

Disagreements on Medication Nonadherence Between Prescription Claims and Patient Reports from Medication Therapy Management Interviews

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BACKGROUND

- Medication adherence is an essential component in therapeutic outcomes optimization, and patients who are non-adherent to prescribed medications represent opportunities for pharmacist interventions.
- While there may be a tendency for providers of Medication Therapy Management (MTM) to rely only on pharmacy claims to identify non-adherent patients, sometimes the claims data may not accurately reflect patients' actual medication taking practices.
- Without a gold standard in adherence measurement, a combination of self-reporting and objective measures may be required to establish a reliable adherence measure.
- This study aims to evaluate the extent to which a patient interview confirms presumed non-adherence identified from prescription claims data alone.

STUDY DESIGN

The University of Florida College of Pharmacy MTM Call Center was established in March 2010. The center is a partnership with WellCare Health Plans, Inc. to provide telephonic MTM to WellCare Part D Medicare members enrolled in the MTM program.

A retrospective study was performed on 100 medication reviews conducted by the University of Florida College of Pharmacy MTM Call Center during June and July of 2010.

Study Population

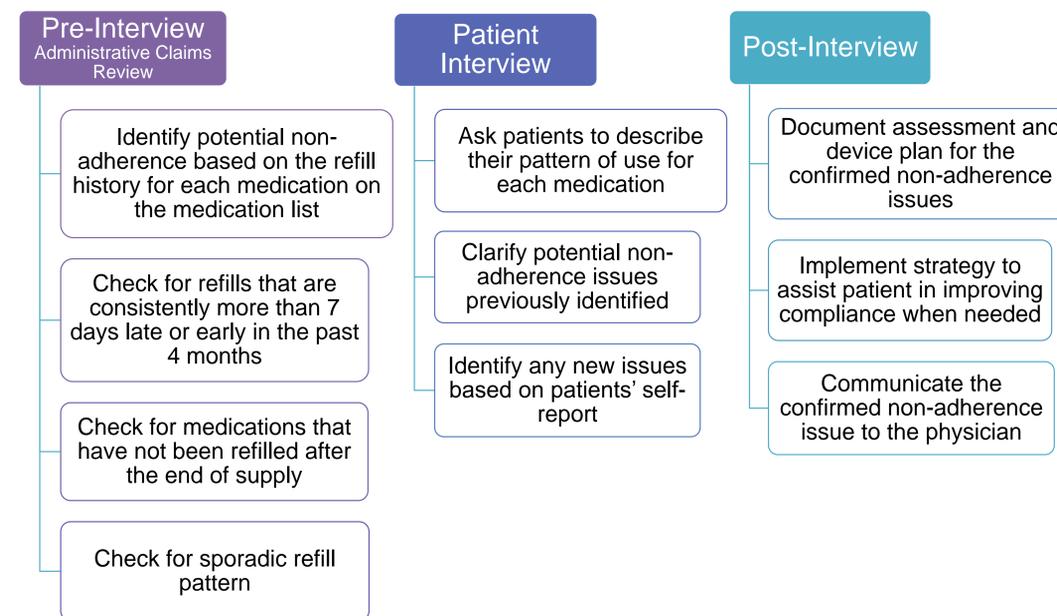
The sample included subjects older than 65 of age as well as those younger than 65 who meet Medicare eligibility due to a qualifying disability. Many subjects were dually eligible for Medicare and Medicaid.

Inclusion criteria:

- During the study period, qualified for MTM program based on the following criteria:
 - Eight or more covered Part D prescription medications.
 - Three or more chronic disease states.
 - Annual drug cost exceeds \$3,000.
- Participated in a medication review in the format of an interactive telephonic patient interview during the period of June 1 to July 31, 2010.

Identifying Non-Adherence

A review of administrative claims submitted within 120 days prior to the patient interview was used to develop a medication list, which contained the fill date, medication name, strength, and the name of the prescriber. The pattern of refills for each medication, from the administrative claims data, was used as the basis for the determination of presumed non-adherence. During the telephonic patient interviews, the medication list served as the starting point of the interview, wherein each patient provided details on the purpose of the medication and his/her medication-taking practice, such as the frequency of the administration and the quantity taken.



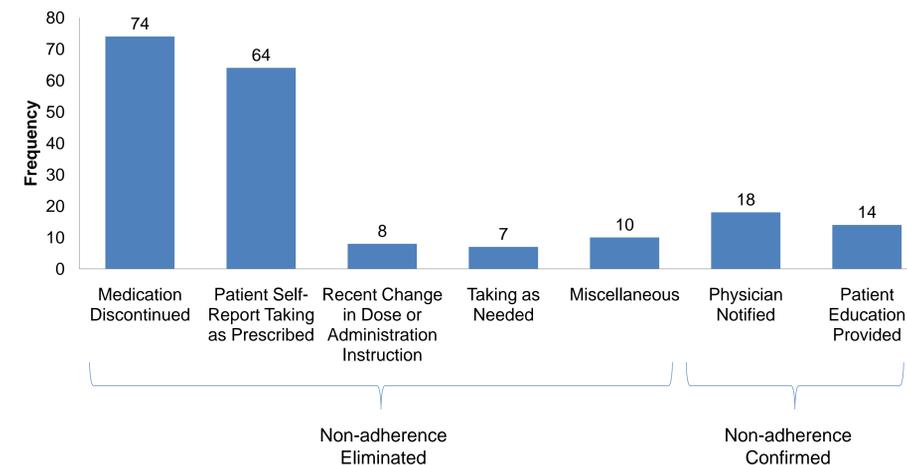
DATA COLLECTION

- Electronic patient charts, utilizing a documentation system called *MTM 360*[®], were examined for selected medication reviews. The charts contained the information collected during pre-interview, patient interview, and post-interview phase of the medication review.
- A retrospective chart review was performed on the electronic patient charts to extract the number and types of potential non-adherence issues from the list of medication-related problems identified by the MTM provider from (1) the pre-interview based on review of administrative claims, and (2) from the summary of the patient interview and documentation of the assessment and plan.

RESULTS

Based on the administrative claims and the patient's self-report, the final medication list for study subjects averaged 14 prescription medications and three OTC products per person.

- 61 out of the 100 subjects had at least one potential non-adherence issue identified from the review of the administrative claims data prior to the interview. The initial claims review identified a total of 195 potential non-adherence issues for the 61 subjects.
- 83.6% of the 195 non-adherence issues were eliminated based on the explanation provided by the patients during interviews.



- 10 new non-adherence issues, not discovered from the administrative claims review, were found during the patient interviews. All new issues were due to medications not being taken as prescribed.
- Among the 32 confirmed and 10 new non-adherence issues, insulin, antihypertensives and statins are the three most common therapeutic categories associated with non-adherence.

CONCLUSIONS

- Most non-adherence issues identified from the administrative claims review could not be confirmed by the patient interviews.
- A patient's reporting on the medication-taking practice provided details on adherence that could not be observed solely from examining claims data. However, we were not able to confirm the accuracy of the self-reports, so it is possible that some of the eliminated non-adherence issues were in fact instances of non-adherence.
- The findings suggest that administrative claims alone do not tell the whole story of non-adherence issues; thus, administrative claim reviews may need to be supplemented by other tools such as patient interviews.

