

Pharmacist check-in calls improve retention and on-time refills among Medicaid patients with newly prescribed medications

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Pharmacist check-in calls for new medications improved adherence.

BACKGROUND AND OBJECTIVES

- Although medications are effective treatment options for common chronic conditions, when non-adherence and discontinuation of therapy occurs, impact is limited. This is especially evident with newly prescribed maintenance medications due to their potential side effects and the time needed to experience treatment effect.
- Pharmacists are well positioned to counsel patients who have started new therapies regarding side effects the patient may be experiencing, what to expect from the therapy, and the importance of taking the medication as prescribed.
- Our study examined the impact of pharmacist check-in calls on retention and on-time refill rates for Medicaid patients with newly prescribed medications.

METHODS

- Patients received a proactive check-in phone call from their pharmacist ~five days after picking up a newly prescribed maintenance medication for hypertension, hyperlipidemia, diabetes, cardiovascular disease, mental health, or COPD. Pharmacists discussed the importance of medication adherence, potential side effects, and addressed patient questions.
- Outcomes assessed included first refill rate (fill within 3 months of refill due date, on-time first refill rate (within 14 days of refill due date among those with a refill), and retention (fill within 3 months of the second refill due date). Refills were assessed at the drug subclass to account for appropriate medication changes.
- Calls made from April 1st, 2022 to June 30, 2022 were analyzed with follow-up ending March 31, 2023. The treatment group was defined as patients who received the check-in, while the reference group were patients identified for intervention but unreachable.

RESULTS

- Check-in calls (n=463,768) were made to 378,299 Medicaid patients in 49 states during the study period. Successful calls (n=278,336) were completed for 227,952 patients.

- The mean age in the treatment group (n=227,952) was 42.9 with 65.7% female and the mean age in the reference group (n=150,347) was 42.4 with 64.6% female.
- The test group outperformed the reference group for all three outcomes (p<0.0001).
 - The treatment group had higher first refill rates compared to the reference group (64.6% vs 62.2%).
 - Among patients with a refill, the treatment group had higher on-time first refill rates (78.2% vs 75.9%).
 - More patients in the treatment group were retained compared to the reference (52.2% vs 49.7%).
- Each medication class was also analyzed separately with similar results. Retention rates were most improved for diabetes medications and antipsychotics (table 1).

Table 1: On-time first refill rate and retention by medication class				
Medication	On-time first refill rate*		Retention (second refill rate)	
	Test group	Reference	Test group	Reference
Antianxiety	73.7	70.6	46.6	44.7
Antidepressants	80.2	78.3	49.0	47.4
Antihyperlipidemics	78.2	75.5	56.4	54.5
Antihypertensives	78.2	75.7	57.0	55.1
Antipsychotics	79.5	77.4	47.8	44.7
Antidiabetics	78.5	75.6	59.1	55.9
Antihypertensives with mental health utilization ¹	77.9	74.5	45.5	42.4
Other heart health ²	76.7	74.1	51.7	48.9
Respiratory health ³	70.5	67.8	47.7	45.6

* Among patients with at least one refill

¹ Clonidine and Hydroxyzine

² Beta blockers, calcium channel blockers, diuretics

³ Medications to treat asthma and COPD

Note: Chi-squared p<0.01 for all medication classes

CONCLUSIONS

- A pharmacist check-in call for newly prescribed medications improved on-time refill rates and retention among Medicaid patients.

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For more information on this presentation, please contact: research@walgreens.com.

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