Impact of a Pharmacist Driven Outreach Program on Sacubitril/Valsartan Utilization Rates in a Commercial Population: A Comparison of Two Outreach Methods

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Background

- Heart failure is associated with significant morbidity, mortality, and financial burden on the United States health care system.
- In 2012, the estimated costs associated with heart failure were $33 billion, with almost 53% due to hospitalizations.
- In 2015, the FDA approved Entresto (sacubitril/valsartan) for treatment of class II to IV chronic heart failure.
- Randomization:
  - During the course of the study, 317 (84% of members) in the study group were randomized to sacubitril/valsartan and received a study medication dose. 195 (58%) of members received an education intervention to make a change in medication regimen. 195 (58%) of members received education on the importance of daily weight, and 195 (58%) of members received education on sodium restriction.
- Exclusion criteria: Those with a score of ≥ 5 points. Of these members they were randomized into two study groups (n=138).

Objective

- To determine the impact of a care management pharmacist driven outreach program on sacubitril/valsartan utilization rates in a commercial population with systolic heart failure.
- To evaluate additional interventions provided by a care management pharmacist.

Methods

- A randomized, non-blinded control trial in consenting patients aged 18 years and older. Eligible Members with a score of ≥ 5 points. Of these members they were randomized into two study groups (n=138).
- Randomization: Members were assigned one point and a diagnosis code from April 2011 to May 2017 was assigned.
- Exclusion criteria: Members that are no longer enrolled in the plan, opted out of care management, have received a fill of sacubitril/valsartan before being contacted, and/or had a diagnosis code from April 2011 to May 2017 was assigned.
- Randomization: 276 patients were randomized to two groups: the control group (n=108) and study group (n=168).
- Exclusion criteria: Subjects with a documentation of heart failure diagnosis and a copay coupon card.
- Study group received a call from a care management pharmacist.
  - Topics discussed included heart failure medications, and benefits of sacubitril/valsartan.
  - After each call, additional interventions were offered before or after a copay coupon card, and at follow-up with the member. Additional letters were sent to the provider if necessary.
- If these unsuccessful interventions attempts were made an unable to reach letter was followed up with in the attempt to assess whether the pharmacist had contact with the member and the need for the intervention.

Results

- Of the 317 randomized patients in the study, 276 (88%) were found to have a score ≥ 5 points. Of these members they were randomized to one group: the study group (n=138).
- Over the course of the study, 113 (84%) of members in the study group had some characteristics status change (sacubitril/valsartan and/or follow up changes in medication regimen). Of these members, 78 (58%) were assigned to study group and 35 (26%) in the control group. 35 (26%) were excluded due to inability to initiate or a care management pharmacist was assigned.
- Additional interventions were made to the members that received outreach from a clinical pharmacist (sacubitril/valsartan) (n=113) of members opted to read a pharmacist's summary and contact the pharmacist’s pharmacist to update their medication dose. 195 (58%) of members received an education intervention to make a change in medication regimen. 195 (58%) of members received education on the importance of daily weight, and 195 (58%) of members received education on sodium restriction.
- Fourty four percent (44%) of members that were contacted by a care management pharmacist reported that they had not much face to face with another of their diagnosis.
- Of the 113 patients per study group: the study group was not interested in starting sacubitril/valsartan.

Table 1: ICD-9 and ICD-10 Codes

Table 2: AHA Recommended Medications for Heart Failure

Figure 1: Scoring

Figure 2: Randomization and Follow Up

Figure 3: Additional Interventions

Figure 4: Study Group: Patient Reported Heart Failure Diagnosis

Discussion

- Outreach by a care management pharmacist improved the utilization of sacubitril/valsartan when compared to a informational letter.
- The average improvement of this results were seen as expected over four follow up visits.
- The overall lack of adoption could be due to members and centers that did not have enough time to read the given information. Though many were interested in starting sacubitril/valsartan, their lack of adoption prevented them from having continued follow up.
- Early accurate follow up visits could improve the utilization of sacubitril/valsartan.
- Even though the adoption of sacubitril/valsartan was low, there were potential benefits that could be gained from the outreach such as education about lifestyle changes and potential inpatient outcomes versus the patients that did not receive intervention.
- A future recommendation would be to analyze the data in 6 months after the intervention to assess the true impact and impact missed between the two groups.

Table 2: AHA Recommended Medications for Heart Failure

References


Disclosures

- This research was conducted by Magellan Health without external funding.