

# CLOSING THE GAP: IDENTIFYING RATES AND REASONS FOR NONADHERENCE IN A SPECIALTY POPULATION

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## BACKGROUND

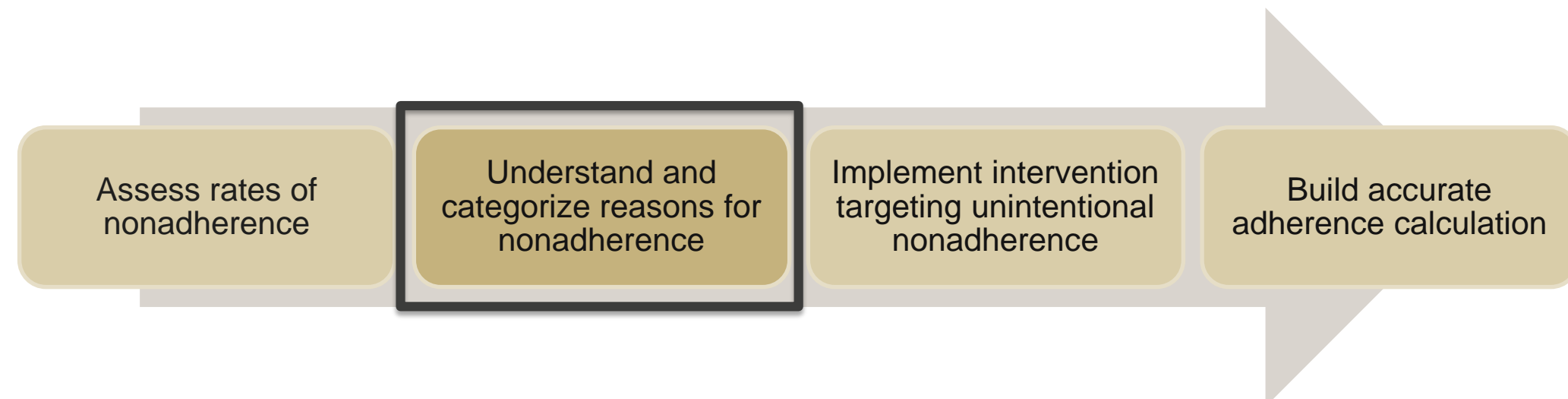
- Adherence to specialty medication is crucial in controlling rare chronic conditions and achieving desired clinical outcomes.
- Proportion of days covered (PDC), a commonly used calculation to assess adherence using pharmacy claims data, does not account for appropriate reasons a patient may appear nonadherent.
- Vanderbilt Specialty Pharmacy is systematically addressing nonadherence through a multi-phase project. Phase I evaluated rates of adherence across clinics:

### 7,307 prescription (18 clinics)

- Average PDC: 93%
- Average rate of nonadherence (PDC <80%): 12.6%

### Clinics with lowest PDC rates:

- Pediatric Oncology: 86.5%
- Pediatric Endocrinology: 88.0%
- Pediatric Rheumatology: 90.2%

