Announcer (00:03):
Welcome to 340B Insight from 340B Health.

David Glendinning (00:12):
Hello from Washington, DC, and welcome back to 340B Insight, the podcast about the 340B Drug Pricing Program. I'm David Glendinning with 340B Health. This episode is sponsored by Sentry Data Systems. Since 2003, Sentry has been providing health care organizations with 340B management and compliance solutions that help you make better business decisions. They bring you MORE than just software solutions and technology. They deliver passion, expertise and partnership, every step of the way.

Our guest today is Dr. Jewel Younge, a Clinical Assistant Professor at University of Illinois Chicago College of Pharmacy, and a Clinical Pharmacist at University of Illinois Hospital and Health Sciences System. She was one of the featured speakers during last month's 340B Coalition Summer Conference, on a panel about how covered entities can help address our nation’s health care disparities among communities of color.

But before we go to that interview, let’s take a minute for a roundup of 340B news stories that were at the center of many conference conversations.

The 340B Program was in the national spotlight recently at a White House event, during which President Trump signed several executive orders with the stated goals of reducing prescription drug prices. One of those orders would require federally qualified health centers to sell insulin and EpiPens at their 340B discounted prices to certain people with low incomes. It is important to note, that executive orders such as these do not have the effect of law until after a federal rule making process, and any policy changes must fit within existing federal laws. Find out more in the show notes for this episode.

David Glendinning (02:04):
On Capitol Hill, representatives Doris Matsui, a Democrat from California, and Chris Stewart, a Republican from Utah, have introduced legislation to protect 340B hospitals during the COVID-19 pandemic. Like bipartisan legislation already introduced in the Senate, this bill would prevent hospitals from losing program eligibility because of changes in patient mix during the pandemic. The House bill also would ensure that hospitals can obtain needed medications at 340B prices through group purchasing organizations when drug shortages occur during the public health emergency.

David Glendinning (02:40):
340B Health has new research demonstrating how important 340B hospitals are to serving Medicaid patients and low-income Medicare patients. One of the more striking figures shows that 340B DSH hospitals provide 75% of Medicaid hospital services, despite making up only 43% of all acute-care hospitals. You can read the full report and see a helpful infographic in the show notes for this episode.

David Glendinning (03:17):
Today's featured interview is with Dr. Jewel Younge. Our own Richard Sorian moderated the 340B Coalition Summer Conference panel on health care inequalities, and he sat down with Jewel following
her presentation to speak more about this important topic and where 340B fits in. Let's listen to that conversation.

Richard Sorian (03:37):
Thank you, David. I'm here with Jewel Younge. Jewel is a Clinical Pharmacist at UI Health in Chicago, and a Clinical Assistant Professor of Pharmacy at the University of Illinois Chicago College of Pharmacy. At the 340B Coalition Summer Conference, Jewel was one of the expert panelists discussing inequities in health care during the COVID-19 pandemic. Her presentation was so compelling, we just had to ask her to join us as a guest on 340B Insight.

Richard Sorian (04:08):
Welcome, Jewel.

Dr. Jewel Younge (04:10):
Thank you. Thank you very much.

Richard Sorian (04:11):
Your path to becoming a pharmacist is a bit untraditional. Can you share with us how you became a pharmacist and why?

Dr. Jewel Younge (04:19):
Yes. When I decided to become a pharmacist, I was actually the chair of the Visual and Performing Arts Department at Olive-Harvey College, and an English and humanities teacher. I really enjoyed that job and it was everything I wanted to do when I graduated from college. And I had done it already, so I was looking around for ways to continue to learn new things and expand my approach to the world.

Dr. Jewel Younge (04:53):
I really became inspired by my own students at Olive-Harvey College, because they would come as mid-career professionals, and I thought, if they can do it, I can do it. My colleagues were really encouraging and they encouraged me to take their classes, which of course benefited them because they always needed students. I enjoy taking classes and I found I had a real strength for chemistry. By the time I finished them, I had earned enough prerequisites to become a nurse. And that was my initial goal.

