

# Improving Adherence to Adjuvant Hormone Therapy among Medicaid- Insured Women with Non-Metastatic Breast Cancer: Results from a Pilot Study

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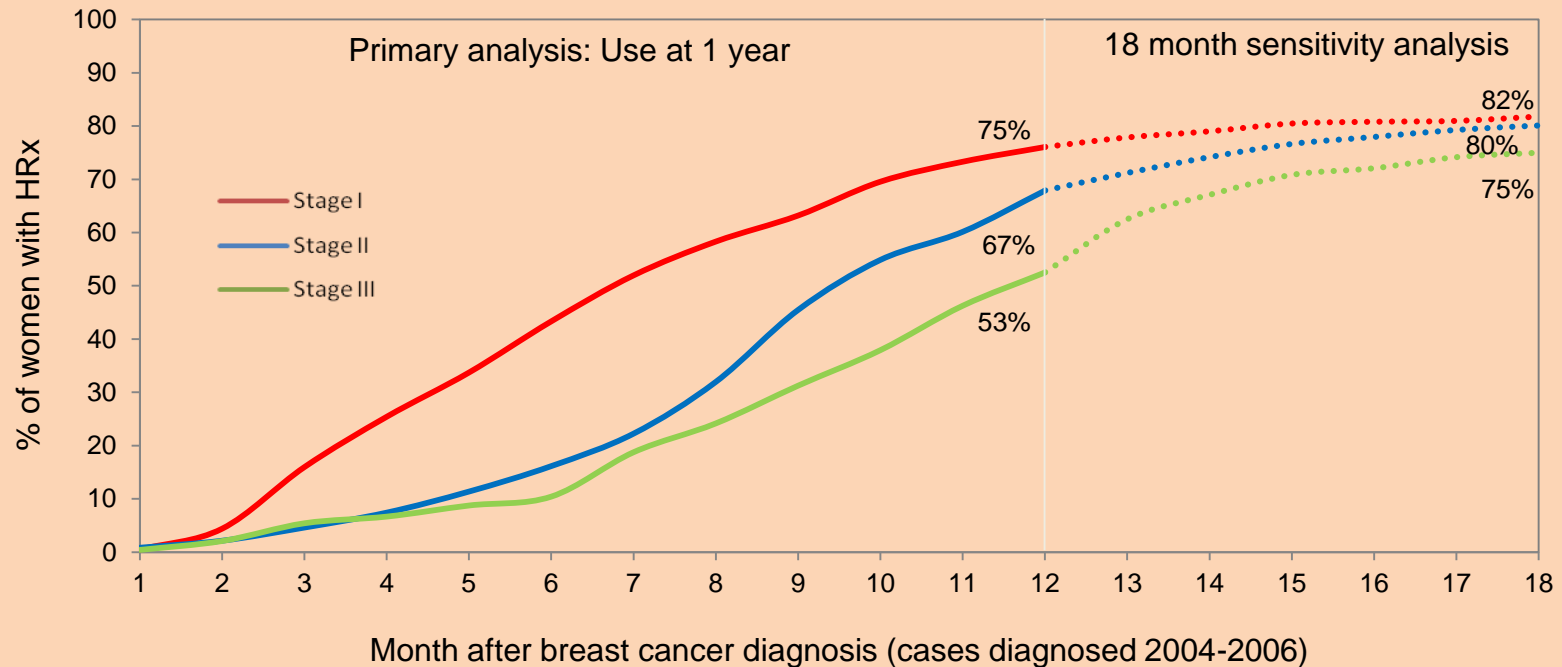
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# Background

## Stage-Specific Cumulative Use of Hormone Therapy



- At 1 year 68% had initiated AHT.
- More advanced stage associated with underuse
- By 18 months the effect of stage was attenuated, however there was still significant underuse by all women with an overall AHT start rate of 80%

