The impact of community pharmacy-delivered medication synchronization on healthcare utilization and costs

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Introduction

- Medication synchronization
 - Also referred to as the Appointment Based Model (ABM)
 - Four core elements exist

- Background: Limited literature on medication synchronization and economic effect
 - Most medication synchronization literature evaluates adherence



Introduction

• **Primary Objective**: To evaluate the association of medication synchronization on per member per month (PMPM) total healthcare costs in a sample of Medicare Part D beneficiaries

Secondary Objectives:

- To assess the relationship of medication synchronization on Medicare beneficiaries' outpatient, inpatient, emergency department (ED) utilization, and overall healthcare utilization
- To assess the relationship of medication synchronization on Medicare beneficiaries' time to first hospitalization and/or ED visit following enrollment in a medication synchronization program
- To evaluate the relationship between medication synchronization on Medicare beneficiaries' chronic medication adherence through Proportion of Days Covered (PDC) at two time periods (six and twelve months after enrollment)

Study Methods

- Data source: Medicare data
 - Research Data Assistance Center (ResDAC)
- Study design: Retrospective cohort study using Research Identifiable Files (RIF)
 - Cohort identification
 - Propensity score matching
- Sample size: 6975 beneficiaries per cohort
 - 80% power for detecting a 10% lower mean in PMPM
 - Type I error rate (α) of 0.05



Conceptual Framework

Primary Determinants of Health Behavior

Population Characteristics

- Sex
- Age
- Race
- · Marital status
- · Comorbidities
- Prior medication adherence behavior

· Health Care System

- · Baseline Healthcare Costs
- Baseline Healthcare
 Utilization
- Number of Unique Medication Fill Dates

• External Environment

- State of Residence
- Locality
- Pharmacy

Health Behavior

- Personal Health Practices
- Use of Health Services
- Medication synchronization
- Medication adherence at six months

Health Outcomes

- · Perceived Health Status
- Evaluated Health Status
- ED visits, hospitalizations, total healtcare costs
- Medication adherence at twelve months
- Consumer Satisfaction



Study Methods

• Data years: 2013, 2014, 2015

 Data files: Inpatient, Skilled Nursing, Outpatient, Home Health, Carrier, Part D Event Drug, Drug Characteristics, Plan Characteristics, Prescriber Characteristics, Pharmacy Characteristics and the Medicare Master Beneficiary Summary File

• Analysis: SAS 9.4



Methods: Timeline

- Fall 2015: wrote Community Pharmacy Foundation (CPF) grant
- January 2016: CPF grant funded
- May/June 2016: Attended ResDAC workshops
 - Introduction to Medicare
 - Introduction to Medicare Part D
- In progress: Construction of data dictionary
- May 2016: Draft packet submitted to ResDAC for 2013 & 2014 data files
- June/July 2016: Draft packet review and revisions
- August 2016: Final packet submitted, once approved DUA can be signed and Purdue University IRB paperwork submitted



CMS Research Identifiable Request Process and Timeline Researcher ResDAC DPSP Contractor CMS NewWave-GDIT Packet review (5-7 business days each Data Management Plan Draft packet submitted to round) includes review ResDAC review. from Executive Advisor and Technical Advisor Packet revisions (may Include multiple rounds) Privacy Board (bi-weekly rolling Final Packet reviews) Approval pending payment Payment confirmation Data processing Payment

Next Steps

- Fall 2016: Expecting data for the 2013 & 2014 files
- November 2016: 2015 data available and updated paperwork submitted
- Winter 2016: Initial data cleaning and analysis
- Spring 2017: Final data cleaning and analysis



Discussion

- Obstacles encountered
 - Cohort identification
 - Change in files desired

Limitations of data



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