



## **MEMOTEXT: ROI SERIES**

# **The Value of MEMOTEXT Interventions for Adherence**

**PAYERS, INSURERS AND HEALTHPLANS**

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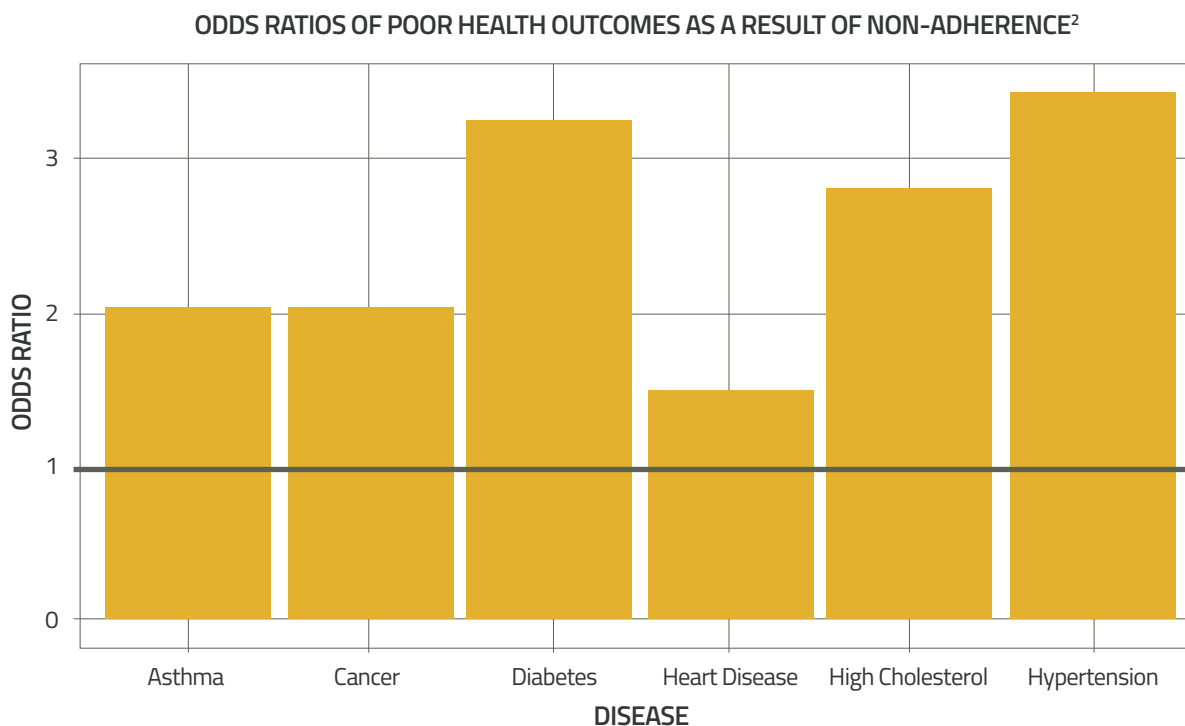
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**POWERED BY MEMOTEXT®**

## THE VALUE OF DIGITAL HEALTH INTERVENTIONS FOR ADHERENCE

The majority of patients taking medication for a chronic illness will stop taking their medication completely within the first 18 months of treatment. This non-adherence has significant consequences for payers. Non-adherence significantly increases the risk of adverse outcomes and thereby dramatically increase long term per member costs<sup>1</sup>.



MEMOTEXT can significantly improve adherence in these non-adherent patient populations, producing significant long term cost savings while adding beneficial support and value for patients.

So what's the ROI for a typical intervention? Here, we'll make some projections, based on real-world data from a MEMOTEXT intervention. To evaluate the impact of adherence on costs, we will use data published by Sokul and colleagues in the journal Medical Care<sup>1</sup>.

## THE MEMOTEXT METHODOLOGY

We build and power medication adherence solutions delivered to patients through their mobile device. More than just a simple reminder program, each MEMOTEXT intervention is built using our evidence-based design methodology. Through validated assessments and available health data, our algorithms tailor the program content to match each individual's unique adherence barriers. Content is sent to a person's mobile device in the form of a text (SMS), automated (IVR) phone call, email, push notification or through an existing app. Each program is dynamic and adaptive, with continuous real time fine tuning of content based on how the person engages with the intervention and their refill behavior.