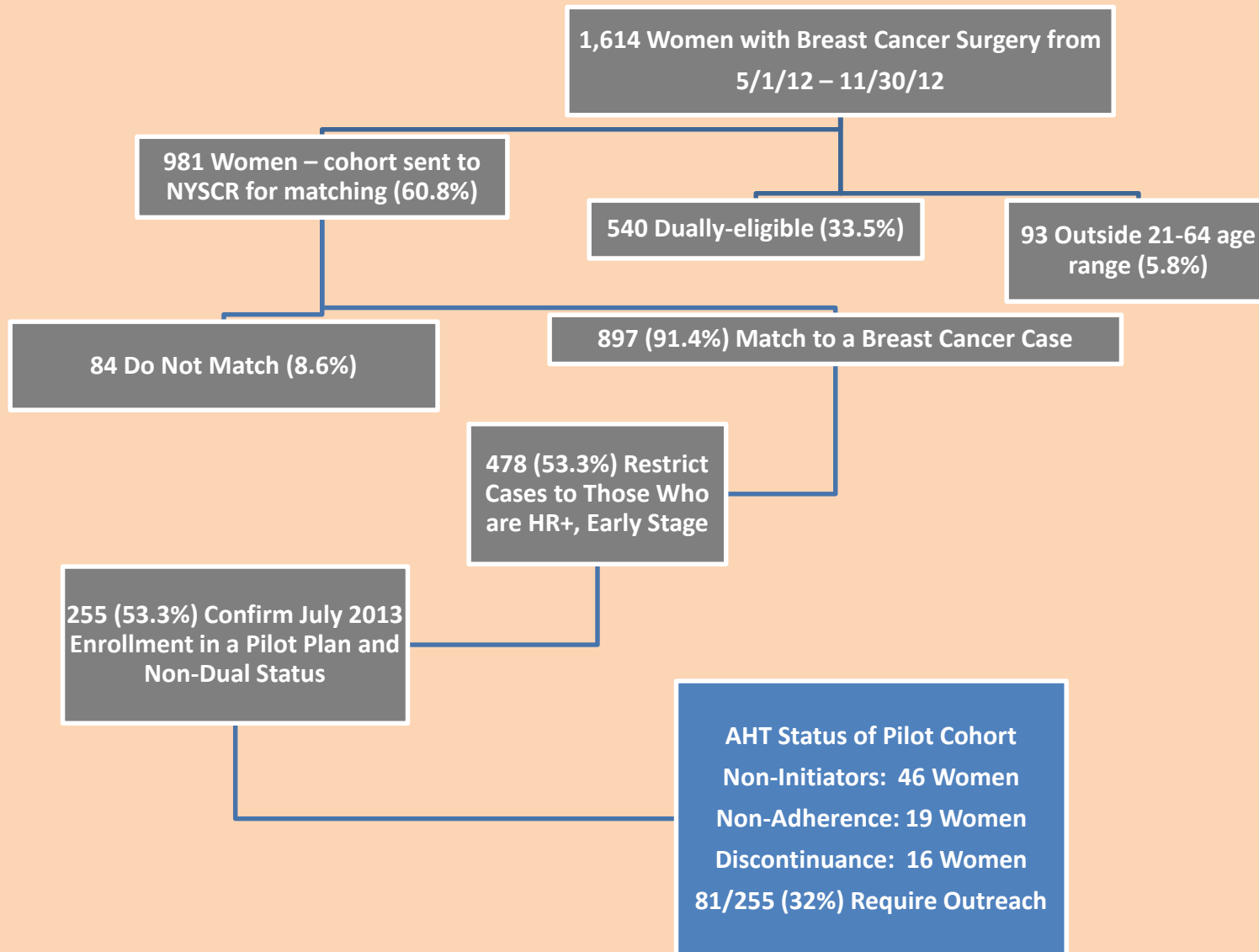
# AHT and the Medicaid Benefit Package

- As part of the Medicaid Redesign:
  - Effective October 1, 2011 members enrolled in mainstream Medicaid managed care and Family Health Plus receive pharmacy benefits directly through their health plans.
    - Co-payments range from \$1 (generic) to \$3 (Brand Name) though enrollees cannot be denied services because of inability to pay a co-payment

# Action: The Breast Cancer Follow-up Pilot

- Goal: Test our protocols and demonstrate to potential funders our ability to leverage internal data and engage health plans in a quality improvement project to increase AHT uptake
  - Launched with conference calls in spring 2013 pitching the pilot and soliciting health plan participation and comments on outreach materials
  - 8 of 16 mainstream Medicaid managed care plans volunteered to participate, they were:
    - Emblem
    - Fidelis
    - HealthFirst
    - HealthPlus/Amerigroup
    - Hudson Health Plan
    - MetroPlus
    - MVP
    - WellCare

