DM2 12-MONTH OUTCOMES OF A PHARMACIST-PROVIDED TELEPHONE MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM

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OBJECTIVES: Determine if Medicare Part D beneficiaries who received telephone MTM services had: 1) Decreased medication/health-related problems (MHRPs), 2) Improved medication adherence, and 3) Decreased total Part D drug costs when compared to a control group.

METHODS: Part D beneficiaries from a Texas health plan participated. The Andersen Model was the theoretical framework. Independent variables were: predisposing factors (age, gender, and race), and need factors (number of medications and chronic diseases and medication regimen complexity (MRC)). The health behavior (intervention) was MTM utilization. Outcomes were change (from baseline to 12-month follow-up) in: 1) Number of MHRPs; 2) Medication adherence measured by the medication possession ratio (MPR); and 3) Total drug costs.

RESULTS: The intervention (n=60) and control (n=60) groups were not statistically different regarding age (71.2±7.5 vs. 73.9±8.0), medications (13.0±3.2 vs 13.2±3.4), chronic diseases (6.5±2.3 vs 7.0±2.1) or MRC (21.5, range 8-43 vs 22.8, range 9-42.5), respectively. The majority (51%) were male in the intervention group but only 28% were male in the control group (p<0.009). At baseline, 4.8±2.7 (intervention group) and 9.1±2.9 (control group) MHRPs were identified and 2.2±2.0 and 7.3±3.0 MHRPs remained at the 12-month follow-up, respectively. Multivariate regression revealed that MHRPs decreased significantly (p<0.0120) among the intervention group when compared to the control group. There were no significant predictors of change in MPR. Total drug costs (change from baseline to follow-up) decreased by $588±$2,086 in the intervention group and increased by 2007±$1,752 in the control group. A t-test indicated the cost difference between the 2 groups was significant (p<0.003), but the multivariate regression did not indicate significant predictors (p>0.05).

CONCLUSIONS: A telephone MTM program positively impacted MHRPs. Unadjusted cost comparisons also showed cost savings among the intervention group. Future research should focus on understanding predictors that impact adherence and cost-related MTM outcomes.

DM3 IMPACT OF MONTHLY PRESCRIPTION CAP ON MEDICATION Persistency AMONG PATIENTS WITH DIABETES, HYPERTENSION, OR HYPERLIPIDEMIA

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OBJECTIVES: To evaluate the effect of a policy implemented in the Louisiana Medi-
care Medicaid HMOs reducing the maximum monthly prescriptions from 8 to 4 per patient, and removing the monthly medication persistency in patients with diabetes, hypertension, or hyperlipidemia.

METHODS: A pre-post non-equivalent comparator group design was applied using Medicaid claims data from 2001-2003 for Louisiana (LA) and Indiana (IN) to identify patients with the specified conditions and their medication persistency. Persistency was defined as the number of days to discontinuation which was identified as a gap in treatment 30 days or longer. To capture pre-intervention trends in medication persistency, we compared “pre-policy” cohorts in LA and IN followed for ten months prior to policy adoption (March 3, 2002 to December 3, 2002) to “post-policy” cohorts in both states followed for eight months after policy implementation (March 3, 2003 to December 31, 2003). All incident cohorts were identified using a six-month washout period. We used Cox-proportional hazard models to compared discontinuation rates in LA and IN across the pre-policy and policy period cohorts.

RESULTS: For patient characteristics and comorbid conditions, no significant differences in persistency were found prior to policy implementation between LA and IN for any of the three chronic conditions. In the post-policy period, all cohorts had significantly lower persistency in LA than in IN. Patients in LA with diabetes and hypertension were 1.38 (p=0.03) and 2.00 (p=0.01) times more likely to discontinue their medications at day 30 of the follow-up, respec-
tively. The hazard ratios declined to 1.21 and 1.67 for diabetes and hypertension patients respectively after 260 days. The hazard ratio of discontinuation for pa-
tients with hyperlipidemia in LA was constantly 1.31 (p<0.01) across the follow-up period.

CONCLUSIONS: Patients with chronic conditions subject to medication persistency may be vulnerable to medication discontinuation. Policy makers need to con-
sider carefully when implementing such policies on patients with chronic condi-
tions.

DM4 EVALUATION OF CLINICAL LABORATORY-PHARMACY LINKAGE DECISION SUPPORT IN THE USE OF POTASSIUM SUPPLEMENTS

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OBJECTIVES: Clinical decision support (CDS) has been utilized to link laboratory and pharmacy data to optimize medication therapy. This study aimed to evaluate the effect of synchronous and asynchronous real-time lab-pharmacy linkage in improving clinical decision support helped clinicians to manage potassium supplements in a more timely manner in patients with high normal or elevated potassium.

PODIUM SESSION I: EMPLOYEE HEALTH & PRODUCTIVITY OUTCOMES RESEARCH

OR1 THE ASSOCIATION BETWEEN SELF-PERCEIVED COGNITIVE DIFFICULTIES AND LEVEL OF DEPRESSION AMONG EMPLOYEES WITH CURRENT DEPRESSION

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OBJECTIVES: Many facets of job performance may be impaired by depression. Impaired performance by depressed employees may be attributed to self-perceived cognitive difficulties. The goal of the current study was to assess self-perceived deficits in cognition experienced by employees with depression.

METHODS: Indivi-
duals (≥18 years of age) employed full-time with diagnosed depression (exclud-
ing bipolar disorder) completed a Web-based computer-generated 25-minute sur-
vey in February 2010 (study population identified by Harris Interactive®). The patient survey used the Perceived Deficits Questionnaire (PDQ) to assess self-per-
ceived difficulties in memory, attention, planning, and organization, and concen-
tration using a 0-20 scale, where higher scores indicate greater impairment. The Patient Health Questionnaire (PHQ-9) was used to assess depression severity. The impact of depression on the PDQ scores was assessed using a trend test based on an analysis of covariance with age, gender, and PHQ-9 score as independent variables.

RESULTS: A total of 1051 employees were included in the analysis (58% female, mean age 47 yrs, and 38% held professional employment). PHQ-9 scores indicated the presence of moderate/severe depression. The synchronous and asynchronous real-time lab-pharmacy link-
age decision support helped clinicians to manage potassium supplements in a more timely manner in patients with high normal or elevated potassium.