

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, 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 medications, 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 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 exposed to increased and potentially unnecessary 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 5 cents per member per month, or about \$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, or a serious 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 California, voters defeated an attempt to require parental notification before a minor could receive an abortion. Proposition 4 would have changed the California constitution to prohibit abortions for minors until 48 hours after a parent or legal guardian had been notified. The proposition 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.

In Colorado, voters rejected by a margin of 73% to 27% a constitutional amendment that would have defined a "person" as any human being from the moment of fertilization.

Stem cell research was on the ballot in Michigan, where voters approved an amendment to the state's 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 also places some limits on deriving stem cells and obtaining embryos for research. For example, stem cells cannot be taken from human embryos more than 14 days after cell division begins and individuals are prohibited from selling or purchasing human embryos for stem cell research.

—Mary Ellen Schneider

POLICY & PRACTICE

CPAP Coverage Expanded

Medicare now will pay for continuous positive airway pressure therapy for obstructive sleep apnea diagnosed by home sleep testing, according to the Centers for Medicare and Medicaid Services. Previously, the agency covered CPAP only if obstructive sleep apnea was confirmed by polysomnography in a sleep laboratory. Under the new rules, initial coverage of CPAP is limited to a 12-week period for beneficiaries whose obstructive sleep apnea is diagnosed using clinical evaluation and testing with an unattended home sleep monitoring device. If the beneficiary's condition improves as a result of CPAP during this 12-week period, then coverage will continue, the CMS said.

Consumer-Directed Plans Desired

The number of people enrolling in consumer-directed health plans has increased 25% from last year, according to a survey of nearly 2,800 private insurance enrollees by the BlueCross and BlueShield Association. The survey also found that consumers in CDHPs are more cost conscious than are non-CDHP consumers; they are 30% more likely to track their health expenses than are those in more traditional health insurance plans and 27% more likely to ask their doctors about the cost of treatment. "[CDHP] consumers are demonstrating more active engagement in their own health care than are non-CDHP consumers, as evidenced by an increased use of health and wellness programs and better tracking, estimating, and budgeting for health care costs," said Maureen Sullivan, senior vice president for strategic services at BCBSA. The 39 independent BlueCross and BlueShield companies serve a total of 4.4 million CDHP enrollees—an increase of 50% from last year.

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-

ing medical bills in the past year, up from about a quarter of respondents 2 years ago, according to a survey of more than 1,200 adults by the Kaiser Family Foundation. And nearly one in five Americans (18%) report household problems with medical bills amounting to more than \$1,000 in the past year. In addition, almost half of respondents report that someone in their family has recently skipped pills or postponed or reduced medical care. In particular, just over one-third say they or a family member put off or postponed needed care, and 30% admitted to skipping a recommended test or treatment—in both cases, an increase of 7 percentage points from last April. "Health care is now every bit as much an economic issue for the American people as job insecurity, mortgage payments, and credit card debt," said Drew Altman, the foundation's president and CEO.

GAO: FDA Needed Broader Pool

Food and Drug Administration officials might have avoided some conflicts of interest on their scientific advisory committees by expanding recruitment efforts beyond word-of-mouth nominations, according to a report from the Government Accountability Office. The report, released last month, analyzed the recruitment and screening of FDA advisory committee members before the agency changed those processes in 2007. The FDA could have reached out beyond its usual source of experts to retired professionals, university professors, and experts in epidemiology and statistics, the GAO concluded. The evaluation was requested by members of the Senate.

Benefits Seen for National Health ID

A national patient identifier system would improve health care quality and efficiency, according to a study from the RAND Corporation. Because no current national identifier exists, most health systems use a technique known as statistical matching, which retrieves a patient's medical record by searching for attributes such as name, birth date, address, gender, medical record numbers, or Social Security number. Past studies have found that such systems return incomplete medical records about 8% of the time and expose patients to privacy risks because of the large amount of personal information that is out in the open during a search. The RAND researchers estimated the costs of creating a unique patient identification system at \$11 billion, but noted that it would return more than that amount in benefits such as the elimination of medical record errors and the reduction of repetitive and unnecessary care. "Establishing a system of unique patient identification numbers would help the nation to enjoy the full benefits of electronic medical records and improve the quality of medical care," said Richard Hillestad, the study's lead author.

—Jane Anderson