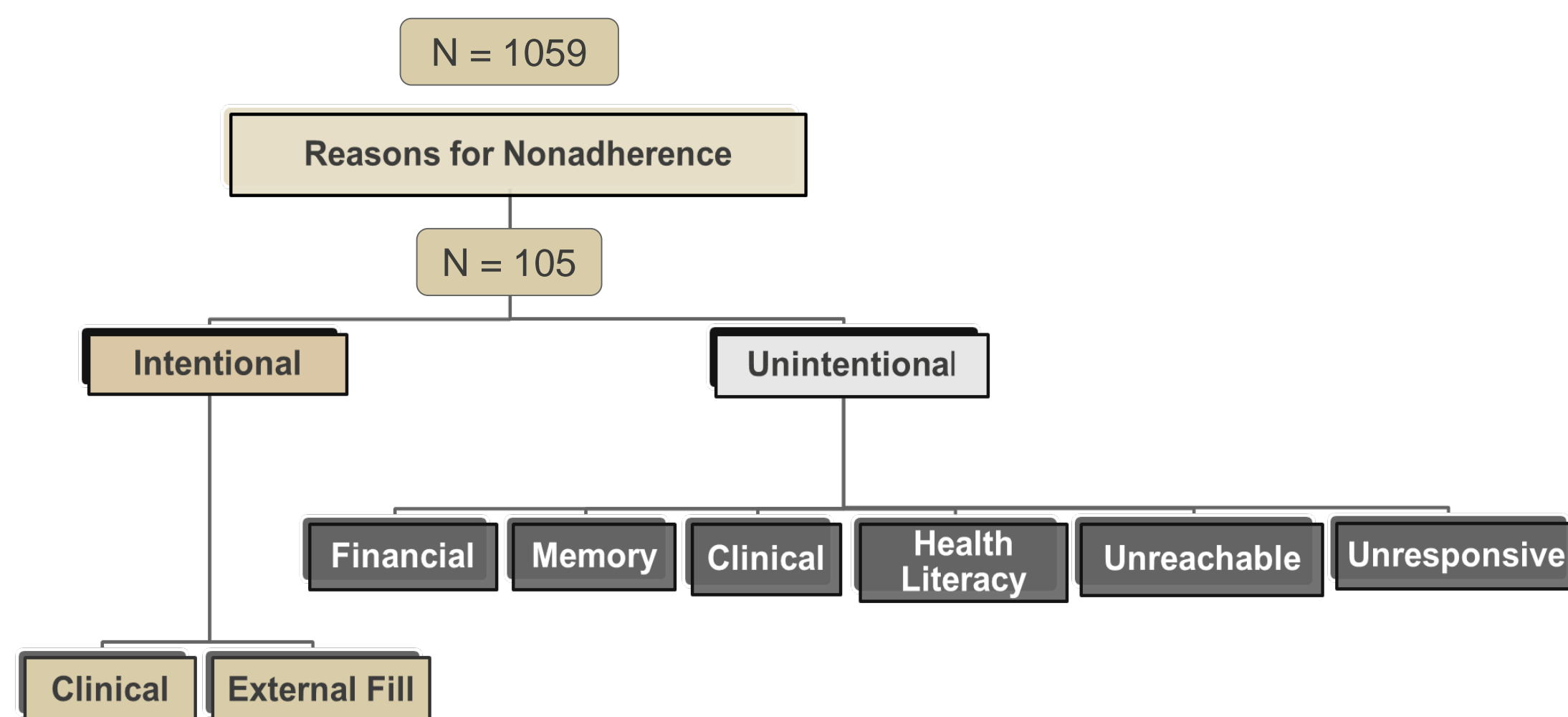


## OBJECTIVE

Assess patient reasons for nonadherence, as calculated by PDC, to specialty medication at an integrated specialty pharmacy.

