

Background

- **Primary non-adherence**, defined as not filling an initial prescription, and **secondary non-adherence**, defined as filling only the first prescription and none subsequently, are challenges for healthcare systems and may lead to increased healthcare utilization and worse patient outcomes.^{1,2}
 - Poor direct oral anticoagulant (DOAC) adherence can lead to higher hospital admissions and greater risk of stroke, heart attack, and pulmonary embolism in patients with non-valvular atrial fibrillation (NVAf).^{3,4}
 - Patient cost, medication access, and health system's variable access to fill data for systematic identification of patients needing adherence intervention as part of routine clinical care are key barriers contributing to suboptimal DOAC adherence.
- 5.6

Methods

- Three health care organizations (HCOs) aimed to improve primary and secondary DOAC adherence for patients with NVAf through multi-level interventions within their identified target populations.
- Adherence data were collected following a pragmatic measures' specification aimed at standardizing submissions across HCOs.
- The index NVAf patient cohort (denominator for measures) was defined per the table below; ICD-10, CPT, and NDC codes were provided for standardized reporting.

Inclusions	Exclusions
<ul style="list-style-type: none"> • Age 18 or older • Atrial Fibrillation diagnosis • Newly prescribed DOAC in ambulatory setting 	<ul style="list-style-type: none"> • History of mitral stenosis or venous thromboembolism • Procedure history of mechanical or bioprosthetic heart valve or mitral valve repair. • Nursing home, hospice care, or pregnant • Surgery within 30 days of index diagnosis

- Primary adherence was defined as filling a prescription within 45 days to account for copay assistance cards and sample medications.
- Secondary adherence was defined as filling at least 2 prescriptions within the reporting period to target patients with a “one and done” approach.
- Data were requested by quarters for the reporting period July 2023- June 2024.
- Medication fill data sources varied among the 3 HCOs with some interventions focused on expanding access to data.

Objectives

Results

Interventions varied within HCOs at DOAC initiation and included engaging pharmacists, advanced practice providers (APPs), and nurses for patient outreach, an easy button for prior authorization support, systematic payment assistance support, and patient education materials and videos.

HCOs acted on real time fill data by utilizing developed reports and standardized smartforms for outreach, patient reminders, education, and financial support measures.

Participating HCOs reported baseline primary adherence rates (mean 78%; range 60%-87%) with all groups experiencing a ~20% drop for secondary adherence (mean 54%; range 38%-67%).

Post implementation data, metrics on intervention uptake, and further learnings on intervention adaptations are expected in May 2025.

HCO 1 SmartPhrase / Education Material Examples

User SmartPhrase – AFIBMEDU [I761575]

Do not include PHI or patient-specific data in SmartPhrases.

Dear (NAME),

We wanted to reach out to you to see if you were having any issues with picking up your new medication for Afib. We know it can be a costly prescription and we wanted to provide a free resource to you. Please reach out to our clinic by sending us a message or calling 254-724-2267 if you need any help.

For help with insurance coverage:

- Visit <https://www.xarelto-us.com/xarelto-costen/>
- Visit https://janssenconnect.mylse.com/janssen/PatientResource/janssen_quick_reference_guide_other_medications_other
- Our patient support at <https://www.eliquis.bmsconnectionconnect.com/savings/cr> call 855-384-7847.

Assistance for uninsured patients:
Visit bmgap@ig.org or call 800-736-0030 for more information about an independent charitable program that provides free medication to eligible, uninsured patients who are experiencing financial hardship.

For help with Xarelto/Rivaroxaban visit:
<https://www.xarelto-us.com/xarelto-costen/>
https://janssenconnect.mylse.com/janssen/PatientResource/janssen_quick_reference_guide_other_medications_other

We also have resources within the clinic that we can connect you with to help you receive this very important medication. Please reach out if you need any assistance or have any questions!

Sincerely,

Looking at atrial fibrillation (AFib)

related risk factors for stroke^{1,2}

What Is AFib?

AFib is the most common type of irregular heartbeat, or arrhythmia.^{3,4} One of the biggest concerns with AFib is the increased risk for stroke.^{1,3}

How AFib Increases the Risk for Stroke^{1,2}

- During a normal heartbeat, the upper chambers (atria) and lower chambers (ventricles) of the heart work together to pump blood to the rest of the body⁵
- AFib occurs when the upper chambers of the heart beat irregularly and do not pump all of the blood to the lower chambers, causing some blood to pool and potentially form clots^{1,4}
- If a clot breaks loose, it can travel through the bloodstream to the brain and lead to a stroke⁶

AFib Management Options

It is important to talk to your health care provider about the treatment options that are right for you.



