Fig 1. Percentage of U.S. adults without health insurance, 2008-2017.¹¹ ACA, Affordable Care Act.

low-cost treatment modalities through free clinics and safety net providers.¹⁶ For dermatologists who are not hospital-based, the National Association of Free and Charitable Clinics website provides a listing of >1000 free clinics across the United States that are characterized by the services provided.¹⁷ Each clinic listed is accompanied by contact information to determine sites where dermatologic care is offered. Awareness of these clinics is important, because they play an essential role in providing care for low-income, uninsured patients and can improve patient satisfaction and perception of care.¹⁸

To facilitate access to pharmaceutical drugs for uninsured patients, physicians should familiarize themselves with medication assistance programs. At a free clinic, prescription drugs can be provided through various channels, such as donations from licensed practitioners, pharmaceutical companies, or reuse/recycle state laws, all of which are authorized by the US Food and Drug Administration Prescription Drug Marketing Act.¹⁹ Moreover, prescription assistance programs can provide medications for free or at

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Gap in Coverage for Adults in States that Do Not Expand Medicaid under the ACA

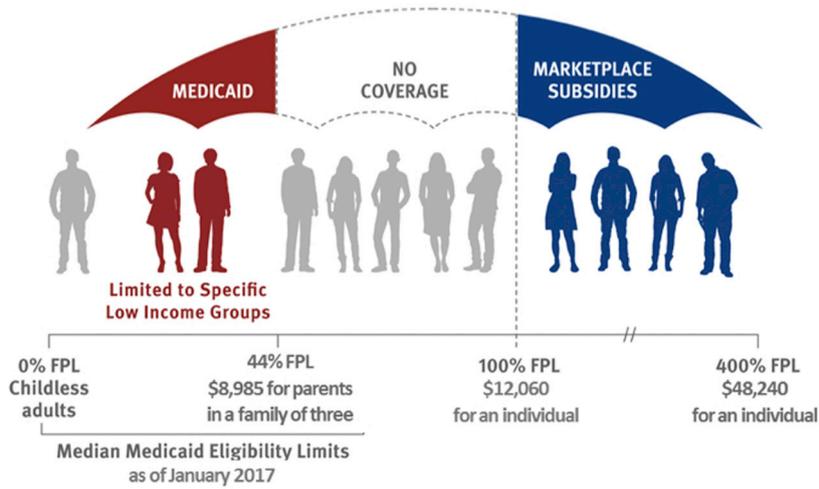


Fig 2. Gap in coverage for adults in states that do not expand Medicaid under the Affordable Care Act. Reprinted from Garfield et al.¹³ FPL, Federal poverty level.

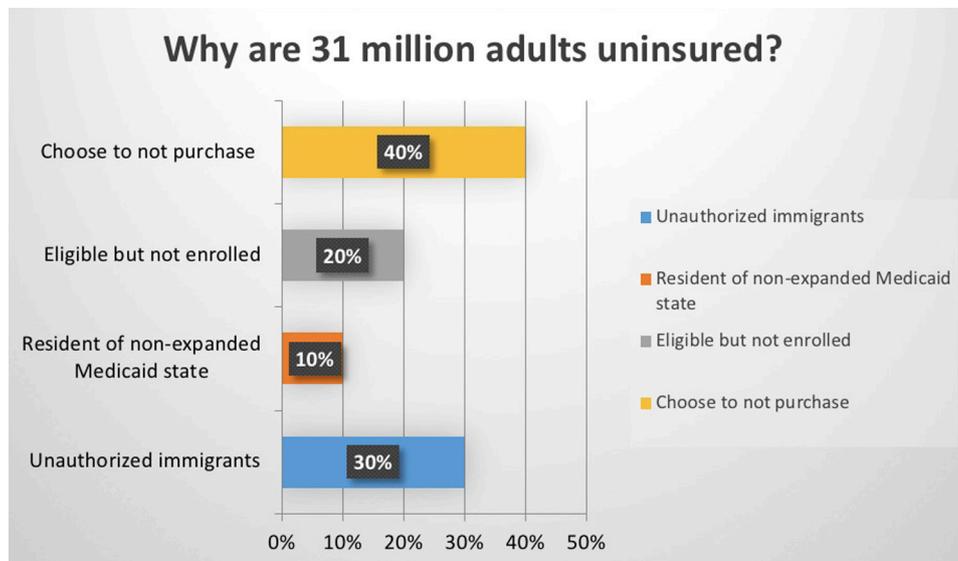


Fig 3. Estimated proportions of the uninsured in a total of 31 million U.S. adults in 2018.¹⁰

a reduced price, in conjunction with pharmaceutical companies, large commercial pharmacies, or organizations like Partnership for Prescription Assistance.²⁰ Large vendors like Walmart, Kroger, and Target provide an array of medications at affordable prices (Table I).²¹ These \$4 prescription lists are advantageous in that they primarily include generic drugs that have been available for a while and can treat a large number of dermatologic conditions. However, there

are many drugs that are not commonly prescribed, in addition to ones that are not offered at the available variety of strengths. It can be helpful to use these lists in conjunction with sites such as GoodRx.com to tailor to each patient’s financial ability in obtaining necessary treatment.