Dr. Jewel Younge (05:26):
I had one last hurdle, which was anatomy, where we were to cut up a cat. The social justice organizer in me organized a protest. We did not cut up a cat. My beloved colleague, Dr. Ali was very angry at me, but it taught me that to be a nurse, to treat peoples' wounds, that requires a grace that I do not have. Pharmacy is a lot about teaching and talking to people. So even though I enjoy chemistry, I really have kind of returned to my old trade in teaching and talking to people, which is something that I have a natural gift for, I think.

Richard Sorian (06:07):
That's fascinating. What about being a pharmacist do you most enjoy?

Dr. Jewel Younge (06:13):
Oh, I love complicated people problems. So my undergraduate degree is in theater, and then I have a master's degree in the humanities from the University of Chicago. So I really study philosophy at the core of my training, and ever since then, I just find the things that people do that hurt them or help them, alternately, are so interesting. And if there's a way to intervene in that thinking and help people think differently about their own problems, it satisfies a sort of puzzle-maker instinct in me.

Richard Sorian (06:48):
Can you tell us a little bit about UI Health and the communities you serve?

Dr. Jewel Younge (06:52):
Yes. UI Health serves really the breadth of Chicago and Chicagoland, and it is one of the providers of last resort in the city. So everywhere in the city, there are people who have need dispersed throughout all of the communities, so a lot of them trust UI Health because UI Health is known to have a strong standard of health. We have an excellent stroke center, and because stroke is such a high risk in a lot of communities of color or communities that are limited by class limitations, a lot of them come to UI Health and receive excellent care. That's something I'm very proud of.

Dr. Jewel Younge (07:33):
But the 340B Program allows us to do a lot of amazing service through the pharmacy, for instance, the Medication Assistance Program. That's a program whose staff I work very closely with, and they give out thousands of dollars of transplant medications, insulin, diabetes medications, every day, and even on Saturday. And the Mile Square Health Center is not only are they excellent health centers, when I was a student at University of Chicago, I went to Mile Square Health Center as a patient. I never knew I would work for Mile Square.

Richard Sorian (08:10):
So UI Health has both hospitals and health centers, is that correct?

Dr. Jewel Younge (08:15):
Yes. We have the hospital, we have clinics. We have Mile Square Health Clinics that are spread throughout the city.

Richard Sorian (08:23):
So the COVID-19 pandemic has really illuminated the stark disparities in health for many Americans, especially those who are Black or brown. You've been conducting research on this issue. What's been happening in Chicago?

Dr. Jewel Younge (08:39):
I spent some time this morning looking at some trends from the Chicago data, and I can tell you as of today, our cases are generally down. We're not at the nadir of where we were. That really occurred around March, or I'm sorry, May 31st. But since then, it's been slow increases.

Dr. Jewel Younge (08:59):
The highest rate of positivity is in the Latinx community, and that positivity rate, as of this morning, is 9.5%. And the Black community is 6.7%, and the Asian community, 3.3%. And then the white
community, 3.2%. But the overall number is 4.9%, which is under 5%. So even though things are going in the right direction in general, obviously for Black and Latinx communities, positive rate is over the 5% threshold.

Dr. Jewel Younge (09:32):
Now, death is still higher and has always been as high or narrowly higher in the Black community than any other community. So right now, death in the Black community stands at 1171 people, this is just for Chicago, versus 884 people in the Latinx community. Increased death rates also relates to the age of the community in the City of Chicago, and people who know the City of Chicago know that that does have a lot to do with the history of housing and housing discrimination. Because a lot of people who live in the Black community of Chicago are older because for a period of time it was very hard for younger people to qualify for the subsidized housing in the city.

