Background

- Poor medication adherence is a major cause of hospitalization in the U.S., increasing overall health care costs.
- Pharmacies and managed care organizations (MCOs) are interested in improving medication adherence and reducing the risk of adverse events.
- A systematic review and meta-analysis published in 2015 concluded that MTM interventions may improve medication adherence and ultimately their Star ratings.

Methods

- Pharmacy claims data for a 2 million-member MCO were analyzed on MTM services based on the CMS UCRs.
- Three or more of the conditions included in administrative pharmacy claims for diabetes, heart failure, high blood pressure, COPD, depression, or asthma were used to identify members. Five administrative pharmacy claims were excluded from this analysis.
- Analyses were conducted separately for each of the three drug categories to compare the proportion of members who had a CMR within the intervention and comparison groups, respectively.
- The logistic regression models were repeated for four subgroups: diabetes members (with at least two statin claims and continuously enrolled from January 1, 2013 + 365 days allowing up to a 30 day gap), statin members: intervention = 4,458 and comparison = 72,532, diabetes members: intervention = 1,611 and comparison = 70,505, and other unknown confounders in the intervention group because the intervention group included members who received a comprehensive medication review (CMR) at any time in 2013.
- The matched 1:1 logistic regression models showed a significantly higher proportion of adherent members across three drug categories.

Results

- In the United States, UCRs starting measuring adherence as part of the PMP and Medicare Advantage Star ratings in 2015. For PMP, the threshold for adherence was 80% (± 2.75%)
- Table 1: Overall Member Characteristics in Three Drug Categories
- Table 2: Logistic Regression Results – Impact of MTM CMR Services on Proportion of days covered ≥80%
- The matched 1:1 logistic regression models showed a significantly higher proportion of adherent members across three drug categories.

Conclusions

- Health plans should continue to encourage their members to participate in MTM services in order to improve adherence and reduce adverse events.
- These findings should be validated through a prospective randomized trial to eliminate the potential bias in this study of MTM. MCOs are likely to respond to the comparison group.

References