Blues Pilot Bolsters Statin Adherence, Lowers Costs

BY MARY ELLEN SCHNEIDER
New York Bureau

In Texas, BlueCross BlueShield is using its pharmacy claims data to help improve adherence to statin therapy among individuals who have suffered a major adverse cardiac event.

As part of the pilot program with a national employer, the BlueCross BlueShield of Texas used medical records and pharmacy claims data to identify patients who were at highest risk for a major adverse cardiac event but who were not taking cholesterol-lowering medication. Starting in 2007, the health plan sent letters to physicians advising them that their high-risk patients should be on statin therapy and sent another letter to patients about the benefits of cholesterol-lowering drugs.

The idea was to alert physicians that their patients weren’t filling their statin prescriptions,” said Tom Tran, Pharm.D., divisional vice president of pharmacy programs for the insurer.

Physicians typically prescribe the right medication, but they lack information on whether those prescriptions are filled. “They’re sort of practicing in the dark,” Dr. Tran said.

Both national data and experience with in-BLueCross BlueShield of Texas shows that even among individuals at high risk for another adverse cardiac event, only about half are taking the medication a year after a myocardial infarction (JAMA 2002;288:455-61). Patients simply feel that they don’t need the medication, Dr. Tran said.

Health plan pharmacy data gives the physician more information to use in a meaningful discussion with the patient, Dr. Tran said. For example, if a patient hasn’t been taking his medication and his cholesterol is up, the physician may assume he is not responding to the medication and increase his dosage or switch him to a new therapy. If the patient then fills and starts using the new prescription, he may be ex- pressed for unnecessary and potentially unnessary side effects, Dr. Tran said.

Through the pilot program, health plan officials did see an uptick in adherence to statins. For every 17 members who received some type of physician intervention, 1 additional individual initiated and continued statin therapy, compared with a control group. The interventions were aimed at patients at highest risk for a recurrence of a major adverse cardiac event among more than 44,000 insured employees. Dr. Tran estimates that if the program were to be expanded to all individuals insured by BlueCross BlueShield of Texas, more than 100,000 high-risk members would be on cholesterol-lowering medications.

The pilot included a step therapy program in which patients were asked to try a generic statin first; those on a brand-name statin could stay on that drug. Generic use saved the employer group $26,000 per year. Given the success of the statin project, officials at BlueCross BlueShield of Texas are considering trying the same approach with other chronic conditions including diabetes, high blood pressure, and asthma.

Abortion Access Is Upheld in South Dakota, Colorado, and California

On Election Day, voters in South Dakota, Colorado, and California rejected ballot initiatives to restrict abortion access while those in Michigan endorsed stem cell research.

By a margin of 55% to 45%, South Dakotans defeated Measure 11, which would have banned abortions except in the case of rape, incest, and a threat to the mother’s health or life. This is the second time in 2 years that antiabortion advocates have tried to enact a ban. In 2006, an abortion ban was signed into law but never went into effect because it was overturned by voters later that year.

In Colorado, voters rejected by a margin of 71% to 27% a measure to amend the constitution to remove previous restrictions on human embryonic stem cell research. Under the proposal, which was approved 53% to 47%, human embryos created for fertility treatment can now be used for research.

The proposal would have made exceptions in the case of a medical emergency, and it contained a pathway for minors to seek a waiver from the courts. Supporters of the proposition argued that it would prevent sexual predators from using secret abortions to cover up their exploitation of minors. Opponents argued that parental notification is ineffective and potentially dangerous for young women. Voters defeated the proposition by a margin of 52% to 48%. Similar ballot initiatives were defeated in the state in 2005 and 2006.

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PCPs Lack Knowledge on CDHPs

Many primary care physicians said they knew little about how CDHPs work, and also reported limited readiness to advise patients on issues of cost and medical budgeting, a study from the American Journal of Managed Care reported. In the survey of 528 primary care doctors, 40% said they had CDHP enrollees in their practices. Of the physicians surveyed, 43% said they had low knowledge of CDHP cost sharing, and about one-third reported low knowledge of how medical savings accounts function. Overall, physicians with CDHP enrollees in their practices knew more than did physicians without those patients, but one in four of these providers said they knew little about CDHP cost sharing. More than two-thirds said they were ready to advise patients on the costs of office visits, medications, and laboratory tests. But half or fewer said they were ready to discuss the costs of radiologic studies, specialist visits, and hospitalizations.

More Trouble With Health Expenses

About one-third of Americans now say their family has had problems pay-