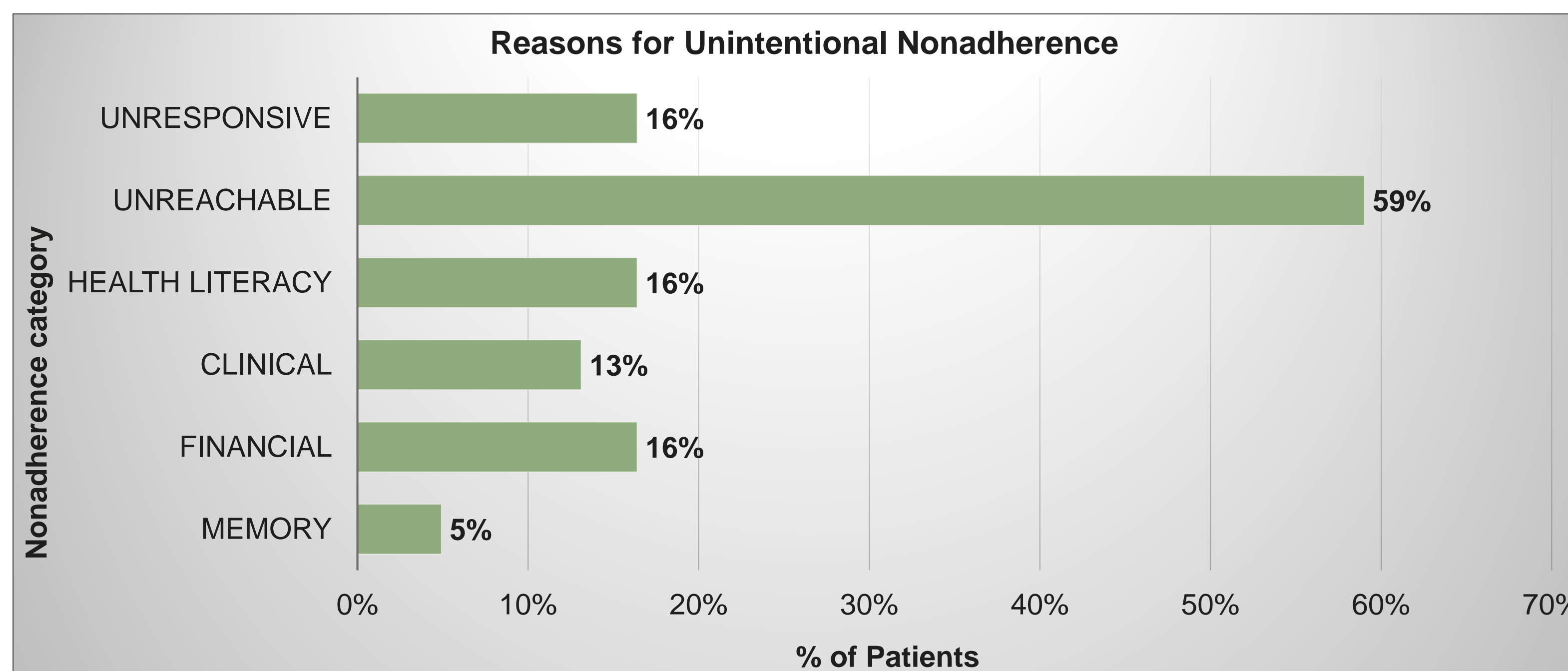
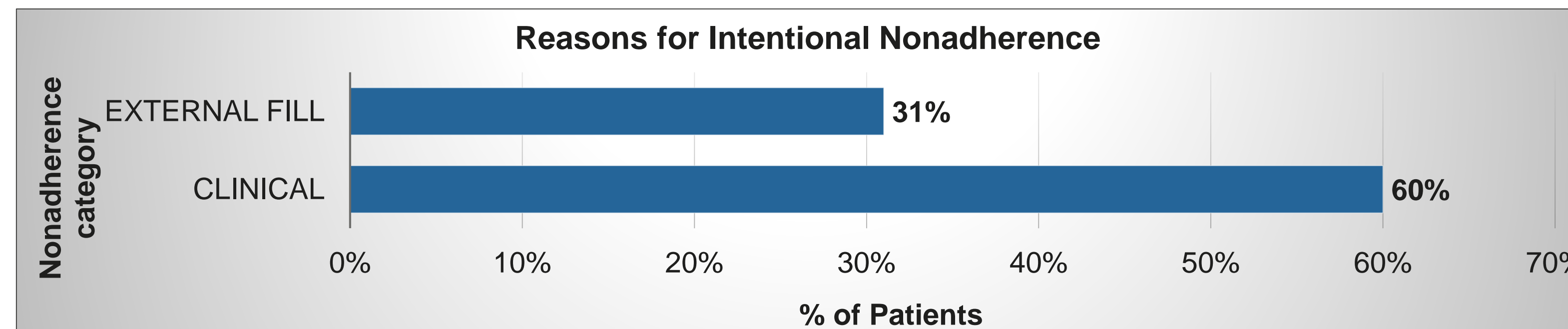
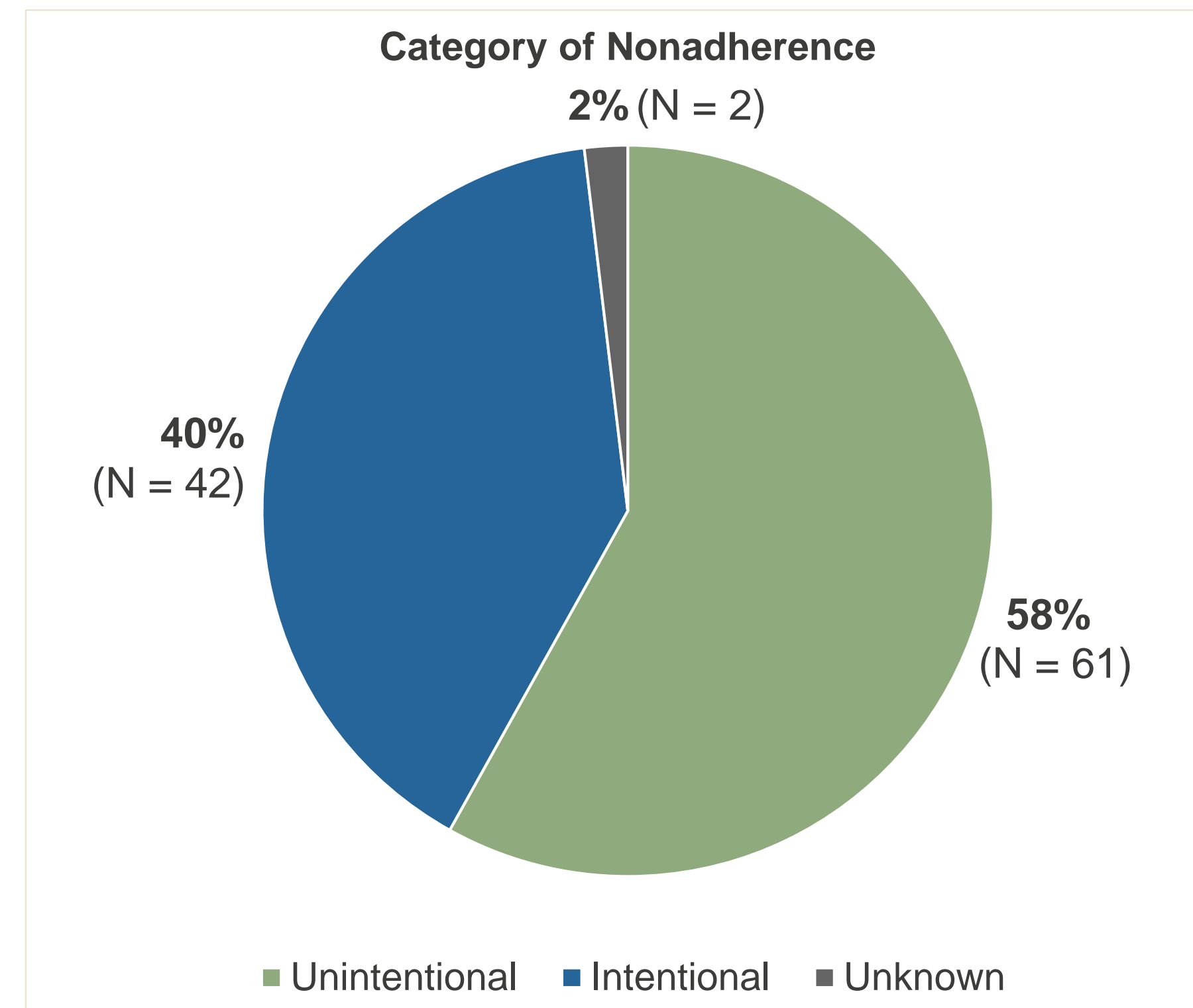
## METHODS

