

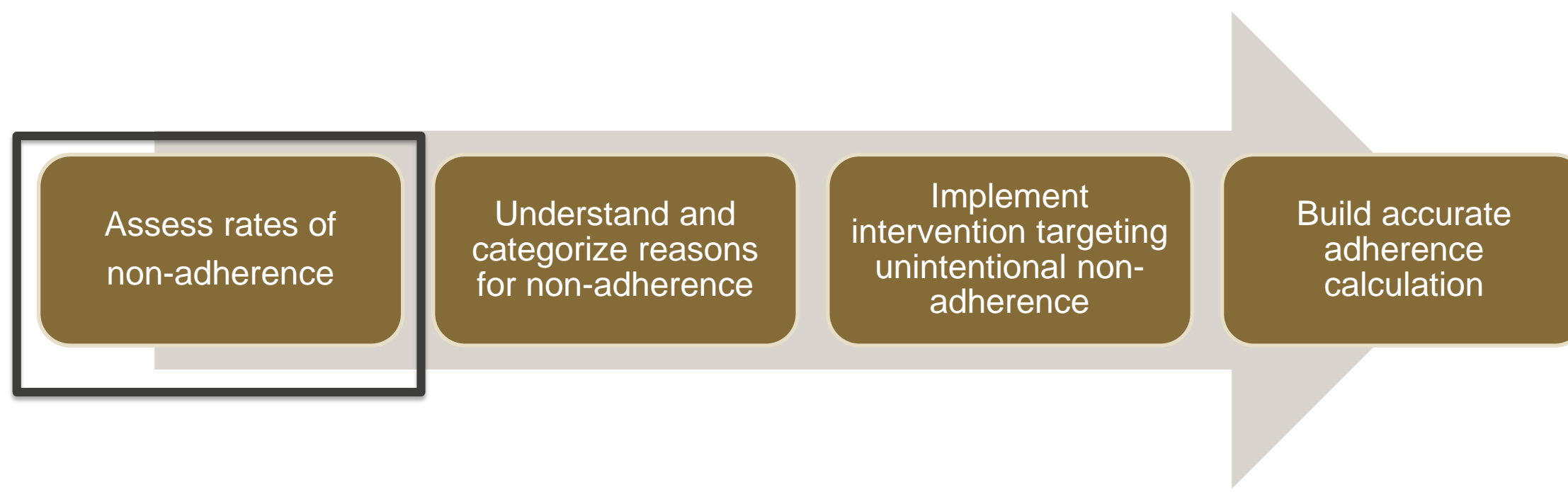
USING RATES OF NON-ADHERENCE TO IDENTIFY OPPORTUNITIES FOR INTERVENTION IN OUTPATIENT SPECIALTY CLINICS

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BACKGROUND

- Adherence to specialty medications is crucial to achieve desired outcomes.
- 30-50% of patients on chronic medications are reportedly non-adherent.
- Specialty pharmacies should identify and target patients and patient populations who are non-adherent without clinical reason to optimize medication use and clinical outcomes.
- Vanderbilt Specialty Pharmacy is systematically addressing non-adherence through a multi-phase project:

