Evaluating the Relationship Between Increased Patient Engagement and Adherence to Specialty Medications

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Background

- For all patients, medication adherence continues to be a challenge. For specialty pharmacy patients, taking specialty drugs appropriately can be particularly complex due to large pill burdens, comorbid conditions, and behavioral health issues.
- In order to help patients manage their medications and chronic conditions, specialty pharmacies and payors will often create targeted patient management programs.
- A successful patient management program can improve quality, patient satisfaction, and health outcomes, such as improved medication use and overall patient wellness.
- Often, the success of a patient management program is tied to its ability to engage patients and empower patients to actively manage their chronic condition(s).
- Patient engagement, however, can often be a struggle for patient management programs, with participation rates sometimes falling below 25%.
- Improving patient engagement rates may also positively impact adherence and outcomes.

Objective

• Examine the impact that specific, targeted enhancements to a patient management program can have on patient engagement over time and, ultimately, the program's effect on outcomes related to medication adherence.

Methods

Data Source & Study Time Period

- This retrospective study analyzed pharmacy claims data from January 1st, 2016 to April 30th, 2019.
- The analysis was executed in a specialty pharmacy with approximately 14,300 patients.

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 the specialty pharmacy in scope.
- The specialty medication has an FDA-approved indication for any of the following diagnoses: hepatitis C (HCV), human immunodeficiency virus (HIV), multiple sclerosis, oncology, rheumatoid arthritis, psoriasis, psoriatic arthritis, Crohn's disease, or ulcerative colitis.
- Patients at MRx Specialty Pharmacy were offered participation in a patient management program.
- Program Design at Baseline
- o The program design is monthly telephonic consultations with a registered nurse or pharmacist for the first 6 months of therapy.
- o Clinicians were trained via the Motivational Interviewing Network of Trainers (MINT), a standardized method of learning motivational interviewing techniques.
- o The initial clinical conversation focuses on providing the patient with drug-related counseling points and disease state education.
- o Follow up conversations address possible side effects, effectiveness of therapy, and other adherence barriers.
- o After the first 6 months, patients receive a follow up call every 3 to 6 months based on disease state and risk status.
- o In addition to patient consultations, clinical interventions are made to prescribers when appropriate.
- In order to evaluate and optimize the effectiveness of the patient management program, quality assurance measures included:
 - Continuous call monitoring which evaluates calls for regulatory compliance, professionalism, exceptional customer service, clinical
 accuracy, and engaging of patients in shared decision-making.
 - Monthly tracking of operational aspects of the program, including number of calls placed, number of clinical assessments completed, and number of patient opt outs.
- o Quarterly analysis of patient engagement and tracking of engagement rates over time.
- o Quarterly analysis of patient adherence using proportion of days covered (PDC) and tracking of adherence trends over time.

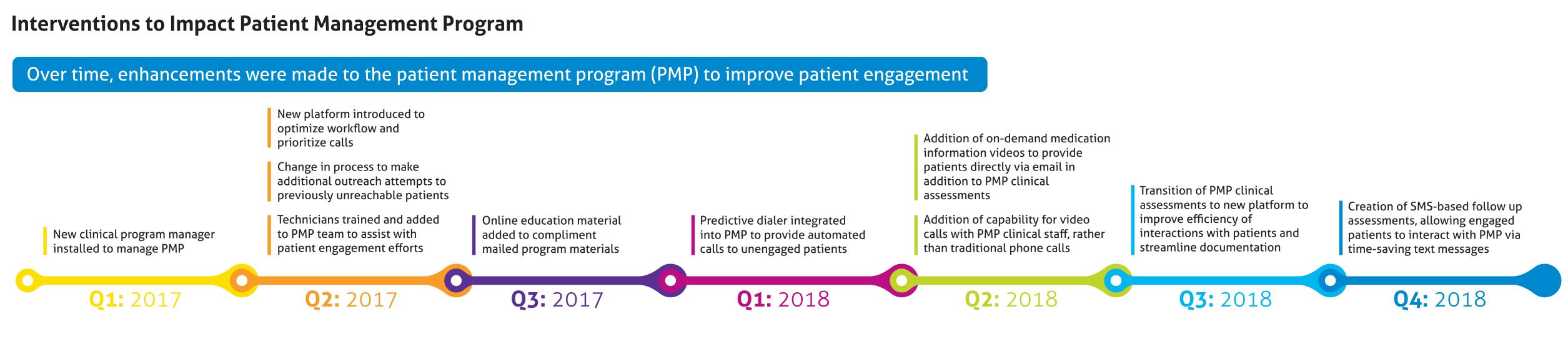
Enhancements made to a patient management program which broaden and diversify digital offerings can increase both patient engagement and adherence to specialty medications.