Taking medicines^{7,8}

- Blood thinners may help lower the risk of stroke
- Medicines such as beta-blockers, calcium channel blockers, or digoxin may help control and maintain heart rate
- Antiarrhythmic medicines may help restore and maintain a normal heart rhythm



Lifestyle changes are behaviors you can change to help maintain your health⁹

- Follow a reduced-salt diet
- Increase your physical activity
- Lower stress
- Keep a healthy weight
- Quit smoking
- Avoid alcohol, caffeine, and drug use



Procedures and/or surgery may help treat your AFib and keep your heart beating normally. Some procedures include¹⁰:

- Electrical cardioversion
- Catheter ablation
- Inserting a pacemaker
- Plugging, closing, or cutting off the left atrial appendage

HCO 2 SmartSheet / Reporting Examples

MC CRMO DOAC Adherence In Atrial Fibrillation [22076384] as of Fri 10/4/2024 9:14 AM

DOAC Management | Send Alerts Message | Chat | Location

Details | Logout

Patient ID	MRN	Patient Name	DOB	Age Sex	Suspicious Auth Request	Pt Postal Status	DOAC Prescribed Date	DOAC Last Disposed Date	Any Medication Last Disposed	Any Medication Last Disposed Date	Next DOAC Primary Adherence Check Date	MC CRMO Stipend Adherence Condition	Next DOAC Secondary Adherence Check Date
PCP Patient		MRN	Patient	DOB	Age Sex	Suspicious Auth Request	DOAC Prescribed Date	DOAC Last Disposed Date	Any Medication Last Disposed	Any Medication Last Disposed Date	Next DOAC Primary Adherence Check Date	MC CRMO Stipend Adherence Condition	Next DOAC Secondary Adherence Check Date

DOAC Adherence Form

Comments on this Patient

Send patient message:

Primary Adherence

- Intervention Tracker
 - ☒ Attempt 1
 - ☒ Attempt 2
 - ☒ Attempt 3
- Next Primary Adherence Outreach Date: 10/7/2024
- Cause of Non-Adherence
 - Cost
 - Transportation
 - Lack of perceived benefit/lack of Patient Education
 - Side effect concerns
 - Forgot Too busy
 - Medical History/Concomitant condition (ongoing probiotician changes)
- Request Surveys Data: Yes
- Error comments: Patient Filled at Outside Pharmacy and Surveys didn't load
- Primary Adherence Completion
 - Incomplete
 - Switch to warfarin
 - Excluded

Other - Click Page from the Left to Record

MC CRMO DOAC Adherence Form

Comments on this Patient

Send patient message:

