



Case Study

International Society for Pharmacoeconomic and Outcome Research (ISPOR) Publication by COPILOT Demonstrating MS Disease Management Approach Reduces Payer Cost

Innovative approach to collaborating HUB and Specialty Pharmacy to drive better patient outcomes.

Leveraging Disease Management & Technology to help MS patients adhere to Treatment plan.

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Objectives

Determine if patients who enroll in a CareMed Specialty Pharmacy and COPILOT Provider Services led disease management program for the treatment of Multiple Sclerosis (MS) with Subcutaneous (SC) / Inter-muscular (IM) therapy are more adherent than patients who are not enrolled in such a support program. Recent MS study results show that adherence of patients on Subcutaneous (SC) / Inter-muscular (IM) therapy is 70.8%; these patients were not supported by any disease management programs. Further, MS patients who took their medication consistently were found to have 66% fewer emergency room (ER) visits and 23% lower medical costs than those MS patients who did not. Average MS-related medical costs for patients in the lowest medication adherence range were \$23,253, while those in the highest adherence range averaged \$17,814, resulting in an average savings over \$5,400.

Methods

• Enroll 1,647 patients in a disease management program and track their adherence to SC/IM therapy over the course of 12 months.

• Develop a robust disease management program with input from physicians and patients.

• Construct a pharmacy based MS patient facing interactive portal.

• Integrate analytic and programmatic approaches to support patient adherence.

• Adherence metrics of this study were:

- 1. Number of missed doses in 4 weeks
- 2. Reason dose was missed
- 3. Perceived side effects
- 4. Ease of administration
- 5. Medication satisfaction





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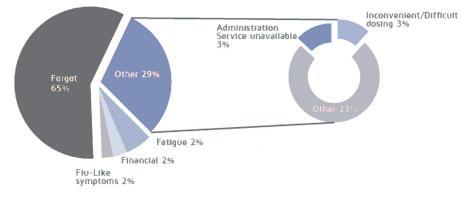
Results

97.4% of all Subcutaneous (SC) / Inter-muscular (IM) therapy doses for participating patients in CareMed's and COPILOT disease management program were administered based on physician treatment plans compared to 70.8% of all SC/IM therapy doses for patients not participating in a disease management program.

Results N = 1647 Patients



Non-Compliance Analysis N=43 Patients



Conclusions

Pharmacy led MS focused disease management programs can support better adherence resulting in fewer ER visits and a reduction in overall medical costs. Further study regarding disease management programs and their impact on outcomes and costs is recommended.

Work Cited

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