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

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NAACCR Annual Meeting, June 25, 2004
Background

Stage-Specific Cumulative Use of Hormone Therapy Therapy

Primary analysis: Use at 1 year

- 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

1,614 Women with Breast Cancer Surgery from 5/1/12 – 11/30/12

981 Women – cohort sent to NYSCR for matching (60.8%)

84 Do Not Match (8.6%)

540 Dually-eligible (33.5%)

478 (53.3%) Restrict Cases to Those Who are HR+, Early Stage

897 (91.4%) Match to a Breast Cancer Case

255 (53.3%) Confirm July 2013 Enrollment in a Pilot Plan and Non-Dual Status

93 Outside 21-64 age range (5.8%)

AHT Status of Pilot Cohort
- Non-Initiators: 46 Women
- Non-Adherence: 19 Women
- Discontinuance: 16 Women
- 81/255 (32%) Require Outreach
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
HCS Interface: AHT Barrier Survey
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

<table>
<thead>
<tr>
<th>Self-Reported AHT Status from Survey</th>
<th>August 2013 NYSDOH Encounter Data AHT Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AHT Not Initiated*</td>
<td>AHT Discontinued**</td>
</tr>
<tr>
<td>No AHT</td>
<td>10 (90.9%)</td>
<td>1 (9.1%)</td>
</tr>
<tr>
<td>Prescribed, Not Filled</td>
<td>1 (33.3%)</td>
<td>2 (66.7%)</td>
</tr>
<tr>
<td>Prescribed, Filled, Stopped</td>
<td>0 (0.0%)</td>
<td>5 (83.3%)</td>
</tr>
<tr>
<td>Prescribed, Filled, Taking Everyday</td>
<td>7 (31.8%)</td>
<td>6 (27.3%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18</td>
<td>14</td>
</tr>
</tbody>
</table>

- 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*)

<table>
<thead>
<tr>
<th>Number of AHT Scripts with Fill Dates of 8/8/13 or Later</th>
<th>August 2013 Encounter Data AHT Status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AHT Not Initiated</td>
<td>AHT Discontinued</td>
</tr>
<tr>
<td>None</td>
<td>7 (38.9%)</td>
<td>5 (55.6%)</td>
</tr>
<tr>
<td>1</td>
<td>2 (11.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>2</td>
<td>1 (5.6%)</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td>3</td>
<td>1 (5.6%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>4</td>
<td>2 (11.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>5</td>
<td>4 (22.2%)</td>
<td>2 (22.2%)</td>
</tr>
<tr>
<td>6</td>
<td>1 (5.6%)</td>
<td>1 (11.1%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18</td>
<td>9</td>
</tr>
</tbody>
</table>

- 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!