

Evaluation of the effectiveness of a survey, the Pharmacist Drug Adherence Work-up (DRAW) tool, used to assess and improve medication adherence in Medicare Advantage prescription drug (MA-PD) plan members

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Background

- ❖ Medication non-adherence has been linked to poor clinical outcomes leading to increased healthcare costs.¹
- ❖ There are a number of patient-specific factors that can directly and indirectly affect adherence to medications including, but not limited to: cost, forgetfulness, complexity of the medication regimen, and perceived effectiveness of the prescribed medication.
- ❖ The Centers for Medicare and Medicaid Services (CMS) utilizes a set of adherence performance measures for Medicare Advantage prescription drug (MA-PD) plans that have the potential to heavily influence a plan's overall quality rating.
- ❖ In August 2014, the University of Florida (UF) Medication Therapy Management Communication and Care Center (MTMCCC) started using the DRAW tool to conduct advanced medication adherence services.
- ❖ Using the DRAW tool, the MTMCCC adherence team provided adherence call services to assess individual patient-specific barriers and provide solutions to improving medication non-adherence for three classes of medications: renin angiotensin system antagonists, HMG-CoA reductase inhibitors (statins), and oral diabetes medications.

Objective

- ❖ To evaluate the effectiveness of a survey, the Pharmacist Drug Adherence Work-up (DRAW) tool, as part of an advanced telephonic outreach program designed to improve medication adherence for Medicare Advantage prescription drug (MA-PD) plan members diagnosed with diabetes, hypertension, and/or dyslipidemia.

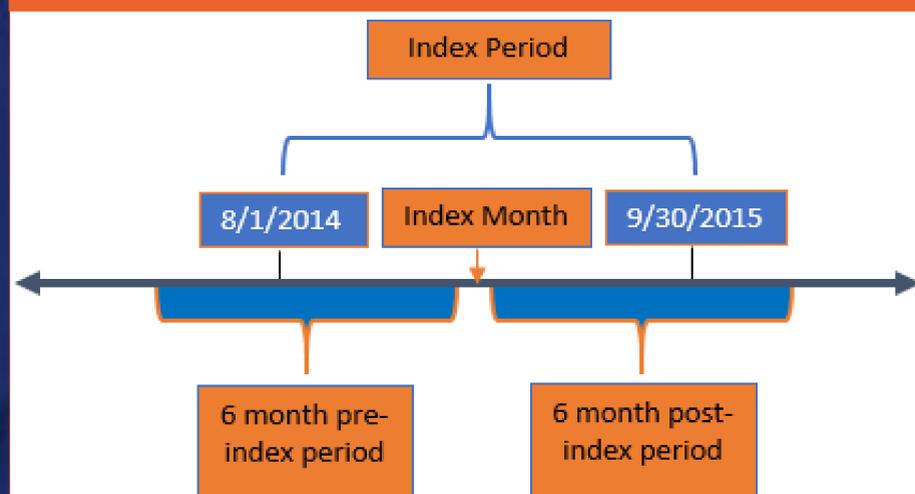
Methods

- ❖ This study was a retrospective pre-post analysis utilizing pharmacy claims data.
- ❖ Effectiveness of the advanced adherence calls using the DRAW tool will be evaluated using a pre-post analysis that compares the proportion of days covered (PDC) 6 months before and 6 months after the index month.
- ❖ The index month is defined as the month in which the patient receives the first telephonic adherence call.
- ❖ The study population includes patients 18 years of age and older with diabetes mellitus, hypertension, and/or dyslipidemia who had pharmacy claims data for at least 2 months.
- ❖ A control group will be created from individuals who meet the inclusion criteria but did not receive any intervention.
- ❖ Patients from the intervention group will be matched 1:1 with individuals from the control group in order to calculate a difference-in-difference for the PDC between the control and intervention groups.

Drug Adherence Work-up (DRAW) Tool²

Patient Interview	Yes	Suggested actions & GUIDES
1) Please tell me how you take your medication every day.	N/A	Verify adherence; Identify any discrepancies; Add to their knowledge
2) Do you feel like you have too many medications or too many doses per day?	<input type="checkbox"/>	Reduce number of meds per day by stopping/changing medications; Simplify regimen
3) Do you sometimes forget to take your medication on routine days?	<input type="checkbox"/>	Adherence aid, alarm or specialized packaging; Med calendar; Memory aid; Rule out anticholinergic meds
4) Do you forget on non-routine days such as weekends or when traveling?	<input type="checkbox"/>	
5) Do you have a concern that your medication is not helping you?	<input type="checkbox"/>	Patient education; Guided counseling
6) Do you feel that you do not need this medication?	<input type="checkbox"/>	
7) Have you had any side effects?	<input type="checkbox"/>	Guided counseling; Switch medications; Symptom management; Adjust regimen
8) Are you concerned about side effects?	<input type="checkbox"/>	
9) Is the cost of this medication too much?	<input type="checkbox"/>	Switch to less costly medication; cost reduction strategy

Methods (Diagram)



Results

Pending

References

1. Osterberg L, Blaschke T. Adherence to Medication. N Engl J Med. 2005;353:487-497.
2. Doucette W, Farris K, Youland K, et al. Development of the Drug Adherence Work-up (DRAW) tool. J Am Pharm Assoc. 2012;52:e199-e204.