Primary Adherence

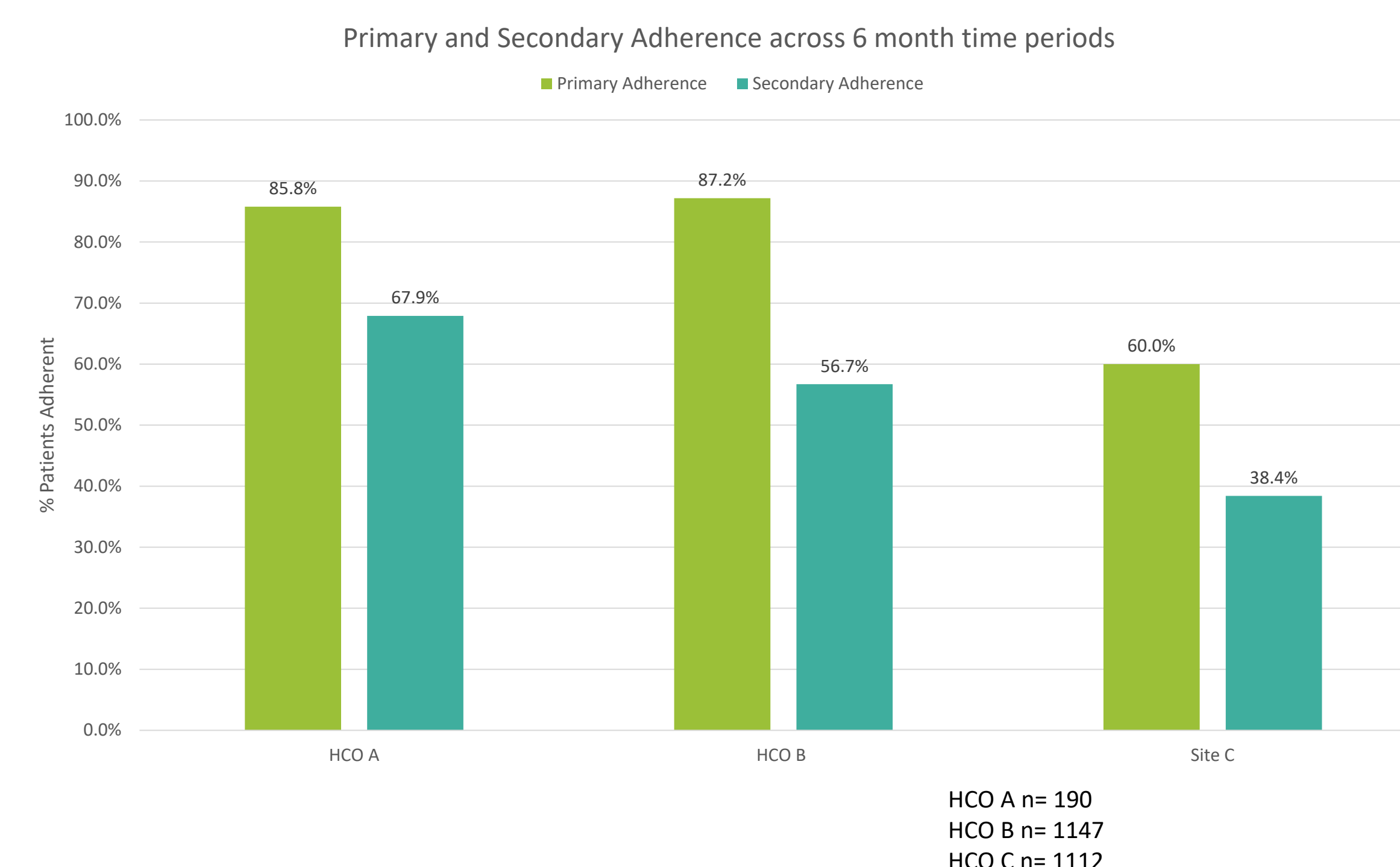
- Intervention Tracker
 - ☒ Attempt 1
 - ☒ Attempt 2
 - ☒ Attempt 3
- Next Primary Adherence Outreach Date: 9/20/2024
- Cause of Non-Adherence
 - Cost
 - Transportation
 - Lack of perceived benefit/lack of Patient Education
 - Side effect concerns
 - Forgot Too busy
 - Medical History/Concomitant condition (ongoing probiotician changes)
- Cost Solutions
 - Coupon Card
 - Coverage Cost Option
 - Patient assessed and determined to need cash
 - Change to insurance preferred DOAC
 - Change to warfarin
 - Other - Click Page from the Left to Record
 - Social Work
 - Delivery Mail Order
 - Other - Click Page from the Left to Record
- Transportation Solution
 - Shared direct mailing program - Multidirectional Transportation
 - Handout
 - Breeding/Busing
 - Other - Click Page from the Left to Record

Forgot Too Busy Solution

Results

	Target Population	Adherence Data Source	Data Considerations
HCO A	Cardiology patients only	Surescripts (manual data pull)	Automated data report is being created to replace the manual Surescripts data pull
HCO B	All patients	Value based contracts	Registry is being created to monitor adherence more broadly
HCO C	All primary care patients	Surescripts utilizing medication history for populations module	Report takes up to 72 hours for fill data to auto-populate within report for primary and secondary adherence

Baseline Adherence Data: Across Groups



Conclusions & Future Steps

- Implementing multi-level interventions to improve medication adherence is feasible within health systems and is needed, however inconsistent access to and limited understanding of how to integrate adherence data for clinical care presents challenges.
- This study provides insights into multiple methods of data capture and how multidisciplinary teams can be engaged to support medication adherence which will ultimately reduce hospitalizations and ED visits and improve overall patient care.
- Post implementation data, metrics on intervention uptake, and further learnings on intervention adaptations are expected in May 2025.

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Conflicts of Interest. All authors declare no conflicts of interest.

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