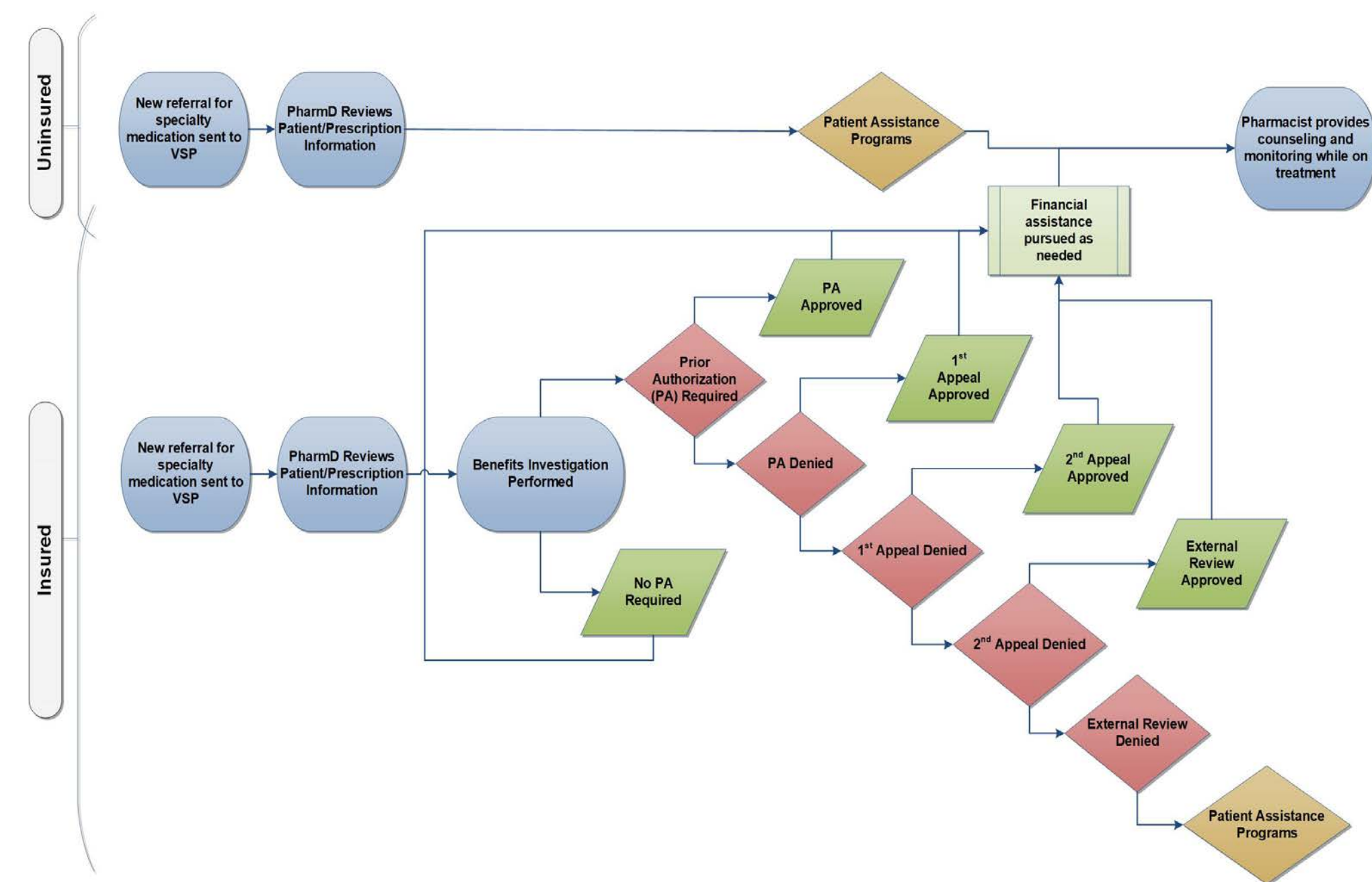


OBJECTIVES

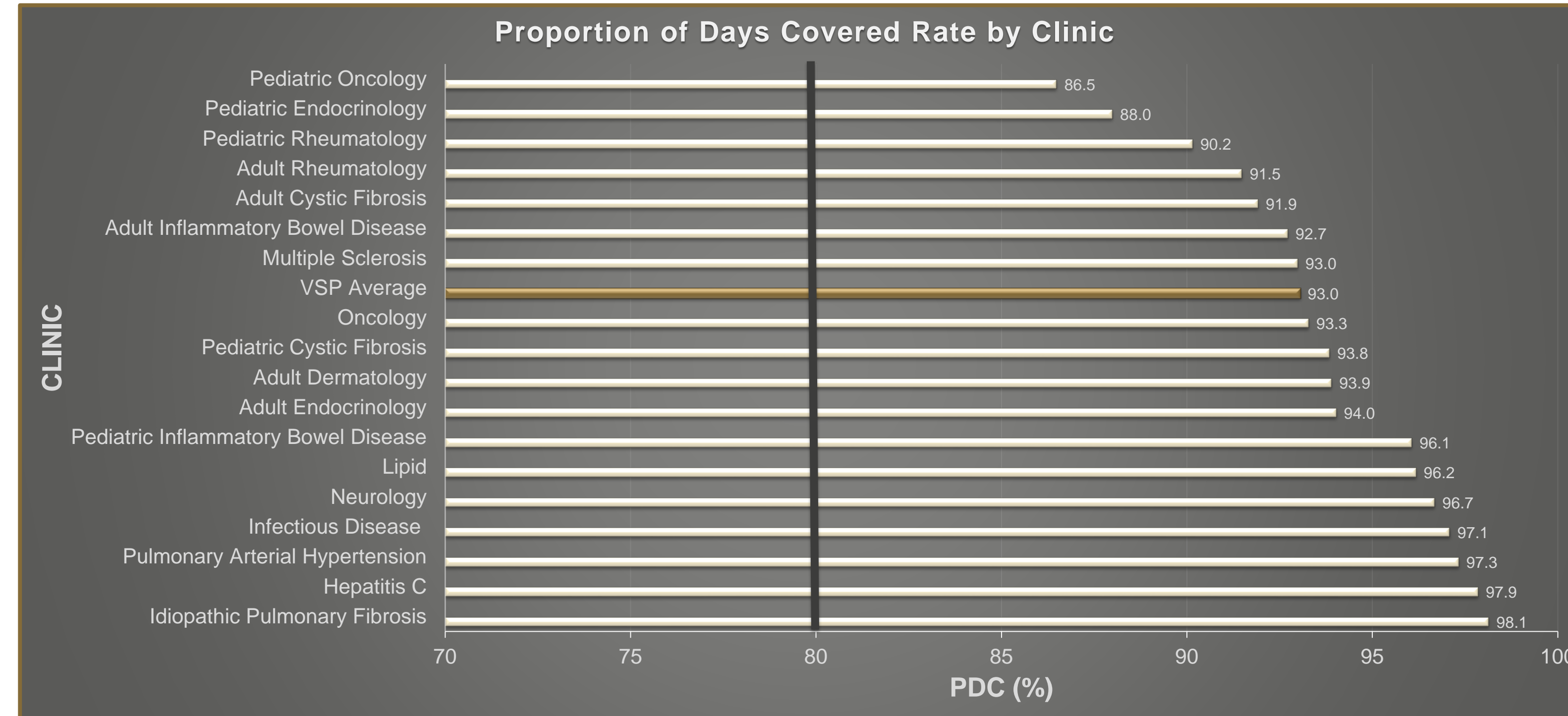
- Assess patient adherence to specialty medication at an integrated specialty pharmacy
- Compare rates of adherence between outpatient clinics

METHODS

- Single-center, retrospective pharmacy claims analysis.
- Medications filled at Vanderbilt Specialty Pharmacy from November 2016 to December 2017 were used to calculate proportion of days covered (PDC).



RESULTS



2,307 prescription (18 clinics)

