



THE NETWORK FOR EXCELLENCE IN HEALTH INNOVATION

Alliance for Health Reform Briefing: Medication Adherence

November 16, 2015

NEHI: Enabling Health Care Innovation



THE NETWORK FOR EXCELLENCE IN HEALTH INNOVATION



A NATIONAL HEALTH POLICY INSTITUTE THAT ADVANCES INNOVATION AND DRIVES POLICY CHANGE TO IMPROVE THE **QUALITY** AND LOWER THE **COST** OF HEALTH CARE

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MEMBERS FROM ACROSS THE HEALTH CARE COMMUNITY

MEMBERS FROM ALL SECTORS OF HEALTH CARE

- HOSPITALS
- PROFESSIONAL SERVICES
- PATIENT GROUPS
- HEALTH PLANS
- HEALTH IT
- TECHNOLOGY
- PHARMACY
- BIOPHARMACEUTICAL
- ACADEMIC
- EMPLOYERS

MULTI-SECTOR MEMBERSHIP + INDEPENDENT RESEARCH



POLICY IMPACT

WHAT'S AT STAKE?



GOAL: ADHERENCE

- Patients
 - Take medications
 - As directed
 - For as long as directed

REALITY

- Some patients don't start
- Many who start, stop
- Many start and then stop, and start and stop repeatedly



RESULTS

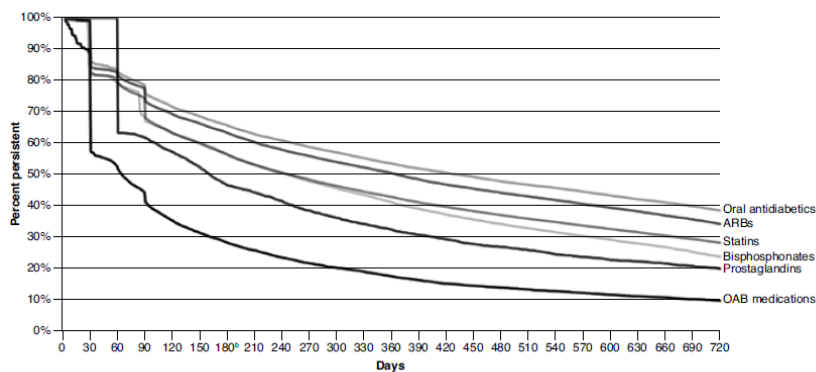
- Avoidable poor outcomes
- Avoidable medical spending

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WHAT ADHERENCE BEHAVIOR LOOKS LIKE



FIGURE 2 Time to Discontinuation^a of 6 Chronic Therapy Classes, Allowing for 60-Day Treatment Gap



^aDiscontinuation was defined as the end of days supplied for an index medication class pharmacy claim immediately preceding a 60-day gap in therapy. A minimum of 12 months (maximum 24 months) continuous eligibility following the index date (day 0) was required. Beginning at day 390, the denominator for the calculation consisted of all remaining eligible patients with continuous enrollment through the end of the 30-day interval. Patients with continuous enrollment ending between day 360 and day 720 were censored at the point of their cessation of benefits.

^bUsing the 60-day gap, 6-month persistence rates were prostaglandin analogs 47%, statins 56%, bisphosphonates 56%, oral anti-diabetics 66%, ARBs 63%, and OAB medications 28%.

ARB= angiotensin II receptor blocker; OAB=overactive bladder.

Source: Yeaw J, Benner JS, Walt JG, Sian S, Smith DB. Comparing adherence and persistence across 6 chronic medication classes. *J Manag Care Pharm.* 2009 Nov-Dec;15(9):728-40. 4

HOW DO WE KNOW?



