DO YOU TAKE YOUR IBD MEDICINE? ASSESSING THE EFFECT OF A PATIENT FULFILLMENT MODEL ON MEDICATION ADHERENCE

Sharon Dudley-Brown[1], Vickie Andros[2], Krystin Tran[2]
1: Johns Hopkins University, 2: Curant Health

BACKGROUND

- Inflammatory bowel disease (IBD) care in our large University Hospital IBD Center does not currently utilize an integrated Medication Therapy Management (MTM) platform which limits our ability to track and fully understand patient outcomes including but not limited to long-term adherence rates.
- Systematic review of the literature validates there is no reported long term adherence data for CD or UC. Likewise, no data has been published evaluating the impact of MTM on IBD outcomes.
- The Inflammatory Bowel Disease (IBD) Medication Therapy Management (MTM) model includes sessions that are conducted by trained clinical pharmacists with patients. During each session, pharmacists complete a medication reconciliation, identify any medication related issues and help to resolve them, monitor therapy, evaluate medication adherence using the self-reported Morisky[1] adherence scale validated for use in IBD, and provide patient education.

AIMS

- To implement and evaluate the effectiveness of an IBD MTM patient fulfillment model compared to standard care in a large University Hospital Outpatient Setting
- To improve adherence rates for IBD therapy

METHODS

Adult subjects, 18 years and older, diagnosed with ulcerative colitis (UC) or Crohn's disease (CD) and receiving IBD therapy were eligible for participation in the study (excluded were subjects on infliximab monotherapy).

Subjects were randomized to one of 3 groups during enrollment.

The intervention arm (n=100)	Standard of care treatment, fulfillment of medications and enhanced MTM by an innovative medication management organization.
Control arm 1 (n=50)	Standard of care treatment and fulfillment of medications by an innovative medication management organization.
Control arm 2 (n=50)	Standard of care treatment only

Enrollment will continue until 200 subjects are enrolled. This study will evaluate 24 months of treatment with an opt-in for an additional two years.

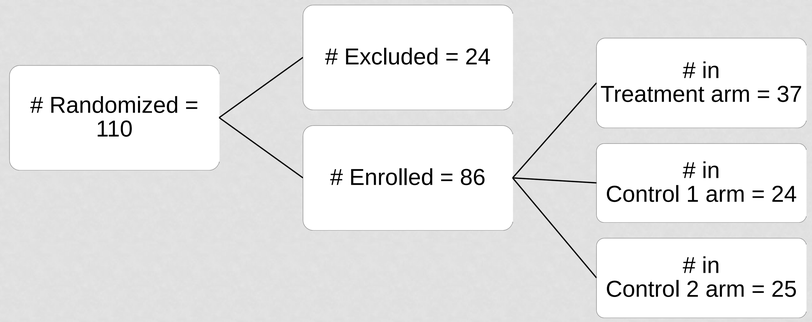
IBD therapy adherence rates will be measured through use of a self-reported adherence measure validated for use in IBD (Morisky Medication Adherence Scale, MMAS-8). In addition, prescription claims within the intervention arm and control arm 1 will be used to calculate medication possession ratios (MPR). Adherence will be interpreted as MPR exceeding 80%.

RESULTS

To date, 110 subjects have been randomized and 24 have been excluded from the study primarily due to insurance restrictions to specialty pharmacy.

RESULTS

Flow Diagram of Study Participants



Available baseline and follow-up self-reported adherence data using a validated scale is included for 73 patients. Fifty-five percent of patients in the intervention arm were considered to have improved adherence as compared to 25% in both the control 1 arm and control 2 arm.

Among those who had at least 3 prescription fills, 100% (n=10) in the intervention arm and 90% (n=9) in the control 1 arm were considered adherent to treatment based on calculated MPR exceeding 80%.

Adherence Change Among Subjects with Baseline and Follow-up Adherence Score (n=73)

Adherence Change	Treatment (n=29)	Control 1 (n=24)	Control 2 (n=20)
Decreased adherence	3.4%	20.8%	25.0%
Increased adherence	55.2%	25.0%	25.0%
No change in adherence	41.4%	54.2%	50.0%

CONCLUSIONS

Significantly more subjects receiving MTM and fulfillment of medications showed improved adherence per MMAS-8 over time as compared to those in the control groups.

For additional information please contact:
•Sharon Dudley-Brown at sdudley2@jhmi.edu
•Vickie Andros at vandros@curanthealth.com