For rare or severe diagnoses beyond the scope of a free clinic’s ability to manage, referral to a safety net provider is recommended.¹⁹ These providers see

Table I. Dermatology-specific medications included in national retail prescription programs

Medication	Dose	Quantity (30, 90 day)	Cost (30, 90 day)	Pharmacy
Alendronate SOD tab	35 mg, 70 mg	4, 12	\$9, \$24 \$4, \$10	Kroger Walmart
Amoxicillin cap	250 mg, 500 mg	30, 90	\$4, \$10	Kroger, Target, Walgreens, and Walmart
Betamethasone dipropionate cream	0.05%	15/45 g, 45/135 g	\$4, \$10	Target
Betamethasone valerate cream	0.1%	15/45 g, 45/135 g	\$4, \$10	Target
Betamethasone valerate ointment	0.1%	15/45 g, 45/135 g	\$4, \$10	Target
Cephalexin cap	250 mg 500 mg	28, 84 30, 90	\$4, \$10	Kroger, Target, Walgreens, and Walmart
Chlorhexidine gluconate solution	0.12%	473 mL, 1419 mL	\$4, \$10	Kroger, Target, Walgreens, and Walmart
Ciprofloxacin tab	250 mg 500 mg	14, 42 20, 60	\$4, \$10	Kroger, Target, Walgreens, and Walmart
Dexamethasone tab	0.5 mg 0.75 mg 4 mg	30, 90 12, 36 6, 18	\$4, \$10	Kroger, Target, and Walmart
Diclofenac tab	75 mg	60, 180	\$4, \$10	Kroger and Walmart
Econazole nitrate cream	0.1%	15, 45	\$5, \$15	Kmart
Fluconazole tab	150 mg	1, 3	\$4, \$10	Kmart, Kroger, Target, Walgreens, and Walmart
Fluocinonide cream	0.05%	15/90 g, 30/90 g	\$4, \$10	Target and Walgreens
Fluocinonide acetide solution	0.1%	60 mL, 180 mL	\$4, \$10	Target
Folic acid tab	1 mg	30, 90	\$4, \$10	Kmart, Kroger, Target, Walgreens, and Walmart
Gentamicin cream/ointment	0.1%	15 g, 45 g	\$4, \$10	Kmart, Target, and Walgreens
Hydrocortisone cream	1%, 2.5%	30 g, 90 g	\$4, \$10	Kmart, Kroger, Target, Walgreens, and Walmart
Levonorgestrel/ethinyl estradiol tab	N/A	28	\$9	Walmart
Lidocaine viscous solution	2%	100 mL, 300 mL	\$4, \$10	Kmart, Kroger, Target, and Walgreens
Methylprednisolone tab	4 mg	21, 63	\$4, \$10	Target
Nystatin cream/ointment	15 g, 30 g	15/30 g, 45/90 g	\$4, \$10	Kroger, Target, Walgreens, and Walmart
Nystatin/triamcinolone cream/ ointment		15/30 g, 45/90 g	\$4, \$10	Target
Penicillin VK tab	250 mg	28, 84	\$4, \$10	Kmart, Kroger, Target, Walgreens, and Walmart
Prednisone	2.5 mg, 5 mg, 10 mg, 20 mg	30, 90	\$4, \$10	Kmart, Kroger, Walgreens, and Walmart
Selenium sulfide shampoo	2.5%	120 mL, 360 mL	\$4, \$10	Target and Walgreens
Silver sulfadiazine cream	1%	50 g, 150 g	\$4, \$10	Target and Walmart
SMZ-TMP tab	400 mg- 80 mg	28, 84	\$4, \$10	Target, Walgreens, and Walmart
SMZ-TMP DS tab	800 mg- 160 mg	20, 60	\$4, \$10	Target and Walmart
Spironolactone tab	25 mg	30, 90	\$4, \$10	Kmart, Kroger, Target, Walgreens, and Walmart
Sprintec tab	N/A	28	\$9	Kmart, Kroger, Target, and Walmart
Terbinafine tab	250 mg	30, 90	\$4, \$10	Kroger, Target, Walgreens, and Walmart
Timolol maleate op solution	0.25%, 0.5%	5 mL, 15 mL	\$4, \$10	Kmart, Kroger, Target, Walgreens, and Walmart

Continued

Table I. Cont'd

Medication	Dose	Quantity (30, 90 day)	Cost (30, 90 day)	Pharmacy
Triamcinolone cream	0.025%	15/80 g, 45/240 g	\$4, \$10	Kmart, Kroger, Target, Walgreens, and Walmart
	0.1%	15/80 g, 45/240 g		
	0.5%	15 g, 45 g		
Triamcinolone ointment	0.1%	15/80 g, 45/240 g		
Tri-sprintec	N/A	28	\$9	Kroger, Target, and Walmart
			\$13	

patients regardless of their ability to pay, and consequently their practices are comprised of predominantly disenfranchised patient populations.^{22,23} Because the majority of their care is uncompensated, safety net providers rely largely on grants and subsidies to offset their low operating margin, as well as alternative payment models, such as bundled payments, accountable care organizations, and value-based payment reforms in Medicaid.²³ They can be found through their membership in safety net institutions such as America's Essential Hospitals, which identifies providers by the geographic location of their practice.²³ The safety net system encompasses these core providers in addition to community health centers, teaching hospitals, school-based health centers, and rural physicians.²⁴ However, resources within this safety net also vary greatly between states and communities by the proportion of low-income and uninsured patients. Therefore, educating communities and advertising the spectrum of services offered by local free clinics is essential for health care providers who care for underserved populations.²⁵

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