# Pilot Case Selection Criteria



# Pilot: Envisioned as a Conversation Catalyst

## First Component: Two-way data exchange with health plan care managers

- Secure - Health Plans access only their enrollee data
  - Enrollee's contact information is pre-populated (read-only)
  - Care managers enter outreach and survey information for each woman
  - NYSDOH can download data to monitor progress and analyze final data
- Data released to plans on August 8, 2013

# Pilot: Envisioned as a Conversation Catalyst

## Second Component: Direct Outreach

- Care managers contacted identified women
  - First by mail to both the woman and her doctor
    - Letters sent on health plan letterhead
  - Then, by phone to:
    - Discuss the benefits of AHT (guided by a script)
    - Identify steps to re-engage the woman in care
    - Administer a brief survey to help us understand barriers to receipt of AHT
- Benefits of using health plans for outreach include:
  - Plans have trained health educators/care managers on staff (many of whom are bilingual)
  - Familiarity with local health systems/provider networks
  - Plans' internal data systems can contain more up-to-date enrollee contact and PCP assignment information than what is available at DOH
  - Health plan feedback shaped outreach protocols and materials

# HCS Interface: Documentation of Attempt to Contact via Telephone

The screenshot displays the HCS Portal interface within a Windows Internet Explorer browser window. The address bar shows the URL: [https://commerce.health.state.ny.us/hcsportal/hcs\\_home.portal?\\_nfpb=true&\\_windowLabel=hcs\\_f](https://commerce.health.state.ny.us/hcsportal/hcs_home.portal?_nfpb=true&_windowLabel=hcs_f). The browser's Favorites bar includes links to 'New York State's Flexible Sp...', 'The DOH Insider-Home Page', 'New York State's Flexible Sp...', 'Stockade Polo & Saddle Clu...', and 'SurveyMonkey - Question B...'. The HCS Portal logo is visible in the top left corner, along with the text 'Welcome Victoria Wagner' and a search box. The main navigation menu includes 'Home', 'Documents', 'Applications', 'My Account', 'Help', 'Contact Us', and 'Logout'. The 'Applications' menu is expanded, showing options like 'Print', 'Edit Form Rules', 'Preview Mode Off', 'Home', 'FormDictionary', and 'Preview Saved Form'. A 'Message:' section contains buttons for 'Set Current Object to Move' and 'Create New Field'. The 'Documentation of Outreach Activities' section features a form with the following fields:

- Method of Contact: Choose One (dropdown menu)
- Health Plan Rep: [Text input field]
- Date: [Text input field with calendar icon]
- Outcome: [Text input field]

An 'Add Repeat Section' button is located below the Outcome field. The sidebar on the left lists 'My Applications' and 'My Favorites', including 'Acronyms & Abbreviations', 'CART', 'Emergency Contacts', 'Form Builder', 'Medicaid Encounter Data System', 'Provider Network Data', 'Provider Search/Directory Tool', and 'ServNY'. The footer of the page includes 'About Us | Terms of Use' and 'Version: 3.4'. The Windows taskbar at the bottom shows the Start button, taskbar icons for 'Calendar - One...', '2 Microsoft P...', 'Q:\BQMOR\Dat...', 'HCS Portal - Wi...', 'VLW03 On DQESVR01', and the system clock showing '10:07 AM'.



# HCS Interface: AHT Barrier Survey

Custom Form Builder - Windows Internet Explorer

https://commerce.health.state.ny.us/doh2/applinks/formbuild/dataEntryBrowse.do?method=doPre

File Edit View Favorites Tools Help

Custom Form Builder

**Preview Mode**

Form Preview

**Documentation of Outreach Activities**

**Breast Cancer Follow-up Survey**

Has enrollee consented to taking this survey? \*  Yes  No ✓

If enrollee does NOT consent to survey STOP here.

Question 1: Who is your primary care provider, that is, the doctor or other medical professional you see for preventive care and common health problems?  ?

Question 2: Did you see any of the following types of doctors to treat your breast cancer?

A Radiation Oncologist?  Yes  No  Don't Know ? ✓

Doctor's name  ?

A Medical Oncologist?  Yes  No  Don't Know ? ✓

Doctor's name  ?

