An Impact Analysis Comparing Two Outreach Methods Informing Members of a Cost Savings Alternative in a Commercially Insured Diabetic Population

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Background
- Mailing campaigns are more commonly used and less costly when compared to telephonic outreach.
- Exclusion: Information about the combination product and a copay coupon card were mailed to a member if they were unable to be reached after 3 attempts.
- The combination product contains two types of antidiabetic medications, a long-acting insulin (LAI) and GLP-1 receptor agonist, in fixed doses. Converting members to this combination product would reduce their monthly cost for a LAI and GLP-1 agonist to a single copay and decrease the number of injections administered.
- Communication of this information to members can come in varying forms such as mailing campaign, in-person visits, and telephonic outreach.
- Telephonic outreach may provide an opportunity for a more customized message, addressing both savings and diabetes disease management.

Objective
- To compare conversion rate from a GLP-1 agonist and a LAI to a combination product between a mailing campaign and telephonic outreach.

Methods
- Claims collected from the PBM between 1/1/17 to 6/30/17 were reviewed to identify eligible members.
- Inclusion: Members that had a GLP-1 agonist and a LAI in their prescription history up to 2 months prior to the attempted outreach.
- Exclusion: Members that required more than 80 units of LAI.
- Members enrolled in an optional case management program (n=88) were contacted by a pharmacist through telephonic outreach to discuss diabetes management and the combination product.
- Patients successfully contacted and interested in the combination product were mailed a flyer containing the combination and a copay coupon card.
- Information about the combination product and a copay coupon card were mailed to a member if they were unable to be reached after 3 attempts.
- Members without active phone numbers listed by their plan and pharmacy were contacted by a pharmacist through telephonic outreach to the member with the customized message, addressing both savings and diabetes disease management.
- All claims data was reviewed 2 months after the last outreach to identify eligible members.
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Results
- A total of 10 members converted to the combination product.
- The conversion rate to the combination product was 4.9% (n=4) with members enrolled in telephonic outreach and 13.0% (n=6) with members included in the mailing campaign.
- Sixty-five percent (n=28) of members who were successfully reached telephonically expressed interest in changing their current LAI and GLP-1 agonist to the combination product.
- Patients receiving 90 day supplies.
- The remaining 25% (n=10) who did not accept the cost saving opportunity had previously discontinued their GLP-1 agonist or declined telephonic outreach.
- Members eligible for telephonic outreach often had additional counseling on diabetes management.
- Common topics addressed include: foot-care, lifestyle modifications, routine exams, hypoglycemic events, management of comorbidities and weight loss.
- These interventions may play a role in delaying disease progression, increasing adherence and decreasing hospitalizations.

Conclusion
- The results suggest that telephonic outreach may not provide additional benefit over a mailing campaign when converting members to a cost saving alternative.

Discussion
- There were notable differences in the letters for the two methods of outreach.
- Pharmacists utilized letters informing members that converting to the combination product would mean switching the LAI to the mailing campaign or paying for the medication cost of their current therapy in comparison to the combination product.
- It is possible that members were more receptive when given potential hard savings therefore resulting in increased uptake of the combination product in the mailing campaign group.
- Adequate time may not have been provided for members to initiate the combination therapy.
- While there was 3 months to complete the same transition and analysis of the data, many patients with diabetes and insulin had provided every 3.5 to 5 months.
- Conclusion: outcomes from this study are not necessarily generalizable from these results and may not apply to all plans.

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- No sponsorship to disclose

References
- Magellan Rx Management • Scottsdale, AZ