Dr. Jewel Younge (10:17):
I remember this when I was a teacher, and so I'm not surprised to see this. Some communities just have an older population and in the older population right now, we see a way lower positivity rate because older people are not leaving the house, they are staying at home. They don't have to be told twice. But really frequently, they raise their grandchildren or they raise their children. So I'm not surprised to see, unfortunately, 921 people over the age of 80 have died, but they have a 3.4% positivity rate. 60 to 69, 598. But that group concerns me because 60 to 69, that's a group of people who are very likely to be raising grandchildren.

Dr. Jewel Younge (11:06):
And so not that the grandchildren bear this risk that they should internalize, "Oh, I've made my grandmother sick," that's the position that we keep putting them in, but the reality is if you're raising grandchildren, you're going to the grocery store, you're trying to find ways to entertain them, you're focused on their health, at a time when you need to focus on your health. So that's the kind of domino effect that results in COVID-19 increasing preexisting health disparities.

Richard Sorian (11:38):
In your presentation to the 340B Coalition Summer Conference, you talked about some of the myths around COVID-19 and communities of color. Can you talk a little bit about those myths?

Dr. Jewel Younge (11:50):
I can, and I'm happy to talk about them because I believe that those myths are of course present in communities of color, but I think they're present in any community where there is distance between the patient or the individual and the health care system. And that could be a lot of different places, but one of the central myths is this just central lack of trust over what the outcomes could be if I enter the health care system.

Dr. Jewel Younge (12:23):
Could there be a huge bill attached to this? Could that bill be worse for me than the problem that I have? Could I be misunderstood or mistreated or made to feel so bad that I prefer to suffer at home? Could I be reported to someone for having had this health care condition, and could the consequences of that hurt not only me, but maybe my family or maybe my neighbors or someone in my community? Am I being experimented on? Is this a strategy for government overreach?
Dr. Jewel Younge (12:56):
These are not myths that just exist in Black and brown communities. These are the same things that we hear in a lot of communities where people refuse to wear masks or are afraid of being tested, getting the vaccine or being involved with this novel health care situation. It's totally understandable, especially in this moment, but I think it's an opportunity as well, because when everyone's trust is destabilized, and we all have to pay attention to trust building, so it's an opportunity because some of the myths are myths that we, as health care providers, have contributed to.

Dr. Jewel Younge (13:41):
A huge one, it's safer to be at home than to go to the hospital. Well, now the CDC and the American Heart Association are working very hard to reverse peoples' thinking on that. Or maybe if you're in a hotspot and your issue is treatable at home, that's still true. What we have to think less about is what is this particular myth, and where's the trust? Where's the trust between the health care system and the person who needs it? And right now, when we depend on each other the absolute most, is the opportunity to cast aside those grievances that we have to weigh over a longer course of time, and work immediately towards building trust so that we can resolve the acute situation right now.

Richard Sorian (14:30):
You talk about multi-generational households and some of the challenges they face, but having multiple generations in the household, what advantages might they have? How can they help each other, both in education and in helping them stay healthy?

Dr. Jewel Younge (14:46):
I think that a multi-generational household is protective for a lot of reasons, and that's why so many of them exist. Because it's protective for the older adult who may live there, who may be of the first generation, and then they're another resource, they're a source of wisdom, they're a source of encouragement. If there's a positive dynamic in the house, all those things are true.

Dr. Jewel Younge (15:12):
There are working age people in the house, so there's an opportunity for the house to recover if one income is lost. So there's opportunity to pool resources. And then I think it's really important right now that people have people to hug and kiss and love, and people who they know they're safe to interact with and people who they can share their trust with.

Richard Sorian (15:40):
Disparities in health care are not new. We've been talking about them for a long time, but progress has been very slow. Do you think that somehow COVID-19 and the death of George Floyd are affecting the conversation about equity? Do you think they can lead to real action?

Dr. Jewel Younge (15:58):
Well, George Floyd, his case is so important because George Floyd was buried on the same day as my cousin, Vertis Wilson. He was 92 years old. He's probably one of the most famous men in the history of East St. Louis, and 10 people were allowed to view his burial. So George Floyd's burial was our funeral for Vertis, but in a way, I believe it gave everyone an opportunity to externalize a lot of fear and grief.
and trauma. And that's what brought so many people out of their homes, at a time when they were already spilling out.