Question 3: Did any of your doctors prescribe daily medication called Adjuvant Hormone Therapy or AHT to treat your breast cancer? Some common medications are: Tamoxifen, anastrozole (Arimidex), exemestane (Aromasin), letrozole or Femara.  Yes  No  Don't Know ✓

Question 3b: Did any of your doctors talk with you about taking Adjuvant Hormone Therapy or AHT  Yes  No ✓

Done Local intranet 100%

start Calendar - One... 2 Microsoft P... Q:\BQMOR\Dat... 2 Internet Ex... WLW03 On DQESVR01 10:05 AM

# Pilot Results: Response Rate

- Results of telephone outreach:
  - 3 (3.7%) women were no longer enrolled in MMC as of 9/2013
  - 49 of 78\* (62.8%) women were successfully contacted
    - 42 (85.7%) consented/completed the survey
  - 29 of 78\* (37.2%) women could not be reached by phone
    - 3 had no identifiable phone number
    - 9 had disconnected numbers/no longer at number
    - 5 did not answer
    - 6 were left messages
    - 6 unknown/not indicated on disposition form

\*Excludes the three women no longer enrolled in MMC at time of outreach attempt.

# Survey Results (n=42)

Goal of survey was to better understand care received by women and barriers to AHT

- 11 (26.2%) reported that they were not prescribed AHT
  - 9/11 (81.8%) reported discussed AHT with their doctor
- 3 (7.1%) received prescription but did not fill. Reasons given for not initiating AHT:
  - concerns about affording the medication
  - difficulty getting to the pharmacy
  - unsure the medication would help me
- 28 (66.7%) reported initiating AHT
  - 22/28 (78.6%) reported taking AHT daily
  - 5/6 women who reported not taking AHT daily, indicated that it was due to side effects
- 11 (26.2%) reported not seeing a radiation oncologist

# Pilot Survey Results: Self-Reported AHT Status by Encounter Data Defined AHT Status

Self-Reported AHT Status from Survey	August 2013 NYSDOH Encounter Data AHT Status			Total
	AHT Not Initiated*	AHT Discontinued**	AHT Non-Adherent***	
No AHT	10 (90.9%)	1 (9.1%)	0 (0.0%)	11
Prescribed, Not Filled	1 (33.3%)	2 (66.7%)	0 (0.0%)	3
Prescribed, Filled, Stopped	0 (0.0%)	5 (83.3%)	1 (16.7%)	6
Prescribed, Filled, Taking Everyday	7 (31.8%)	6 (27.3%)	9 (40.9%)	22
<b>TOTAL</b>	18	14	10	42

- Nearly 1/3 of women who reported taking AHT daily had no pharmacy encounters

\*Medicaid AHT Not Initiated = No filled prescriptions from 4/2012 – August 2013 pull

\*\*Medicaid AHT Discontinued = No filled prescriptions from 4/2013 – August 2013 pull

\*\*\*Medicaid AHT Non-Adherent = Medication possession ratio less than 0.8

## Review of Encounter Pharmacy Data Post-Intervention (n=36\*)

Number of AHT Scripts with Fill Dates of 8/8/13 or Later	August 2013 Encounter Data AHT Status			Total
	AHT Not Initiated	AHT Discontinued	AHT Non-Adherent	
None	7 (38.9%)	5 (55.6%)	0 (0.0%)	12
1	2 (11.1%)	0 (0.0%)	2 (22.2%)	4
2	1 (5.6%)	1 (11.1%)	2 (22.2%)	4
3	1 (5.6%)	0 (0.0%)	0 (0.0%)	1
4	2 (11.1%)	0 (0.0%)	2 (22.2%)	4
5	4 (22.2%)	2 (22.2%)	3 (33.3%)	9
6	1 (5.6%)	1 (11.1%)	0 (0.0%)	2
<b>TOTAL</b>	18	9	9	36

- 24/36 (66.7%) pilot women filled a script (16 within one month) and 11/18 (61.1%) AHT not initiated women filled at least one script!

\*Excludes 5 women who discontinued AHT due to side effects and 1 woman no longer enrolled in Medicaid as of January 2014

Of those with 2 or more scripts filled post-intervention:

AHT adherent: 93%

Pilot participants – those surveyed and contacted: 56%

Pilot participants – those not contacted or not surveyed: 33%

# Next Steps

- NYSDOH to produce a Breast Cancer Follow-up Pilot Report detailing methods, findings and areas where the pilot protocol can be improved
- Pursue grant funding vs. use existing resources to proceed with scaled back activities?

**Thank you!**  
**Merci!**