

## Medication Adherence Post-Implementation of a PMP

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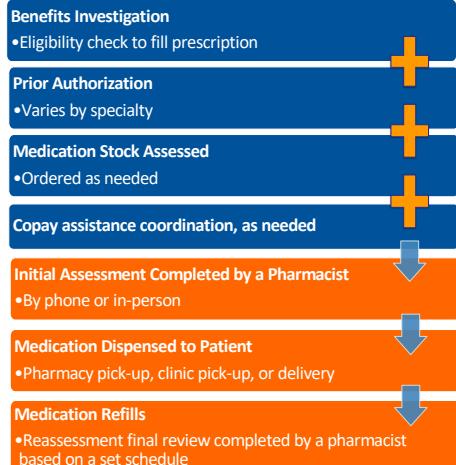
### Background

- Non-adherence is a multifactorial issue that relates to behaviors surrounding medication adherence, such as accessibility, education, and the wide variety of reporting strategies, each with their own limitations<sup>1-3</sup>

$$\text{PDC} = \frac{\text{Days Supply of Medication Dispensed to the Patient}}{\text{Total number of days}}$$

- Proportion of Days Covered (PDC) is endorsed by the Pharmacy Quality Alliance (PQA) and the National Quality Forum (NQF) and is used by the Centers for Medicare and Medicaid Services (CMS) in their Star Rating methodology, which defines medication adherence as more than 0.8 or 80% of days covered, as specified in the relevant performance measures<sup>4</sup>
- The specialty pharmacy at UF Health Jacksonville is URAC (Utilization Review Accreditation Commission) accredited

### Figure 1. Specialty Pharmacy Workflow



### Purpose

To evaluate the impact of the Patient Management Program (PMP) on optimizing patient care and PDC

### Objectives

#### Primary

- Percentage of specialty pharmacy patients with a PDC ≥ 80% post-implementation of the Patient Management Program at UF Health Jacksonville Ambulatory Pharmacy

#### Secondary

- Compare and analyze PDC of specialty pharmacy patients pre- and post- PMP implementation
- Quantify number of times patients were contacted by a pharmacy team member
- Categorize the types of non-adherence
- Describe the percent compliance with UF Health Jacksonville policy on timing of PMP initiation and reassessment notes

Table 1. Reassessment Schedule

Chronic therapy (> 6 months)	Short-term therapy (≤ 6 months)
4 weeks in to treatment ± 7 days	4 weeks in to treatment ± 7 days
Every 6 months ± 14 days	With each refill

### Methods

A single-center, retrospective observational cohort study describing the PDC of specialty pharmacy patients post-implementation of the PMP at UF Health Jacksonville Ambulatory Pharmacy from August 1, 2018 to March 30, 2020

#### Inclusion Criteria

- \* Adults 18 years or older
- \* Have a specialty medication for gastroenterology, hepatology, neurology, or rheumatology
- \* The post PMP group was included from 08/01/2018 – 03/30/2020.

#### Exclusion Criteria

- \* Concomitant cancer diagnosis
- \* Being a specialty pharmacy patient for a disease state other than the ones listed in the inclusion criteria

### Results

Figure 2. Patient Selection

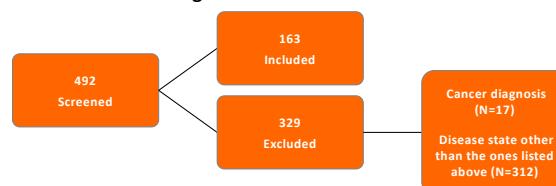


Table 2. Baseline Characteristics

	Mean Age, years (range)	53 (20 – 73)
Gender n, (%)	Female	102 (63)
	Black or African American	89 (55)
	White	58 (36)
	Other/ Unknown	13 (8)
	Asian	2 (1)
	American Indian or Alaska Native	1 (1)
Race n, (%)	Medicare	65 (40)
	Commercial	52 (32)
	Medicaid	29 (18)
	Charity	17 (10)
Insurance Type n, (%)		

Table 3. Breakdown of Disease State Category

Disease State Category n, (%)	Hepatology	76 (47)
	Rheumatology	45 (28)
	Gastroenterology	25 (15)
	Neurology	17 (10)

#### Primary Outcome:

95% of patients (155/163) had PDC ≥ 80%

Figure 3. Mean Duration and Pharmacy Contact

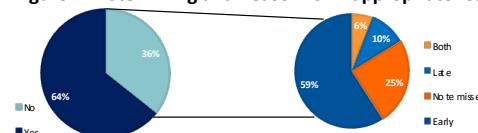
Mean duration of time in the PMP program during the study period

- 137 days (Range 28 – 629)

Mean number of times contacted by a pharmacy team member

- 3 per patient (Range 0 – 14)

Figure 4. Note Timing and Reason for Inappropriateness



### Discussion

- Findings supported collaboration with pharmacy informatics to build a Patient Management Program workflow in Epic
- Staff were re-educated regarding appropriate timing for follow up
- The Patient Management Program has been well received by patients and providers and encouraged expansion into other disease states such as oncology and dermatology
- Non-compliance is multifactorial and the PMP bridges many of those gaps to promote adherence and overall patient well being
- Limitations of the project included:
  - Small sample size
  - Inconsistencies in documentation during the early stages of the program which also made it challenging to identify reasons for non-adherence as it was a small number of subjects
  - Lack of a comparator group for pre and post analysis which was a secondary outcome
  - Data likely skewed due to majority of patients being in the hepatology subgroup

### References

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### Disclosures

The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities

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