Dr. Jewel Younge (16:39):
When he died, people from everywhere came out and said, "This was my friend." So he was so much an everyman, that I hope that George Floyd's death, but also the death of John Lewis, someone who we can look to as a person to guide our empathy towards action, will help us guide the way we adapt to a situation over which we really have to accept that we have limited control.

Richard Sorian (17:13):
Let me talk to you a little bit about 340B, how does 340B help support the work that you do and the work that your health system is doing to address and focus on disparities?

Dr. Jewel Younge (17:26):
Well, the 340B Program has really not only allowed for cost savings at our end, but it allows for us to create cost savings for other programs. So we really are able to multiply the value of those savings. Some of the sort of hard statistics about how we use it, so 38.5% of disproportionate share hospital, that's the proportion of patients we serve who have Medicaid or are uninsured, and about $27.1 million of uncompensated care is provided. We spend about $52.4 million on drugs for patients through 340B pricing, which means we save $19.5 million a year from 340B.

Dr. Jewel Younge (18:19):
So then we recycle that $19.5 million. So in fiscal year '19, the specialty pharmacy conducted over 5000 clinical assessments and over 2500 pharmacist interventions. The Medication Assistance Program that I was talking about earlier, FY '19, they provided $4 million of medication assistance. 3600 patients were assisted, and I can tell you, I know personally that many of those patients are transplant patients, and many of those patients are coming to the pharmacy on Saturday with their last anti-rejection pill in their hand.

Richard Sorian (18:58):
It's just remarkable work that you and your colleagues do. My last question is, think about other pharmacists around the country like you, what would you advise them that they could do to address some of these broader problems in our society and in health care?

Dr. Jewel Younge (19:16):
Well, the first thing I would tell pharmacists like me, is to be encouraged because you can make small actions within your home, or your church, or your store, or your workplace, that have dramatic effect because everyone you work with will affect someone else, who will affect someone else. So the breadth of your reach is great. It's greater than you may be aware.

Dr. Jewel Younge (19:44):
People may not trust the store where I work, but they trust me. And if I'm speaking on behalf of the store, maybe they'll doubt it. But if they trust me and they trust that I have their best interest at heart, and I say, "Miss Johnson, I would go get tested if I were you because those symptoms are concerning,"
there's a likelihood, now Miss Johnson doesn't always do what I say, but the likelihood that she will is way higher than if she hears it on the news.

Dr. Jewel Younge (20:15):
I think the hardest part is having the courage and knowing that all of the work will be for good that outweighs that work. But I guess that's really what 340B is really all about, right? Taking a small benefit and turning it into a massive reward for as many people as possible.

Richard Sorian (20:35):
It's so clear that you really love the work you do.

Dr. Jewel Younge (20:38):
I do. I really do.

Richard Sorian (20:40):
Well, thank you, Jewel. Thank you for joining us on 340B Insight. It's been a real pleasure talking to you.

Dr. Jewel Younge (20:45):
Oh, it's been my privilege and my honor. Thank you so much. I really appreciate it.

David Glendinning (20:51):
Our thanks again to Dr. Jewel Younge for speaking with us and participating in the 340B Coalition Summer Conference.

David Glendinning (20:58):
Closing the patient care gaps that perpetuate health care disparities in the U.S. will require input and action from safety-net providers, and we are glad that there are leaders such as Jewel who are helping point the way toward progress. If you registered for the conference, but missed the health care disparities panel, you can still access the presentation on demand, and we encourage you to do so. More information about on-demand sessions is available at 340bsummerconference.org.

David Glendinning (21:28):
Do you have a question about 340B or a program issue you would like us to cover on a future episode of the podcast? Please email us at podcast@340bhealth.org. We'll be back with a new episode in a couple of weeks focusing on some recent, major 340B actions by the federal government and drug manufacturers. Until then, thanks for listening and be well.

Announcer (21:55):
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