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Utilization of an Integrated Medicare Advantage Model is Positively Associated with Medication Adherence

Presented at the Gerontological Society of America Annual Meeting 2020 (GSA 2020).

Pharmacy-based integrated primary care model is associated with improved medication adherence.

OBJECTIVES

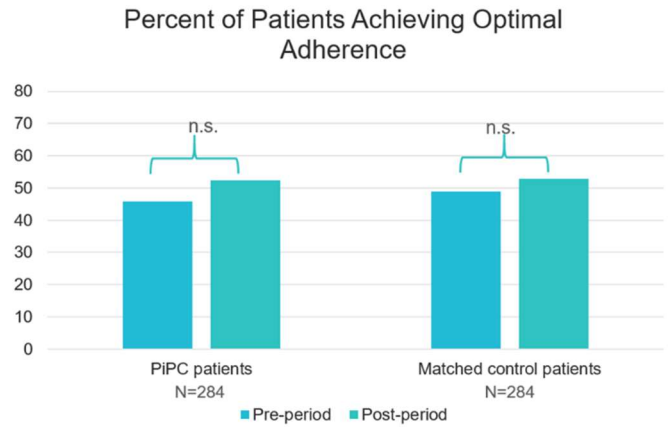
- To describe the first known Integrated Primary Care for older adults that is based in a pharmacy and to describe its preliminary impact on medication.

METHODS

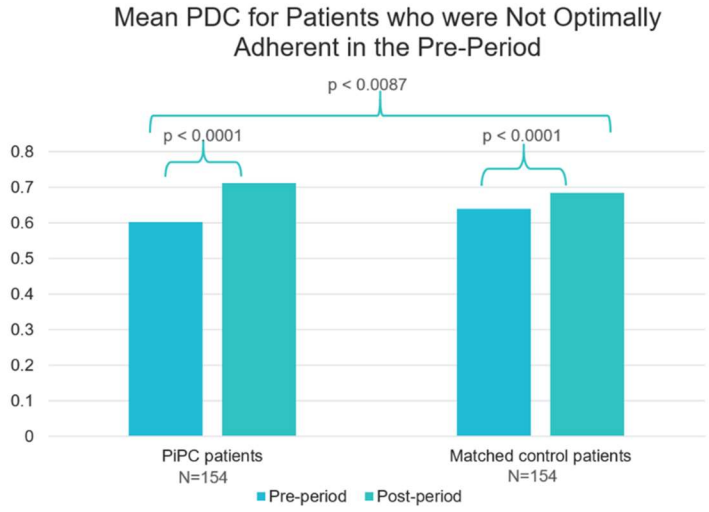
- Study participants: 1) Aged 50+. 2) Had at least two fills for at least one maintenance medication in both the pre- and post- periods. 3) Sub-optimal adherence (<80% proportion of days covered (PDC)) during the year prior to the clinic opening.
- Study groups: 1) Intervention participants: Partners in Primary Care (PiPC) patients with at least one Rx fill from at least one of the clinic locations during the index period. 2) Controls participants: Non-PiPC patients in the same stores where clinics were located matched on age, gender, 90-day Rx fills and health plan type.
- Operational definition of adherence: 1) PDC = The ratio of number of days the patient is covered by the medication in a period relative to the total number of days in the period. 2) Optimal Adherence (OA) = PDC ≥ 80%.
- Year-over-Year (YOY) pre-period (January 9, 2018-January 8, 2019): 1) Index period: January 9, 2018-June 8, 2018. 2) Follow-up period: Index fill (first fill after the first PiPC visit)+214 days.
- Post-period(January 9, 2019-January 8, 2020): 1) Index period: January 9, 2019-June 8, 2020. 2) Follow-up period: Index fill+214 days.
- Statistical tests: Student's t-test (pooled statistic for equal variances and satterthwaite statistic for unequal variances). Analyses were conducted using SAS version 9.4.

RESULTS

- Both PiPC and Control patients improved in optimal adherence year-over-year between the pre- and post- periods, but the improvements were not significant (n.s.).
- There was not a significant different between OA improvements of PiPC patients compared to matched control patients.
- Adherence includes all maintenance medications that the patient was prescribed



- PiPC patients had an 11% improvement in adherence year-over-year between the pre- and post- periods ($p<0.0001$).
- PiPC patients experienced significantly greater improvement in mean PDC compared to matched control patients ($p=0.0087$).
- Adherence includes all maintenance medications that the patient was prescribed.



CONCLUSIONS

- These preliminary findings show that the pharmacy-based integrated primary care model is associated with improved medication adherence.
- Optimal adherence for PiPC and non-PiPC patients was relatively low during the pre-period, demonstrating the opportunity for improvement among these populations.
- Future research will examine the impact of this model on additional outcomes including: 1) Patient satisfaction and other qualitative findings. 2) Impact of Medication Therapy Management (MTM) and other outcomes targeted during the Annual Wellness Visit.

LIMITATIONS

- Early findings provide initial evidence that the integrated primary care model is associated with improvements in medication adherence; however, a larger study cohort will be required to assess an expanded set of outcomes including the impact of MTMs on health outcomes.

References:
1. Hess LM, Raebel MA, Conner DA, Malone DC. Measurement of adherence in pharmacy administrative databases: a proposal for standard definitions and preferred measures. The Annals of pharmacotherapy. Jul-Aug 2006;40(7-8):1280-1288.

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