Methods cont.

Statistical analysis

- Adherence was measured using 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 fills' day supply expired.
- o Discontinuation was assumed if >90 days without a fill; that end date would be used if it was less than the measurement period.
- Patients were categorized based on achievement of target adherence, defined as PDC ≥ 85%.
- Descriptive statistics were generated to describe baseline continuous and categorical variables.
- 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



Patient Demographics

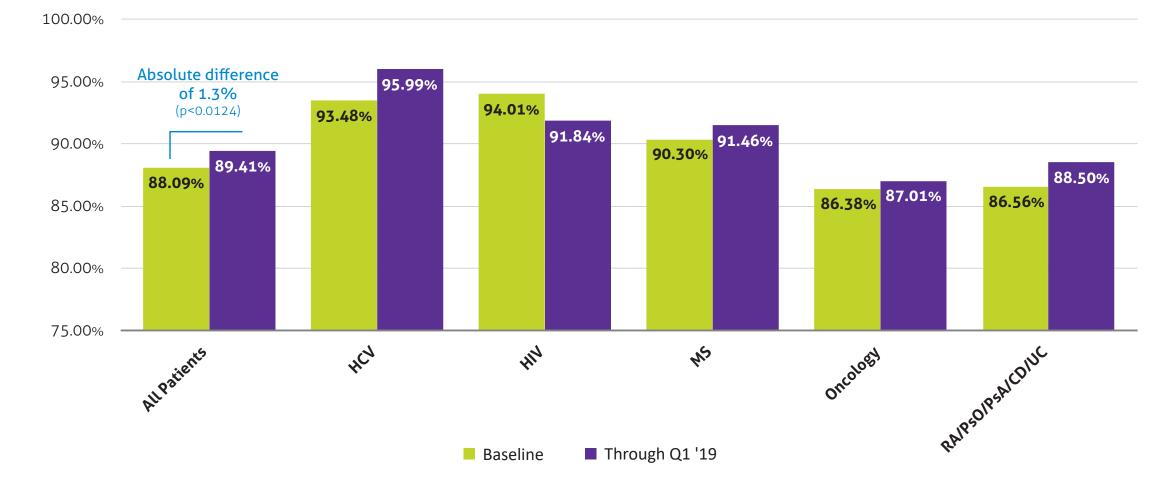
disease, ulcerative colitis

Drug Category	No. of Patients (Baseline)	Patients (Through Q1 2019)	Change from Baseline
Hepatitis C	363	355	-8
HIV	428	1,137	+709
Multiple Sclerosis	1,211	1,545	+334
Oncology	483	648	+165
RA/PsO/ PsA/CD/UC	3,252	5,506	+2,254
Total	5,737	9,191	+3,454

