SPECIALTY MEDICATION ADHERENCE IMPROVEMENTS VIA A TARGETED, TELEHEALTH MOTIVATIONAL INTERVIEWING PROGRAM: SCALABILITY ACROSS DIVERSE, AT-RISK THERAPEUTIC POPULATIONS

Accredo
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BACKGROUND

Our study is one of the largest evaluations of motivational interviewing for medication adherence to date.

Trained, telephonic specialty clinicians

>300 therapeutic areas

>40,900 patients assessed & studied

OBJECTIVE

To evaluate the impact of supplemental, motivational interviewing on proportion of days covered (PDC) in specialty patients at risk for worsening adherence, despite pre-existing specialty clinical support.

HOW IS MOTIVATIONAL INTERVIEWING (MI) DIFFERENT?

+ MI is a patient-centered intervention empowering patient ownership of goals and change behavior
+ Key themes include patient motivation or readiness to change and commitment to change
+ MI has a demonstrated evidence base for improving medication adherence across a variety of disease states, delivery methods, and disciplines

METHODS

DESIGN: Proactive, case-control cohort analysis

STUDY POPULATION:

- Patients taking self-administered, specialty medications
- Identified at-risk for worsening adherence using a behavioral trend algorithm within index period (December 1, 2022 to March 31, 2023)
- Stratified to control or to receive motivational interviewing outreach. Outreaches were compared between successful intervention or attempted contact with messaging versus control.
- Exclusions: patients transferring pharmacies, deceased, or opting out of clinical support.

INTERVENTION:
Trained clinical staff, specialized by therapeutic area, attempted a telephonic motivational interviewing intervention for patients identified at risk.

ANALYSIS:

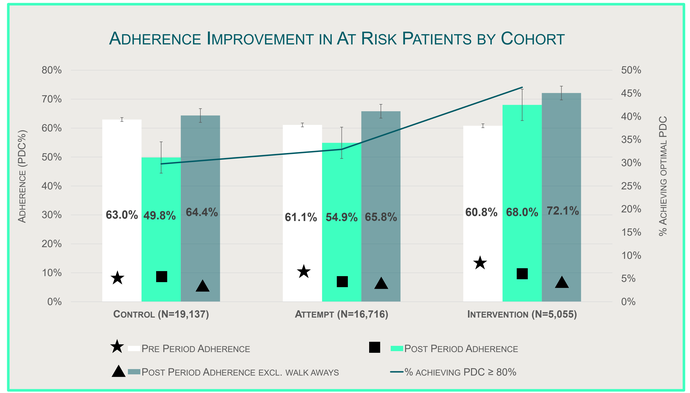
- Six-month proportion of days covered (PDC) was measured pre- and post- first outreach (completed intervention, attempt with message) or risk-evaluation date (controls).
- Multivariable logistic regression adjusted for impact of baseline adherence, age, and sex differences between groups.
- SAS version 9.4 was used for data processing and analyses (SAS Institute, Cary, NC).

RESULTS

- As expected, at-risk patients' baseline PDC was poor, ranging 60.8%-63.0%.
- Post-period PDC rose to 68.0% for interventions but declined to 49.8% for controls and 54.9% for attempts.
- Age, sex, and baseline adherence-adjusted post-period PDC increased 18.2% in completed interventions vs controls (p<0.01) and was 5.1% higher for attempts with messaging vs controls (p<0.01).
- Successful intervention converted 16.5% more patients to optimal PDC (≥80%) compared to controls (p<0.01).

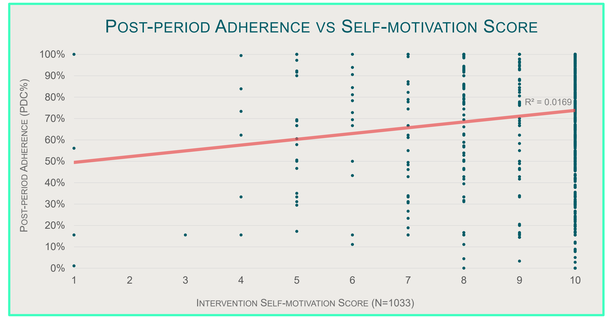
DEMOGRAPHICS	MEAN AGE (SD)	%MALE
Control (n=19,137)	48.4 (± 16.3)	41.6%
Intervention (n=5,055)	48.6 (± 16.4)	45.1%†
Attempt (n=16,716)	46.1 (± 16.0)†	41.4%

†significantly different from control p<0.05



LIMITATIONS

Adherence calculated using refill data as intention to treat. Loss of insurance eligibility unable to be evaluated in our sample.



VARIABLE ADJUSTED DIFFERENCE	ATTEMPT VS. CONTROL	INTERVENTION VS. CONTROL
Post Period Adherence	5.1%†	18.2%†
Post Period Adherence excluding 0% PDC	1.5%†	7.8%†
Optimal Adherence (PDC ≥80%)	3.1%†	16.5%†

†significantly different from control p<0.001

CONCLUSIONS

+ **Adherence:** MI intervention improved mean adherence 18.2% in specialty patients scoring at-risk via a behavioral algorithm for adherence decline. Attempt with clinical messaging improved mean adherence 5.1%.
+ **Therapy abandonment:** When excluding those with no post-period fills (0% PDC), adherence leveled for control; but significantly improved for attempt and intervention groups, indicating that intervention and attempt with messaging attenuated therapy abandonment.
+ **Optimal adherence:** Completed MI interventions improved attainment of optimal adherence within 6 months by 16.5%, compared to matched controls.
+ Based on outcomes, controls became eligible for outreach after study completion.

References:
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3. Bischof, G., Bischof, A., & Rumpf, H. J. (2021). Motivational Interviewing: An Evidence-Based Approach for Use in Medical Practice. *Deutsches Arzteblatt international*, *118*(7), 109–115. https://doi.org/10.3238/arztebl.m2021.0014