Impact of Non-Clinician Liaison Refill Activities on MS Adherence Rates

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BACKGROUND/SIGNIFICANCE

- Specialty pharmacies are constantly challenged to drive sales in the healthcare space.
- Adherence is a common goal to drive value for patients, payers, and manufacturers.
- A wide variety of adherence interventions have been explored in the literature, which are primarily centered on clinician action and processes.¹
- Automated refill calls are a common solution in the industry, though some patients require more customized communication to optimize care.
- Fairview Specialty Pharmacy is a large regional, health system-owned specialty pharmacy that provides thorough and caring clinical services as well as comprehensive access services.
- Therapy Management (TM) programs are offered for specialty disease states and include nonadherence.
- Therapy Management Liaison refill calls to assist in patient care coordination for HIV, Cystic Fibrosis and Oral Oncology programs.
- TM Liaison calls include:
  1) manual refill calls
  2) personalized relationship building with liaison
  3) care coordination with pharmacy clinical staff
  4) medication synchronization
  5) pharmacy coordination
  6) customized communication strategies
- Fairview Specialty Pharmacy implemented a pilot in which Multiple Sclerosis (MS) patients below a pre-specified MPR threshold were enrolled in the TM Liaison call program.

OBJECTIVE

Evaluate the impact of personalized Therapy Management (TM) Liaison calls on MPR adherence measurements of MS patients utilizing either oral or self-injectable disease-modifying therapies (DMT).

METHODS

- An interventional analysis was conducted 3 months after initiation of the original Smooth pilot program.
- A cohort of 60 MS patients with 12-month MPR measurement data than 0.80 were selected, and out-of-pocket refill cards were made.
- Total Days Supply
- MPR = [ Last Fill Date – Prior Fill Date + Days Supplied at Last Fill]
- We described the average MPR change from baseline, the number of patients that increased MPR10 or above the 0.80 threshold, and nonclinical interventions and outcomes for nonadherence/overutilization staff.

RESULTS

- Of the original 60 patients evaluated, 47 patients were reached and received ongoing TM Liaison services.
- Forty-five (62%) of these patients were still receiving their prescribed DMT. (Figure 1)
- Of those 47 patients, the average 12-month MPR increased from 0.683 to 0.745, an increase of 0.062 (Figure 2)
- A total of 15 patients (31%) were able to achieve an MPR of at least 0.80 within 2 months. (Figure 1)
- The two medications administered daily, fingolimod and dimethyl fumarate, had the MPR increase from 0.689 and 0.53, respectively. (Figure 2)
- Tool utilization included proactive refill calls, refill communication preference, trigger to access specialty services. (Figure 3)
- Several reasons for non-adherence were reported. The most common were overdose, forgetting, insurance change, and prior use. (Figure 6)

CONCLUSIONS

- Though this is an interventional analysis, the TM Liaison interventions show positive impact on a standard adherence measurement.
- Almost 1/3 of patients benefited with the first 3 months of the intervention.
- As the pilot continues, durability of MPR improvement will be evaluated.
- This data supports the value of a nonclinical role in developing a robust and effective approach to non-adherence.
- It appears that medication administration daily are more sensitive to the TM Liaison call intervention.

REFERENCES