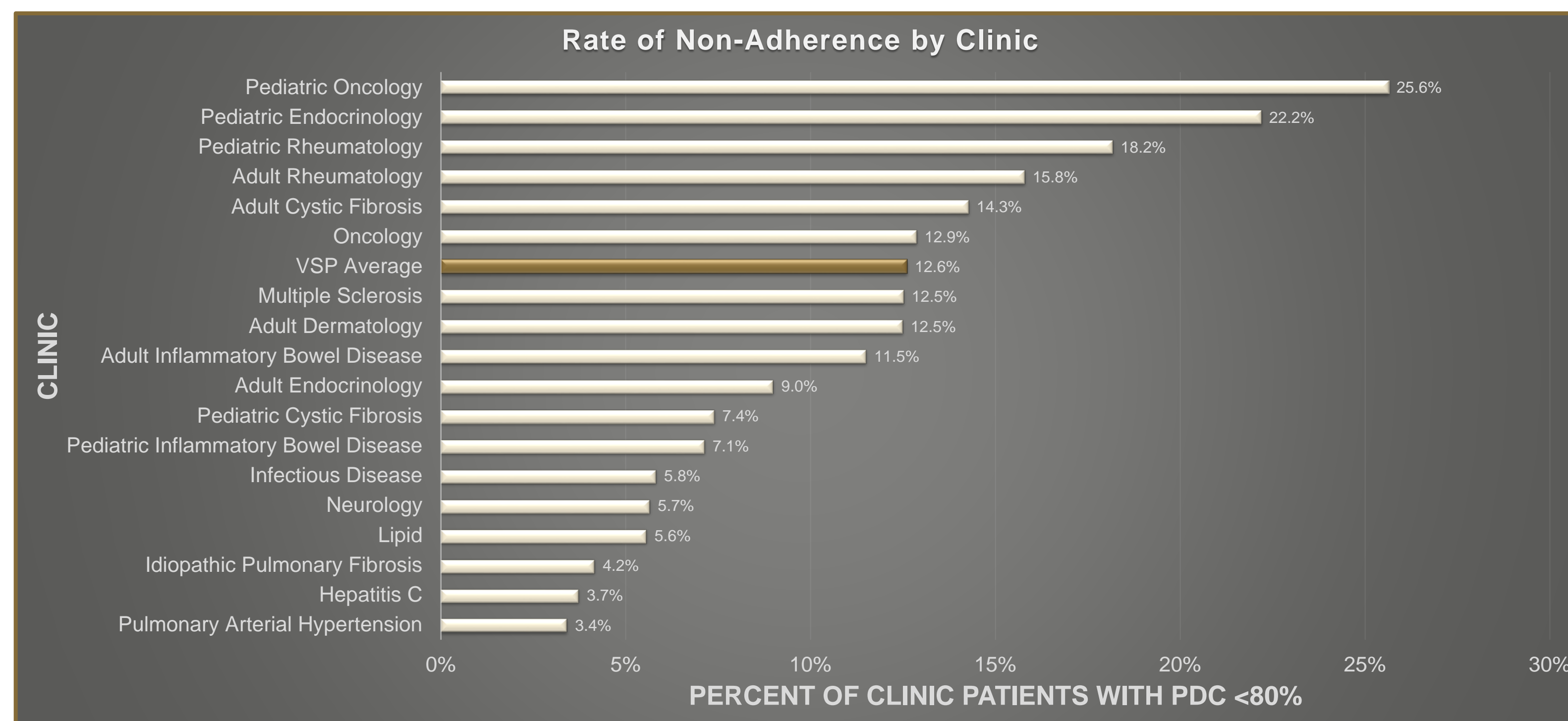
- Average PDC: 93%
- Average rate of non-adherence (PDC <80%): 12.6%

Clinics with highest PDC rates:

- Idiopathic Pulmonary Fibrosis: 98.1%
- Hepatitis C: 97.9%
- Pulmonary Arterial Hypertension: 97.3%

Clinics with lowest PDC rates:

