

Employer-based Quality Improvement Initiatives Save Health Care Costs

LeAnn Causey Boyd, PharmD, BCPS, CDE and Steve T. Boyd, PharmD, BCPS, CDE, CDM
Causey's Pharmacy, Natchitoches, LA, USA

ABSTRACT

Background: Employers are increasingly interested in improving the health of their workforce and saving health care costs.

Objective and Purpose: To demonstrate an onsite employer-based clinical pharmacy MTM program can generate cost savings.

Methods: MTM initiatives focused on >75 specific cost-reduction targets were implemented with 3 employers from January 2004 to Jun 2007. Initiatives included identifying unnecessary prescription usage, addressing under use of therapies with proven benefits, using generics or over-the-counter (OTC) instead of brand name prescription products, and maximizing the use of coupons or mail-in rebates. Employees with high drug costs, dyslipidemia, diabetes, hypertension or in need of weight management were invited to participate. Consultations with a clinical pharmacist took place in the work setting during work hours. Pre-defined protocols for the interventions were followed and letters were mailed to physicians updating them. Besides drug use, interventions promoted diet, exercise, healthy weight and other lifestyle factors.

Data was collected through a chart review. Only patients with >1 documented visit were included in the review. **Results:** A total of 226 charts were reviewed. Mean age was 50 years and 64% were male; the majority of patients were Caucasian (74%). A total of 105 (46%) employees had dyslipidemia, 29 (13%) with diabetes, 97 (43%) with hypertension and 186 (82%) were overweight or obese. The most frequent interventions were initiation of lower cost drug or OTCs, new drug therapy, altered regimen, lifestyle management and compliance. Consultations averaged 20 minutes in duration. A total of 1,282 consultations took place leading to a total \$348,152 savings of which 77% were hard dollar savings. The average saving was \$1,540 per patient and \$272 per consultation. Return on investment was \$2.44:1.

Conclusions: The implementation of MTM initiatives in the work setting provide a unique opportunity to educate patients and improve their care. Partnership with employers lead to the facilitation of access to MTM

BACKGROUND

- Demanding better returns for their investment, larger employers are starting to plan substantial efforts to control the cost of medical care and improve its quality.¹
- Up to 65% of larger employers currently examine health plan data but few use it for performance rewards or to influence employees.²
- A few employers are taking their efforts one step further.
 - Harris Corp. and Bethlehem Steel Corp. hired consultants to help them use claims data to demand higher quality from providers and to make benefit plan changes to both discourage unnecessary utilization and steer employees to the most cost effective providers.³

OBJECTIVE

To demonstrate that an onsite employer-based clinical pharmacy medication therapy management (MTM) program can generate health care cost savings for employers and patients.

METHODS

- MTM initiatives focused on >75 specific cost-reduction targets were implemented with 3 employers from January 2004 to June 2007.
- The total number of charts reviewed was 226.
- Initiatives included identifying unnecessary prescription usage, addressing under use of therapies with proven benefits, using generics or over-the-counter (OTC) instead of brand name prescription products, and maximizing the use of coupons or mail-in rebates.
- Consultations with a clinical pharmacist took place in the work setting during work hours.
- Employees with high drug costs, dyslipidemia, diabetes, hypertension or in need of weight management were invited to participate.
 - Pre-defined protocols for the interventions were followed and letters were mailed to physicians updating them.
 - Besides drug use, interventions promoted diet, exercise, healthy weight and other lifestyle factors.

RESULTS

- 226 employees benefited from the MTM initiatives:
 - Mean age was 50 years
 - 64% were male
- The most frequent reasons for being targeted by the interventions were weight control (59%) followed by hypertension (35%).

Description	N = 226
Mean age	50 years
Percent female	64%
Race/ethnicity:	
-Caucasian	74%
-African American	24%
-Hispanic	<1%
-Other	<1%
Clinical conditions:	
-Hypertension	97 (43%)
-Dyslipidemia	105 (46%)
-Diabetes	29 (13%)
-Overweight or obese	186 (82%)

- The average saving was \$1,540 per patient and \$272 per consultation.
- Return on investment was \$2.44:1.

Intervention	Frequency	Associated Savings
Initiation of Lower Cost Medication	126 (44%)	\$196,405
Lifestyle Changes that Avoided Prescription	43 (15%)	\$39,592
New Drug Therapy	32 (11%)	\$3,540
Other	17 (6%)	\$35,725
Discontinue Medication	16 (6%)	\$29,139
Compliance	15 (5%)	\$1,080
Tablet Splitting	14 (5%)	\$27,146
Therapeutic Change	14 (5%)	\$2,948
Prescription to OTC	8 (3%)	\$12,577
Total	285	\$348,152

- The mean length of follow-up per employee was 30 months.
- Weight – Of the 226 employees, there was a total weight loss of 752 lbs - an average of 3.3lbs per person. Net weight change for entire group was 97lbs.
- LDL – Average Initial LDL = 122.4 and Average Final LDL = 113.1. Total LDL Reduction of 4022mg/dL – an average of 17mg/dL per person. Net LDL change for the entire group was 2052mg/dL.

LIMITATIONS

- The study included employed patients who had health care insurance coverage, and may not be representative of unemployed and/or uninsured patients.
- Information on potential confounders including patient's sociodemographic characteristics (such as level of education or income) or physician-patient relationship were not available for analysis.

CONCLUSIONS

- The implementation of MTM initiatives in the work setting provide a unique opportunity to educate patients, improve their care while containing health care costs.
- Partnership with employers lead to the facilitation of access to MTM services, which in turn result in better outcomes and cost savings.

References

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