- Single-center, retrospective chart review.
- 1059 patients with PDC of <80%, between March 2017 and March 2018.
- 10% sample (n=105) generated by random numerical assignment in Excel.
- Reasons for nonadherence were identified by medical record review and categorized based on available information.



## RESULTS

Demographic Characteristics (N = 105)	
Characteristic	Value
Age (mean ±SD)	45 ± 20
<b>Gender</b>	
Female	71 (67.6%)
Male	34 (32.4%)
<b>Ethnicity</b>	
Caucasian/White	93 (88.6%)
African American/Black	7 (6.7%)
Asian	1 (1.0%)
Other	4 (3.8%)



Nonadherence Category		N (%)
<b>Financial</b>	Insurance change	9 (14.8)
	Affordability: Loss of grant	6 (9.8)
	Affordability: High copay	2 (3.3)
	Other	1 (1.6)
<b>Clinical</b>	Intolerance/adverse effect	8 (13.1)
	Other	1 (1.6)
<b>Health Literacy</b>	Med safety/efficacy belief	10 (16.4)
	Alternative administration	3 (4.9)
<b>Memory</b>	Forgetfulness	7 (11.5)
	Other	3 (4.9)
<b>Unreachable</b>	Unreachable	3 (4.9)
	Other	36 (59.0)
	Other	34 (55.7)
<b>Patient Unresponsive</b>	Other	2 (3.3)
	Unresponsive getting labs	10 (16.4)
	No show to appointment	7 (11.5)
	Unresponsive to financial office	1 (1.6)
	Other	1 (1.6)
<b>Clinical</b>	Other	1 (1.6)
	Lab abnormalities	25 (59.5)
	Surgery/procedure	4 (9.5)
	Temporary contraindication	7 (16.7)
	Intolerance/adverse effect	6 (14.3)
<b>External Fill</b>	Other	7 (16.7)
	Other	5 (11.9)
	Filled at another pharmacy	13 (30.9)
	Patient given samples	8 (19.0)
Other	4 (9.5)	
Other	1 (2.4)	

Unintentional

Intentional

## DISCUSSION

Majority of unintentional nonadherence is due to inability to reach the patient.

Majority of intentional nonadherence is due to clinical reasons for holding treatment.

PDC calculations do not optimally represent intentional nonadherence.

## CONCLUSION

- Our results demonstrate the need to improve communication methods to contact patients in innovative ways.
- Additionally, adjustments to current measures of adherence are needed to improve the accuracy in the reported incidence of nonadherence.

## FUTURE DIRECTIONS

- Future research is planned to use targeted pharmacist-driven intervention to identify and overcome reasons for unintentional nonadherence.
- The goal is to evaluate the impact of an adherence intervention on adherence rates for nonadherent patients.