

Criteria for the Value Assessment for Medication Adherence-Enhancing Interventions (MAEIs) ISPOR MAP Special Interest Group

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Introduction

- Medication non-adherence is prevalent across all clinical conditions^{1,2} and causes major medical and economic challenges.^{3,4}
- Several studies have demonstrated that medication adherence enhancing interventions (MAEIs, e.g., pharmacist-led intervention involving telephone assessment of medication use, patient's educational-behavioral intervention, home telemonitoring, text-message reminders, support groups, etc.) may improve adherence outcomes.^{5,6}
- However, existing evidence on criteria for assessing the value/effectiveness of these different MAEIs is of poor quality.⁷
- Values may include elements to measure health/non-health benefits for the patients or their family/caregiver or also benefits for societal health and the social care system.

Objective

To identify criteria for the value assessment of MAEIs.

Methods

- To identify and critically evaluate important criteria for the value assessment of MAEIs, focus groups involving academia, pharma, payers, healthcare practitioners (HCPs), and patients were conducted.
- Participants were presented with a list of criteria identified from a previously conducted systematic literature review (SLR) (Table 2).
- They were asked to critically evaluate criteria presented from the SLR, identify any new criteria, and rank the 5 most important criteria from their perspectives.

Figure 1: Average ranks of items ranked by 3 or more participants across all 5 stakeholders

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Disease control (n=5)	_	3.0	5.0	5.0	3.0	4.2
Self-report method (n=5)	- 3.0	4.0	4.0	5.0		4.0
Quality of life (n=5)	- 2.0	4.0	2.0		4.5	3.4
Disease burden (n=5)	_		2.0	4.0	4.0	3.2
Patient satisfaction (n=4)	- 3.5		1.0		3.0	2.8
Cost-effectiveness (n=6)	- 2.3	4.0		3.0	2.0	2.7
Direct medical cost (n=5)	_	2.5	1.0	2.0	4.0	2.4
Safety/adverse event (n=5)	_	4.0	2.5		1.5	2.4
Health literacy (n=4)	1.0	2.0		2.0		1.8
Use of intervention (n=5)	2.0	1.5	2.0			1.8
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Stakeholder Ratings Across Items (Sorted by Average)



Quality of life

Payer	Pharma	Patients
 Change in medications such as deprescribing or changing dose or frequency Other comorbid conditions, especially mental health, that can affect medication adherence 	 Patient satisfaction with the convenience of the intervention Patient's beliefs in the diagnosis as well as the effectiveness of the treatment Social determinants of health Patient engagement in their treatment Access 	 Access based on ease with insurance [90-day supply, cost, lack of insurance, delay in coverage, step-up therapy, utilization management, transitions between roles, med sync] Reminders to assist with medication adherence such as phone alerts and 2-week reminders to pick up medicines Unexpected side effects Physicians' perceptions of patient's health

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Patient satisfaction

- Infection transmission risk Inhalation technique
- Intention to adhere
- Loss to follow-up

- Social support
- -Stigma related to the
- disease/medication
- Subjective norms towards medication adherence

Special Interest Group

Results

- Twenty-one focus-group participants were recruited for this study; Academia (n = 4), Patients (n = 4), Payers (n = 4), Pharma professionals (n = 4), and HCPs (n = 5).
- Participants reviewed the 67 criteria from the SLR (Table 2) and added 19 new criteria (Table 1)
- Of the top 5 items in terms of ranked importance, Disease Control was the item ranked as the most important (score=4.2), followed by Self-report method (score=4), Quality of Life (score=3.4), Disease Burden (score=3.2), and Patient Satisfaction (score=2.8) (Figure 1).

Discussion

- Notable variations in stakeholder priorities included Healthcare Practitioners' strong preference for Cost-effectiveness (4.0) which contrasted with Pharma's lack of rating for this outcome.
- Patients placed the highest value on Quality of life (4.5) and Disease Burden (4.0), while showing minimal concern for Health literacy and Use of intervention (both unrated).
- Academia demonstrated moderate ratings across most categories, with their strongest preference for Patient Satisfaction (3.5).
- The heatmap reveals that while some outcomes like Disease Control and Self-report Method garnered broad support across stakeholder groups, significant variations exist in how different stakeholders prioritize medication adherence outcomes.

Conclusion

Our study showed that while multiple potential outcomes can be measured to determine the effectiveness of MAEIs, Disease control and Self-report method were at the top of the list by stakeholders.

The criteria identified by the focus groups will be further solidified using the modified Delphi panel method.

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