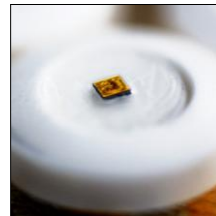
CURRENT METRICS

- PDC – Proportion of Days Covered
- PDC used in the Star Ratings



FUTURE METRICS

- Electronic monitoring
- The Digital Pill



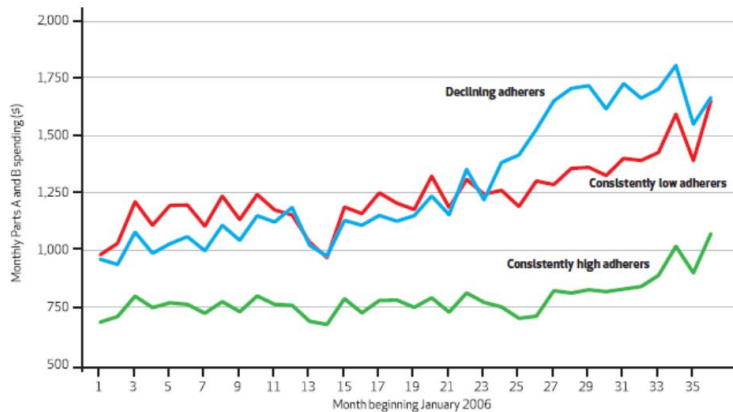
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IMPACT: TOTAL COST OF CARE



EXHIBIT 3

Trends in Monthly Medicare Parts A and B Spending for Part D Enrollees With Diabetes, by Drug Adherence Status With ACE Inhibitors Or ARBs, 2006-08



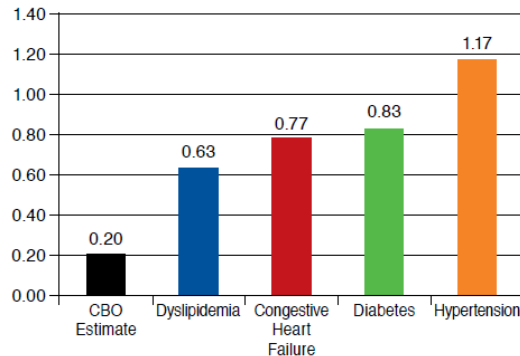
Stuart et al, "Increasing Medicare Part D Enrollment in Medication Therapy Management Could Improve Health and Lower Costs," Health Affairs, July 2013

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IMPACT: FISCAL



FIGURE 1 Percentage Decreases in Medical Costs Associated with a 1% Increase in Prescription Drug Utilization Among Seniors



CBO = Congressional Budget Office.

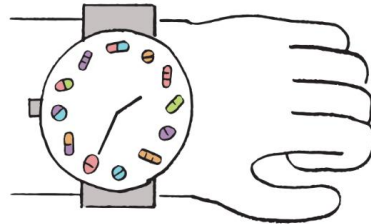
Christopher Roebuck, "Medical Cost Offsets from Prescription Drug Utilization Among Medicare Beneficiaries," JMCP, October 2014

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WHAT TO DO NEXT?



The New York Times
TheUpshot



Trapped in the System: A Sick Doctor's Story

Because of my job, I probably know more about the health care system and how it works than most people in the United States. Yet if this is how much trouble I have navigating a simple refilling of my medication, I don't know how the rest of America does it, especially those with much more complicated issues than mine.

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WHAT TO DO NEXT?