Patient Management Program Outreach

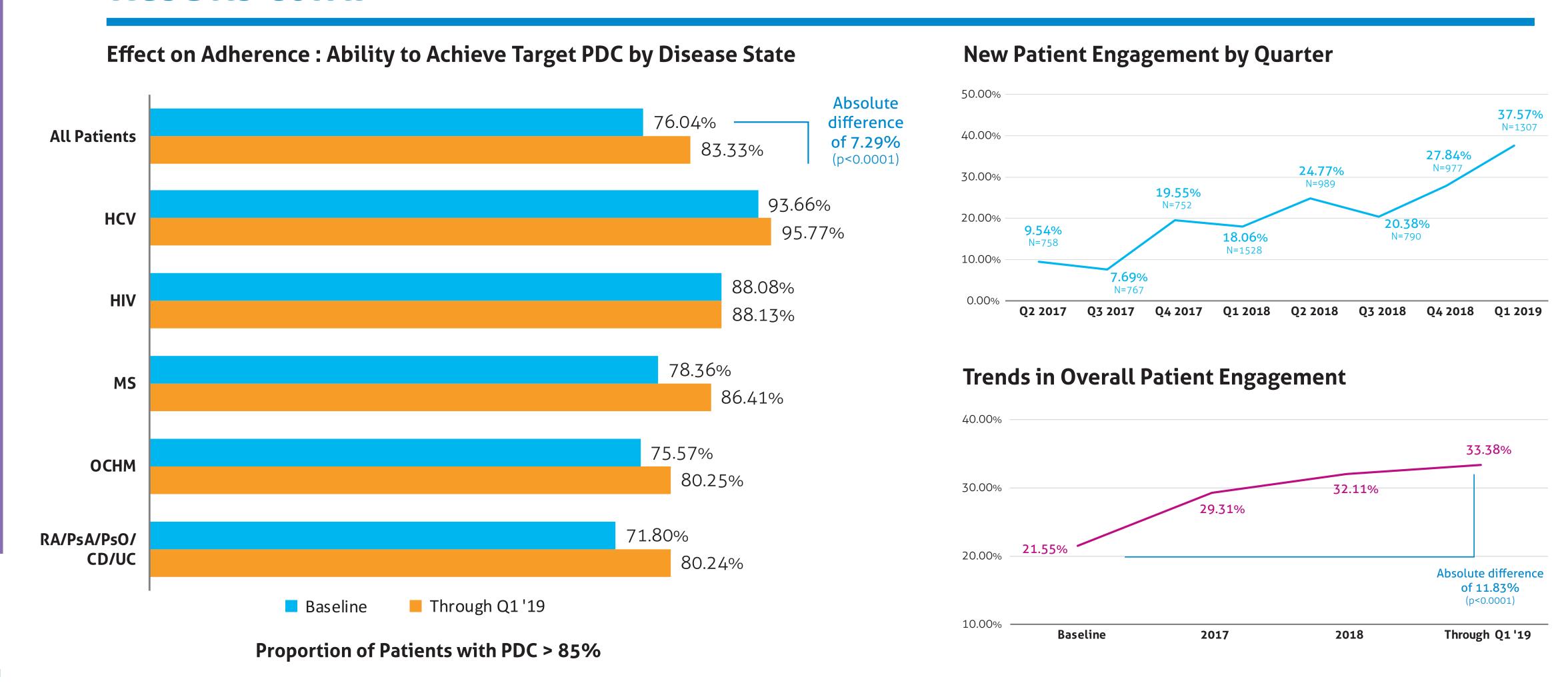
Outreach Type	2017	2018	Change
Outbound Patient Calls	13,949	20,938	+6,989
Clinical Assessments Completed	1,632	2,740	+1,108
Outbound Predictive Dialer (PD) Calls	O	3,779	+3,779
Medication Videos Viewed	508	1,573	+1,065
Patient Opt Out Rate	17.70%	10.12%	-7.58%

Effect on Adherence : PDC by Disease State



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

Results cont.



Discussion

- A total of 12,875 patients met the inclusion criteria from baseline through the measurement period.
- Compared to baseline, program enhancements were associated with increased patient engagement and overall improvement in medication adherence.
 - o These improvements were observed in 5 out of 6 eligible categories over the same measurement period.
- As patient management program engagement increased, the proportion of patients who achieved a target PDC \geq 85% grew by 7.3%.
- The patient management program may have impacted adherence due to the improved variety of communication options that were previously unavailable and now offered to patients to personalize the care journey.
- o Through these contacts, the patient management program may have impacted adherence by increasing patient knowledge and confidence surrounding specialty medications and chronic conditions.

Conclusion

- Strategic changes and enhancements made on a patient management program offered at an specialty pharmacy were associated with increased patient engagement.
- The increased patient participation was associated with improved adherence to specialty medications, as well as a 10% greater likelihood to achieve target PDC.
- 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.
- Longer follow-up periods may provide further insights on the true impact of improved patient engagement on improved adherence and medical outcomes.
- Nevertheless, the observed association between continuous patient management program improvement, increased patient engagement, and improved adherence supports the impact of increased patient management program engagement to optimize adherence to specialty medications.

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Disclosures

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