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

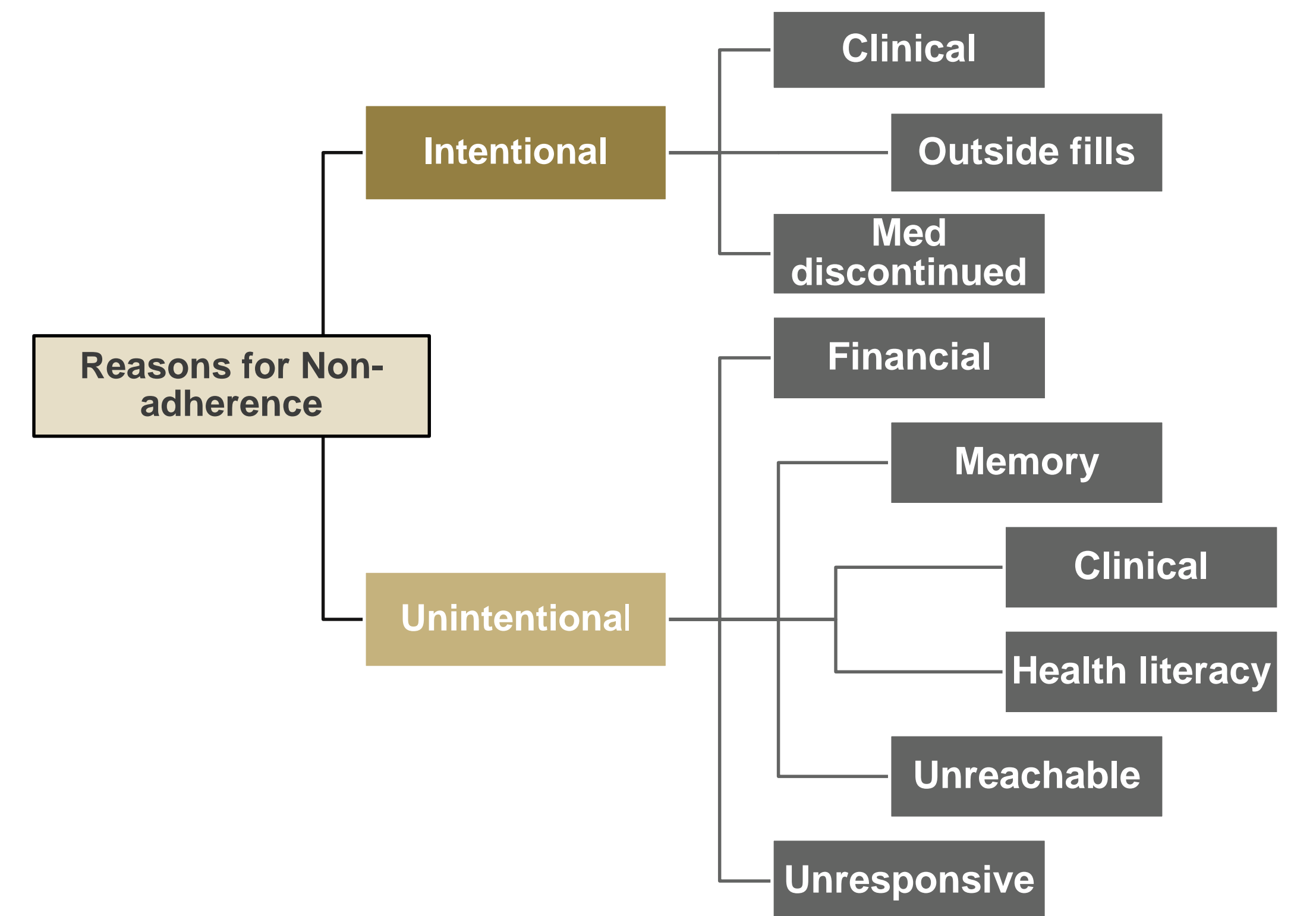


DISCUSSION

- The average PDC rate of 93% across all VSP clinics is higher than the industry standard of 80%.
- Despite this success, 12.5% of patients (n=910) were categorized as non-adherent based on PDC <80%, evidencing a large population that may benefit from adherence interventions.
- Those clinics with the lowest rates of adherence are likely to have clinically appropriate reasons for disruptions in therapy that may lead to a less than optimal PDC rate based on current calculations.

FUTURE DIRECTIONS

- PDC does not depict the intentionality of non-adherence.
- We will use these findings to further delineate and categorize reasons for non-adherence.



CONCLUSION

- Though patients serviced through the integrated specialty pharmacy model at VSP have high PDC rates, areas for further improvement exist.
- Using a similar method, specialty pharmacies may identify patient populations that are prime candidates for targeted adherence interventions.
- Additional studies are needed to better understand the rate of appropriate non-adherence and methods to calculate unintentional non-adherence to identify patients that may benefit from adherence interventions.

References:

Brown MT, Bussell JK. Medication adherence: WHO cares? Mayo Clin Proc. 2011;86(4):304-314.