To determine the predictability between a diagnosis of SHF and pharmacy claims data and ICD-10 codes.

Results

- The study was designed to identify SHF members within a Medicare population using pharmacy claims data. Some current methods were not able to accurately identify the chronic condition in our group population. The predictability of SHF was calculated using the validation of PHIS claims. This was done to a prior authorization being required to confirm a diagnosis of SHF prior to dispensing this medication. The combination of ACE/ARB and beta-blockers for SHF has been shown to improve the highest predictability was in the group where ACE/ARB, beta-blocker, loop diuretics, and MRA. Of all the members filling this combination of drugs, 36.9% had an ICD-10 code specific to SHF patients with SHF.

- After evaluating members with an ICD-10 code associated with SHF, it was evident there is a lack of adherence to clinical practice guideline recommended pharmacotherapies. Only 22.5% of SHF patients were utilizing the combination of ACE/ARB and beta-blockers. The combination of ACE/ARB and beta-blockers were used to identify SHF patients. Both of these classes of drugs have been shown to reduce the morbidity and mortality in SHF. Our analysis also showed that 30.0% of SHF patients were utilizing a single medication to treat SHF. These findings are leading us to further investigate other adherence measures and intervention strategies.

- The proportion of ICD-10 codes used in this model was a partial explanation for the poor predictability of SHF. The inability to capture ACE/ARB on the ICD-10 codes depends on many factors such as coding experience, coding practices, and the type of administrative file used. Nevertheless, abbreviations: BB = beta-blocker; Loop = loop diuretics; MRA = mineralocorticoid receptor antagonist; ARNI = angiotensin receptor-neprilysin inhibitor.

Discussion

- The duration of claims data collected was limited to one year or less. If a patient did not have a doctor visit during the time of data collection they would not have a chance to be associated with a SHF ICD-10 code.

- Members were only required to have one fill of the specific SHF medication classes to be included in the analysis. Therefore, adherence is not utilized in the analysis.

- This study used a single Medicare population from one payer group that may have different benefits from other Medicare populations. Thus, this data may not be generalizable to other Medicare or younger populations.

- Pharmacy claims data did not include members who did not utilize their pharmacy benefits when filling a medication. Likewise, our claims data would not include patients who are non-adherent or do not manage their condition with pharmaceutical therapy.

References


