Magellan Rx Management • Scottsdale, AZ

AMCP Nexus 2018 | Orlando, FL



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Background

- It has been reported that half of all patients do not take medications correctly and medication adherence drops after the first 6 months of therapy.
- Adherence to drug therapy is essential to achieving optimal quality of care, as non-adherence causes 30% to 50% of treatment failures and an estimated 125,000 deaths annually.
- Specialty pharmacies are widely linked to improved adherence, with studies that looked at specialty disease states reporting adherence rates at specialty pharmacies may be 8% to 10% greater than retail pharmacies.
- 80% of patients on specialty medications have at least 1 comorbid condition.
- 69% of these patients may deal with symptoms of depression.
- Motivational Interviewing is an evidence-based approach to patient management that focuses on educating patients via a conversational approach.
- The keys to Motivational Interviewing are to identify each patient's individual motivators and, conversely, barriers to adherence, assess his/her willingness and readiness to change, and ultimately bring the patient to creating a personal plan to implement these behavior changes.
- A review of studies which focused on telephone-based Motivational Interviewing showed that these programs can be effective at increasing medication adherence.

Objectives

 To compare adherence outcomes between specialty pharmacies with or without Motivational Interviewing-based health coaching (MIHC).

Resources

- Cigna. (2013). Specialty Pharmacy Management. https://www.cigna.com/ pharmacy-benefit-management/specialty-pharmacy-management
- https://ojrd.biomedcentral.com/articles/10.1186/s13023-017-0591-7
 https://www.spema.org/wp.content/upleads/2017/0//DPM Specialty/
- https://www.spcma.org/wp-content/uploads/2017/04/PBM-Specialty-Pharmacies-Improve-Patient-Outcomes-and-Reduced-Costs_whitepaper_final.pdf
 Dowd, Maryann. "The Role of Specialty Pharmacy in Medication Adherence."
- Specialty Pharmacy Times, 15 Aug. 2016, www.specialtypharmacytimes.com/publications/specialty-pharmacy-times/2016/july-2016/the-role-of-specialty-pharmacy-in-medication-adherence.
- Teeter, Benjamin S, and Jan Kavookjian. "Telephone-Based Motivational Interviewing for Medication Adherence: a Systematic Review." *Translational* Behavioral Medicine, Oxford University Press, 11 July 2014, www.ncbi.nlm.nih.gov/ pmc/articles/PMC4286549/.

Methods

Data Source & Study Time Period

- This retrospective study analyzed commercial pharmacy claims data from April 1st, 2017 to March 31st, 2018.
- The analysis was executed in a commercial Managed Care Organization with approximately 45,000 covered lives.

Inclusion Criteria

- Age ≥ 18 years old at the time of measurement period.
- At least one pharmacy claim for a self-administered specialty medication filled at 1 of 3 pharmacies in scope.
- The specialty medication has an FDA-approved indication for any of the following diagnoses: human immunodeficiency virus (HIV), multiple sclerosis, rheumatoid arthritis, psoriasis, psoriatic arthritis, Crohn's disease, or ulcerative colitis.
- o Because patient diagnosis was unavailable in pharmacy claims, diagnosis is assumed based on the drug dispensed and approved indications for that drug.
- Patients at MRx Specialty Pharmacy were offered an MIHC program.
- Program Design
- o The foundation of the program is once-monthly telephonic consultations with a registered nurse or pharmacist for the first 6 months of therapy.
- Clinicians were trained via the Motivational Interviewing Network of Trainers (MINT), a standardized method of learning motivational interviewing techniques.
- The initial clinical conversation focuses on providing the patient with drug-related counseling points and disease state education.
- o Follow up conversations address possible adverse reactions, effectiveness of the specialty medication, and additional barriers to adherence.
- After the first 6 months, patients receive a follow up call every 3 to 6 months based on disease state.
- o In addition to patient consultations, clinical interventions are made to prescribers when appropriate.
- o Patients had the right to opt out of the MIHC program at any time.
- Patients at the Non-MIHC specialty pharmacies did not receive an offer to participate in an MIHC program.

Statistical analysis

- Adherence was measured using proportion of days covered [PDC].
- o PDC assessed the available days' supply of a dispensed medication from pharmacy claims data across the measurement period for each individual patient who maintained continuous enrollment. If a medication fill date overlapped with a previous fill, the start date of the new fill was pushed forward to start when the previous fill's day supply expired.
- A discontinuation was considered to be > 90 days without a fill, and that end date would be used if it was less than the end
 of the measurement period.
- Patients were categorized based on achievement of target adherence, defined as PDC ≥ 85%.
- Descriptive statistics were generated to describe baseline continuous (mean, median) and categorical variables (count and percentage).
- Statistical significance was calculated using a t-test for overall PDC comparisons and a chi square test to compare proportions at target PDC for each group.

Results

75.00%

65.00%

Baseline Demographics

Drug Category	No. of Patients (MRx Specialty Pharmacy)	No. of Patients (Non-MIHC Pharmacies)	Total
HIV	32	74	106
Multiple Sclerosis	14	14	28
Oncology	4	9	13
RA/PsO/PsA/CD/UC	48	452	500

RA/PsO/PsA/CD/UC – rheumatoid arthritis, psoriasis, psoriatic arthritis, Crohn's disease, ulcerative colitis

PDC of Entire Population by Pharmacy: 4/1/2017 to 3/31/2018

Effect on Adherence : PDC* by Pharmacy

MRx Specialty

Pharmacy

fill to last day of therapy, calculated as the last fill date plus the number of days covered during the last fill.

Effect on Adherence: Ability to Achieve Target PDC by Pharmacy

*Engaged is defined as patient having completed at least 1 MIHC consultation.

