THE EFFECT OF A LETTER-BASED EDUCATIONAL PROGRAM FOR PRESCRIBERS AND PHARMACISTS ON ADHERENCE TO NATIONAL ASTHMA GUIDELINES AND HEALTHCARE UTILIZATION

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OBJECTIVE: To assess the effect of a letter-based intervention program, targeted at prescribers and pharmacists, on adherence to national guidelines and healthcare utilization in the Connecticut asthma Medicaid population.

METHODS: A retrospective DUR was conducted from April to June 2001. Patients with asthma in the Connecticut Medicaid Program submitting >1 claim per month (over a 6-month period) for short-acting β-agonists were identified (intervention group; n = 135). Patient specific intervention packets explaining the problem, the patient’s medication profile, an asthma education leaflet, response form and return envelope were mailed to the patients’ prescribers and pharmacists. A control group of asthma patients, who were not HDB users at baseline and drawn from the same Medicaid program, were also identified (n = 510). Utilization of long-term asthma control agents and spacers and healthcare utilization were compared between the intervention and control patients 6 months after the mailing.

RESULTS: At baseline, the intervention group had lower utilization of long-term control agents compared to the control group (58% vs. 96%, respectively; p < 0.001) but there was no difference after the intervention program (65% vs. 71%, p = 0.169). A greater number of claims were submitted for spacers in the intervention group compared to control after the mailing (7% vs. 2%, p = 0.007). Before the mailing, the intervention group incurred more prescriber office visits than the control group (mean ± SD; 0.46 ± 0.82 vs. 0.25 ± 0.66, p < 0.001) but this difference was not evident after the intervention program (0.24 ± 0.63 vs. 0.18 ± 0.60, p = 0.283). CONCLUSION: This intervention program had a modest impact on improving the use of long-term control agents and reducing prescriber office visits.

COMPLIANCE WITH ASTHMA CONTROLLER MEDICATIONS: AN ANALYSIS OF GAPS IN CARE AND OPPORTUNITIES FOR COST REDUCTION

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OBJECTIVES: National treatment guidelines recommend daily use of controller medications for people with persistent asthma. Consistent use of controllers can help reduce medical resource utilization, but compliance with therapy is often poor. Our objective is to quantify the compliance gap and the opportunity cost of current asthma treatment in a large benefit plan population.

METHODS: Asthma patients were participants in medical and drug benefit plans sponsored by a large national employer. All were under age 65 and had continuous benefit eligibility during the study period, June 1997 through May 1999. They were identified based on medical claims for asthma-related services. During a 12-month analysis period, medical claims and prescription drug claims were used to track utilization. Medication compliance was defined by the percentage of days during the analysis period that a patient had days-supply of a prescribed drug class; less than 80% was considered noncompliant. Cost and utilization were modeled using regression analysis, adjusting for age, sex, comorbidity, disease severity, and plan type. RESULTS: Only 9.9% of asthma patients were compliant with their prescribed controller medications. Low compliance was common; 41.2% of patients had less than a 20% days-supply of controller medications during the analysis period. For quick-relief medications, the patient distribution was skewed toward high utilization. High levels of compliance with controller medications were found to decrease hospitalization risk by 36% (comparing the highest levels of compliance). High compliance with controllers also reduced asthma-related medical costs, more than offsetting the increase in drug costs. The return-on-investment (ROI) for this guidelines-based increase in drug utilization was 2:1. CONCLUSIONS: Therapy for many asthma patients is suboptimal, including under use of controller medications and overuse of quick-relief medications. Shifting patient utilization toward daily controller use can reduce hospitalization risk and decrease overall healthcare costs.

COMPARISON OF RISK FOR HOSPITAL AND/OR EMERGENCY DEPARTMENT VISITS FOR MEDICAID PATIENTS WITH COPD

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OBJECTIVES: To compare the risk of hospital and/or Emergency Department (ED) visits [events], based on various treatment regimens in a population of Medicaid patients with Chronic Obstructive Pulmonary Disease (COPD). METHODS: Retrospective observational cohort design. Texas Medicaid patients aged 40 to 65 years enrolled from 1998 to 2001 with a primary diagnosis of COPD were identified. Five index therapy cohorts were assessed: 1) ipratropium / Combivent (IPR); 2) salmeterol (SAL); 3) inhaled corticosteroid (ICS); 4) ICS + IPR; and 5) ICS + SAL. Subjects were followed until they had a COPD-related event, or for 12-months, whichever came first. Cox proportional hazard analysis compared therapy cohorts, assessing time to first COP-