

# Population Health Management Case: Asthma Adherence Program

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## Case Summary

- Boston Medical Center (BMC) partnered with Boston Medical Center Healthnet Plan (BMCHP) for a system-wide population health initiative.
- This program targeted BMCHP members identified as non-adherent to their asthma controller medications. An initial study by the plan revealed that members' most significant barriers to adherence include transportation and time. The goals were to improve medication adherence by offering prescription support services that remove patient-identified barriers to adherence.
- Program goals included:
  - Process Metrics
    - Engage 50% of the cohort of members reached by the pharmacy liaison
    - Of those initially engaged (filled a 30 day prescription), 75% of the eligible members to fill their prescription for at least 6 months.
  - Outcome Metrics
    - Prescription refill rate (50%)
    - Medication Management for People with Asthma (75%)
    - ED and IP Utilization

## Methods

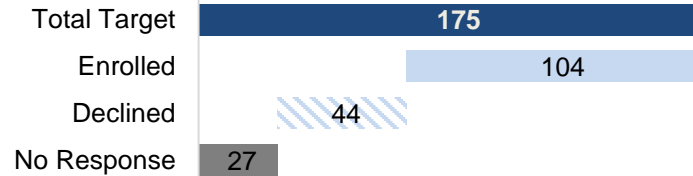
- BMCHP provided monthly lists of members identified as non-adherent to their asthma controllers; members were identified based on plan-level prescription fill dates
- All members had a BMC PCP and were not excluded based on pharmacy choice
- A BMC Pharmacy Liaison outreached to identified members and offered Pharmacy Care Management services including:
  - Prescription delivery
  - Copayment support
  - Prescription refill support
    - Pharmacy liaison monitored upcoming fill dates and outreached to patients to coordinate refills
    - Liaison also coordinated insurance navigation and prescription renewals with BMC providers

## Metrics/Results

### Process Metrics

- Since the pilot launched in April 2017, 175 patients with asthma were outreached and 134 members (84.57%) were reached.
- Of the members reached, 104 members (70.27%) were enrolled in the pilot.

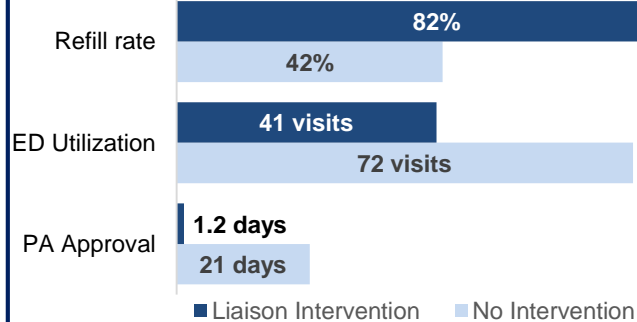
### Asthma Adherence Pilot Enrollment 8 Month Results



### Outcome Metrics

- Members enrolled have a higher asthma controller refill rate when compared to members not enrolled in the pilot.
- Preliminary data show that members enrolled have a 50.68% decrease in ED utilization after enrollment.
- The decrease in ED/1000 was smaller than members outreached but not enrolled.

### Asthma Adherence Program



## Pearls

- Identified a BMCHP point of contact for medication overrides and med syncs to streamline communications.
- Updated the workflow to schedule a PCP appointment for patients who have not been seen for over a year.
- Discontinued sending reliever refill reminders to patients.
- Many of the patients were pediatric. We saw a higher telephone reach rate by tailoring the program to this population (ie: calling in the afternoon when parents were more likely to be home after school)
- We also noticed that commonly only one sibling was identified as non-adherent despite both patients being diagnosed with asthma.
- This is because oftentimes copayment at outside pharmacies was a barrier to filling both patients' controllers.
- To mitigate this our liaison enrolled both patients in the Pharmacy Care Management program.

## Future Direction and Vision for Value

### Next Steps

- Expanded to two additional patient groups:
  - RAAS inhibitors and statins for SCO Members with Type 2 Diabetes
  - Antidepressants for patients with depression identified as non-adherent
- Monitor medication adherence data for expanded populations as data becomes available
- Expand intervention to non-BMCHP members within BMC, including high-risk pediatric patients with asthma or with high ED utilization