

CoPilot: Disease Management/Reducing Payer Cost

Improving MS Adherence, ISPOR



COPILLOT

LEVERAGING DISEASE MANAGEMENT & TECHNOLOGY
TO HELP MULTIPLE SCLEROSIS PATIENTS ADHERE TO
TREATMENT PLAN

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Objectives

Determine if patients who enroll in a CareMed Specialty Pharmacy and CoPilot Provider Services led disease management program for the treatment of Multiple Sclerosis (MS) with SC/IM therapy are more adherent than patients who are not enrolled in such a support program. Recent MS study results show that adherence of patients on SC/IM therapy is 70.8%; these patients were not supported by any disease management programs. Further, MS patients who took their medication consistently were found to have 66% fewer emergency room (ER) visits and 23% lower medical costs than those MS patients who did not. Average MS-related medical costs for patients in the lowest medication adherence range were \$23,253, while those in the highest adherence range averaged \$17,814, resulting in an average savings over \$5,400.

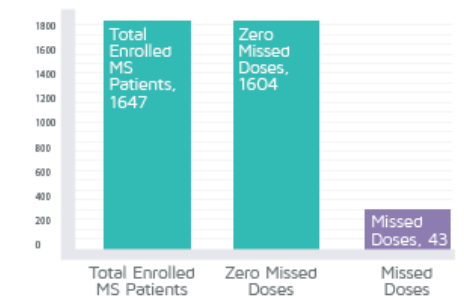
Methods

- Enroll 1,647 patients in a disease management program and track their adherence to SC/IM therapy over the course of 12 months.
- Develop a robust disease management program with input from physicians and patients.
- Construct a pharmacy based MS patient facing interactive portal.
- Integrate analytic and programmatic approaches to support patient adherence.
- Adherence metrics of this study were:
 1. Number of missed doses in 4 weeks
 2. Reason dose was missed
 3. Perceived side effects
 4. Ease of administration
 5. Medication satisfaction

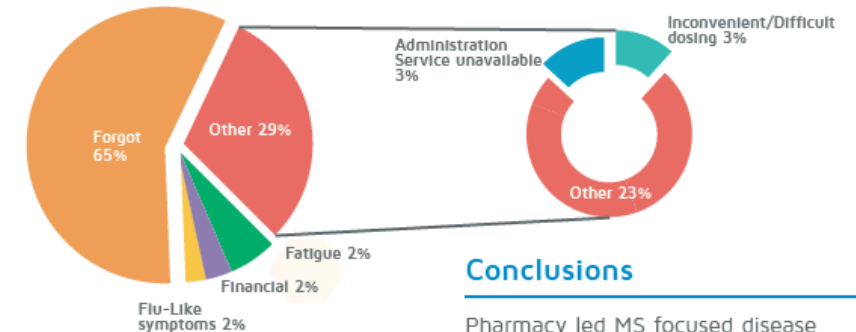
Results

97.4% of all SC/IM therapy doses for participating in CareMed's and CoPilot's disease management program were administered based on physician treatment plans compared to 70.8% of all SC/IM therapy doses for patients not participating in a disease management program.

Results N=1647 Patients



Non-Compliance Analysis N=43 Patients



Conclusions

Pharmacy led MS focused disease management programs can support better adherence resulting in fewer ER visits and a reduction in overall medical costs. Further study regarding disease management programs and their impact on outcomes and costs is recommended.

Work Cited

1. Consortium of Multiple Sclerosis Centers 2015 Annual Meeting.
2. MS Treatment Adherence Questionnaire.
3. Oral Ms Drugs May Not Automatically Boost Adherence June 2015. <http://www.medpagetoday.com/MeetingCoverage/CMSC/51882>.
4. ES Data 2015 5. Truven Health Analytics Marketscan Meeting.



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