Impact of provider mailings on medication adherence in Medicare Part D members

**Background**
- Several studies have demonstrated that adherence to medications can improve overall health outcomes and reduce health care costs.
- Medication adherence is a major cause of adverse health outcomes, poor health care quality, and increased overall health care costs.

**Methods**
- The study design was a retrospective cohort analysis using administrative pharmacy claims and membership data from a large, commercially operated health plan.
- Participants included members continuously enrolled in the prescription drug plan during the intervention period, Oct. 1, 2010 through Sept. 30, 2011.
- The primary outcome measure was the proportion of days covered (PDC) of prescription medication during the intervention period.
- The analysis was further limited to members:
  - Age 18 years or older;
  - Unadjusted bivariate adherence comparisons and covariates were observed in the intervention and comparison groups.
- Similar patterns of significant covariate differences were found:
  - Diabetes (hypertension) category.

**Results**
- Unadjusted adherence measures in the intervention period and comparison period are presented in a 2 by 2 table and the chi-square test was performed to test the differences.
- The odds of being adherent to RAS antagonists and RAS antagonists, with all differences found:
  - For non-adherent members, prescriber letters were associated with a significant treatment effect of the mailing program was implemented through a multivariable regression model adjusting for baseline confounding variables.

**Conclusions**
- For non-adherent members, prescriber letters were associated with a significant treatment effect of the mailing program was implemented through a multivariable regression model adjusting for baseline confounding variables.

**References**
- Prime Therapeutics, a pharmacy benefits manager managing contracted therapeutic services for over one million members, operated Blue Cross Blue Shield, Humana, Medicare, and Medicaid. The fourth quarter of 2010 and mailing letters were randomized to prescribers of members non-adherent to the three statin drug categories. The letters were encoded to ensure adherence barriers with their patients to improve medication adherence.