

Study reveals positive outcomes of pharmacy care management service for medically complex Medicare Advantage members

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A high-touch pharmacy care management (PCM) service leads to lower pharmacy spending costs, decreased inpatient hospital stays and optimal medication use for Medicare Advantage (MA) members identified as being at high risk, according to recent research published in [*NEJM Catalyst*](#).

The analysis, conducted by a research team from UPMC Health Plan and RxAnte, validates that the added costs of a targeted program that includes pharmacist care management, [medication reconciliation](#) and medication in easy-to-use packaging delivered to the patient's home lowers net costs while improving medication adherence and member satisfaction.

"We learned that an analytically targeted, coordinated and thoughtful Pharmacy Care Management approach can help Medicare Advantage members save money and improve their [health outcomes](#)," said co-author Chronis Manolis, R. Ph., chief pharmacy officer at UPMC Health Plan. "In addition to helping individual patients, this ultimately lowers downstream [health care costs](#) and utilization."

The goal of the study was to investigate the impact of an integrated PCM program for MA beneficiaries taking multiple chronic medications, including a subset with high predicted [cost savings](#) from improved medication adherence, assessed using the [Value of Future Adherence \(VFA\) score](#). A total of 724 members receiving PCM services were matched to 3,620 control members who received usual pharmacy care. The average PCM participant was 68 years old and 38% were male. Participants took an average of 11 maintenance medications daily.

On average, PCM program participants decreased medical spending by a net of \$108 per enrollee, per month compared to their counterparts who weren't in the program. This savings was \$406 per enrollee, per month for patients with a high VFA score at baseline. In addition, PCM

participants experienced 15% fewer inpatient stays compared with their counterparts and more than doubled to 32% fewer inpatient stays for members with a high VFA score.

To conduct this analysis, the research team designed, implemented and evaluated the effect of Mosaic Pharmacy Service's PCM program for UPMC's Medicare Advantage members with multiple chronic conditions. Mosaic is a subsidiary of RxAnte, a portfolio company of UPMC Enterprises since 2016. UPMC Health Plan has been a customer of RxAnte since 2013.

All members enrolled in the PCM program participated in a tele-onboarding appointment to confirm their medication history, review and reconcile current prescriptions, and synchronize medication refills. Mosaic Pharmacy Service dispensed medications, including home delivery in 30-day cycles, and provided ongoing data-driven clinical pharmacy services for the PCM program to ensure comprehensive and consistent pharmacy care.

Adjudicated claims data from a 12-month follow-up period were used to retrospectively evaluate the cost, health care utilization and medication adherence outcomes for MAPD members participating in the [PCM program](#). Researchers then compared this group's outcomes to those from a matched (control) group of MAPD plan members receiving standard pharmacy care.

"One of the challenges for Medicare Advantage health plans is that enrollment is increasing among medically complex and vulnerable populations. It's getting harder to manage cost of care, as these members can be difficult to engage and build relationships with. Traditional pharmacies are not meeting the clinical needs of the complex and vulnerable senior population." said co-author Josh Benner, Pharm.D., Sc.D., founder, and CEO of RxAnte. "Building on these results, Mosaic

is now available broadly as a value-based [pharmacy](#) service for high-risk Medicare Advantage plans nationwide."

More information: Loren Lidsky et al, Impact of a Pharmacy Care Management Service on Medically Complex Medicare Advantage Members, *NEJM Catalyst* (2024). [DOI: 10.1056/CAT.23.0269](https://doi.org/10.1056/CAT.23.0269).
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