Breakdown of MRx Specialty Pharmacy MIHC

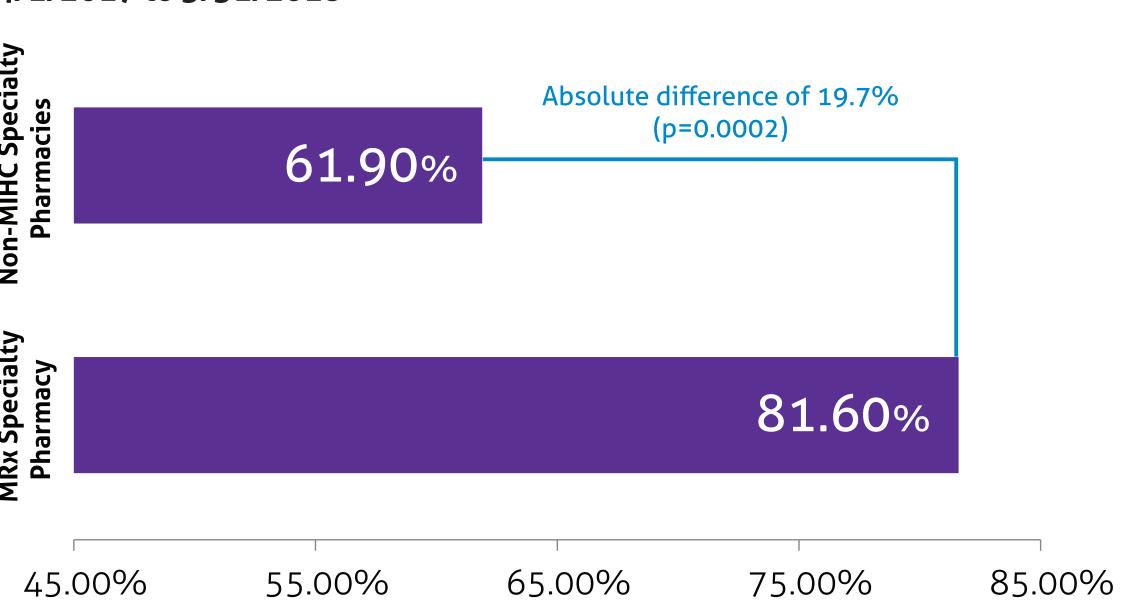
Program Activities

Number of Patients

Number of Patients

Engagement Rate

Proportion of Patients with PDC > 85% by Pharmacy: 4/1/2017 to 3/31/2018



Effect on Adherence : PDC by Disease State

Non-MIHC Specialty

Pharmacies

Absolute difference of 9.3%

PDC: 4/1/2017 to 3/31/2018 difference difference difference 4.68% 5.55% 95.00% 90.00% 85.00% Adherence 80.00% -75.00% 70.00% -65.00% 60.00% — RA/PsO/PsA/CD/UC Oncology

MS – Multiple Sclerosis, RA/PsO/PsA/CD/UC – rheumatoid arthritis, psoriasis, psoriatic arthritis, Crohn's disease, ulcerative colitis

MRx Specialty Pharmacy
Non-MIHC Specialty Pharmacies

Discussion

- Among 647 patients treated with specialty medications, the mean adherence (PDC) to therapy was 82.17%, with approximately 64.91% of patients achieving a PDC of 85% or greater.
- Patients who filled their specialty prescriptions at MRx Specialty Pharmacy were 31.8% more likely to achieve a target PDC ≥ 85%.
- In addition, patients at MRx Specialty Pharmacy had a PDC that was 11.4% greater overall.
- o These improvements in medication adherence were consistent across all disease states.
- Motivational Interviewing-based health coaching may have impacted adherence due to ongoing personalized outreach to patients that would otherwise be unavailable at other pharmacies.
- o Through these contacts, Motivational Interviewing-based health coaching may have impacted adherence by increasing patient knowledge and confidence surrounding specialty medications and chronic conditions.
- MRx Specialty Pharmacy demonstrated improved adherence despite engaging only 29.6% of patients. If
 patient engagement were to increase, the differences in adherence may be even greater.
- In addition to PDC, barriers to adherence were collected during the Motivational Interviewing-based health coaching telephonic consultations.
- The most frequently reported adherence barriers, in order from most common to least common were: adverse effects from specialty medication, health literacy deficiency, and disease progression or symptom exacerbation.
- Limitations of this study include:
- PDC measurements may not be fully reflective of patient adherence, as patients may have received drugs through manufacturer assistance programs or discontinued treatment for clinically appropriate reasons that cannot be discerned from claims data.
- o The differences in PDC between the groups could have been influenced by other pharmacy-specific factors beyond Motivational Interviewing-based health coaching.
- There were additional disease states eligible for Motivational Interviewing-based health coaching (cystic fibrosis, hepatitis C, and PCSK9 inhibitors for familial hyperchlolesterolemia) that could not be compared head-to-head because the non-MIHC specialty pharmacies did not have enough patients to support a comparison.

Conclusion

- Patients who filled their specialty medications at MRx Specialty Pharmacy had higher adherence and were more likely to reach target adherence levels than patients whose pharmacy did not offer Motivational Interviewing-based health coaching.
- The results may correlate to other chronic conditions not included in this comparison and provide an opportunity to improve adherence to specialty medications in those categories as well.
- Due to the progressive nature of certain chronic conditions, as well as trends in medication adherence, the gaps between adherent and non-adherent patients will continue to increase over time.
- Longer follow-up periods may provide further insights on the true impact of improved adherence on both clinical and financial outcomes.
- Nevertheless, the observed association between Motivational Interviewing-based health coaching and better adherence supports the impact of behavior-focused techniques to optimize adherence to specialty medications.

Disclosures

 This research was conducted by Magellan Rx Management, Scottsdale, AZ, without external funding.