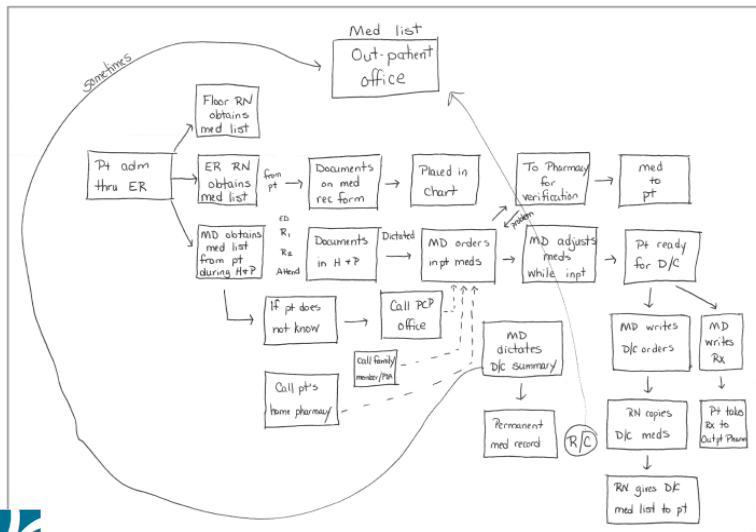


- Policies that optimize patient medication use
- Policies that lift patient medication adherence
- Examples:
 - Medication synchronization
 - E-prescribing
 - Medication Therapy Management (MTM)




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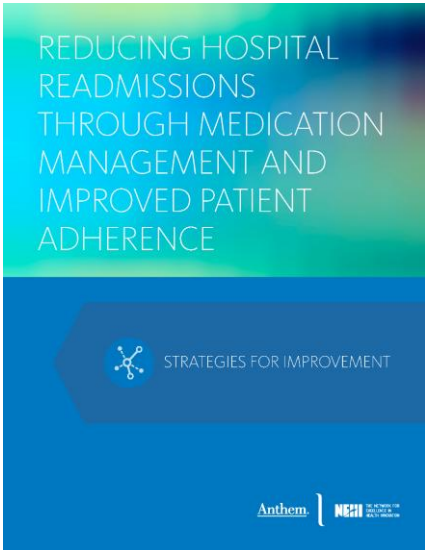
READMISSIONS: A TEST CASE




Jewish Healthcare Foundation, "Pharmacy Champions for Change," 2009

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READMISSIONS: A TEST CASE  THE NETWORK FOR EXCELLENCE IN HEALTH INNOVATION

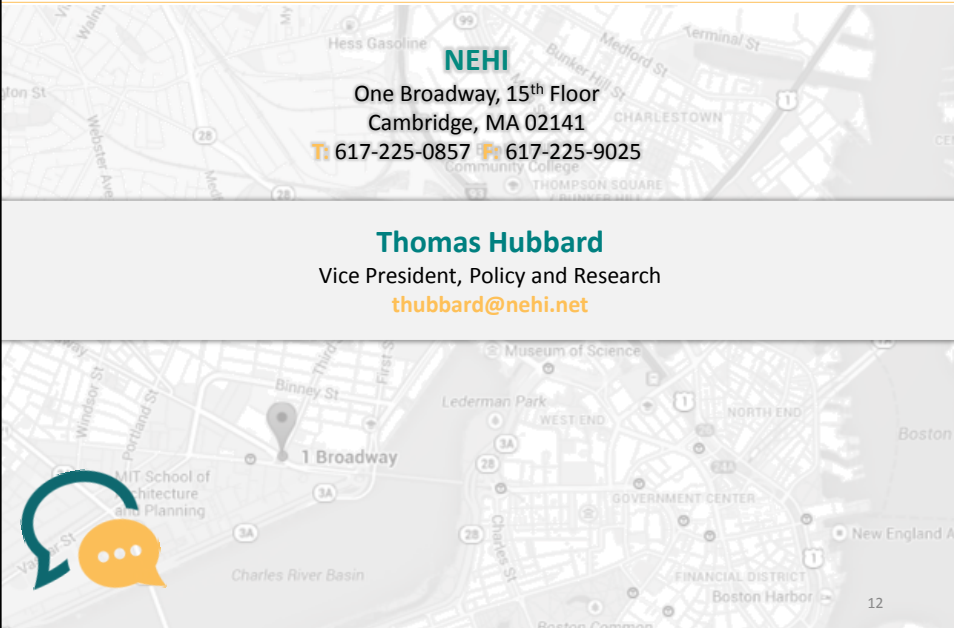




- Strategy for reducing preventable hospital readmissions through improved medication management and better patient medication adherence.
- In-depth assessment of policies and practices already in use.

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