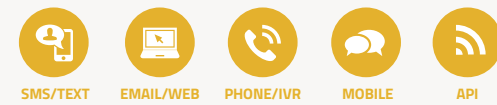
### RECRUITMENT



### PERSONALIZATION

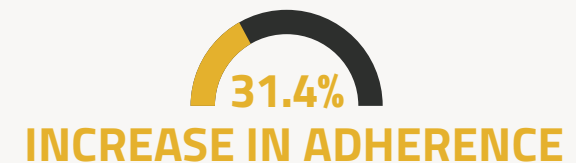


### INTERVENTION



69% OF PATIENT'S INTERACT ON A DAILY BASIS

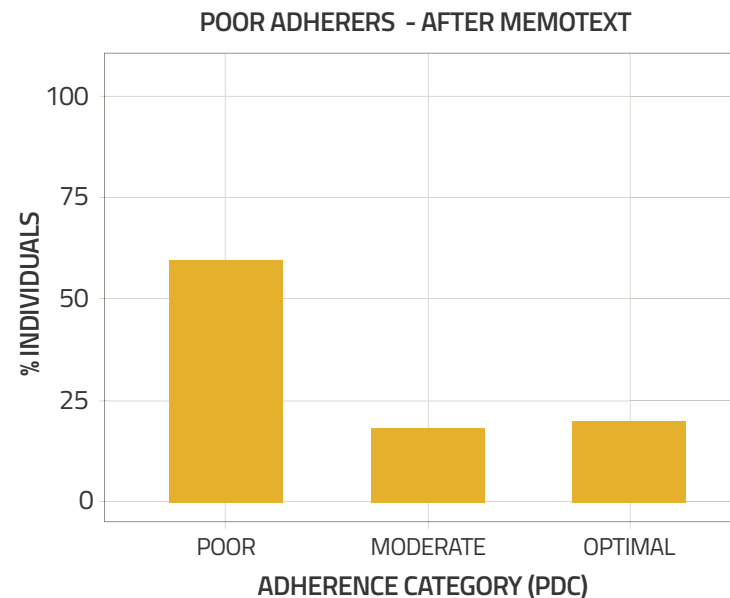
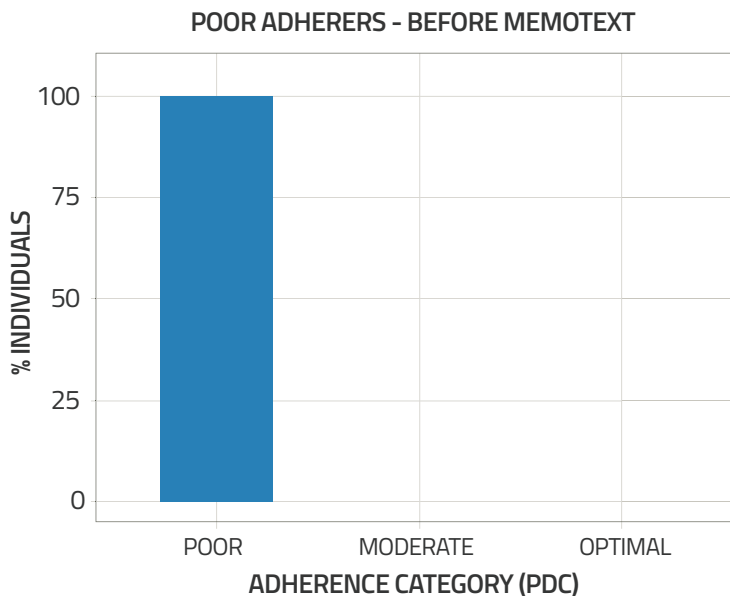
### ANALYTICS



## MEMOTEXT Use Case: Asthma Controller Medication

We developed an SMS, email and IVR program that featured: patient education, daily pushed Air Quality Index warnings and automated refill reminders based on available claims data.

Before MEMOTEXT, 45.3% of patients were poor adherers (PDC<50%). After completing the MEMOTEXT program 40% of these poor adherers had been turned into moderate (50-79% PDC) or optimal (>80% PDC) adherers<sup>3,4</sup>.



5-16% reduction in disease-related hospitalization risk

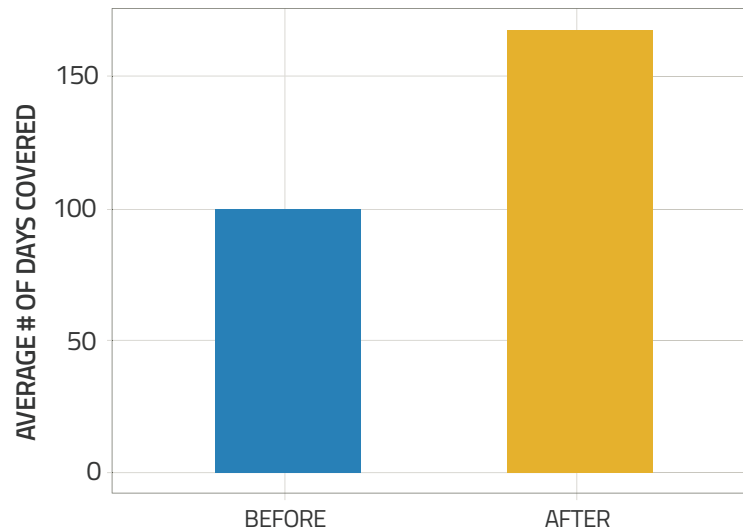
## The Outcomes

Based on these results, a group of patients taking medication daily would see a 70.5% increase in the total number of medication days covered. This means that the average number of days covered per patient increases from 98.5 to 168.2 days/year.

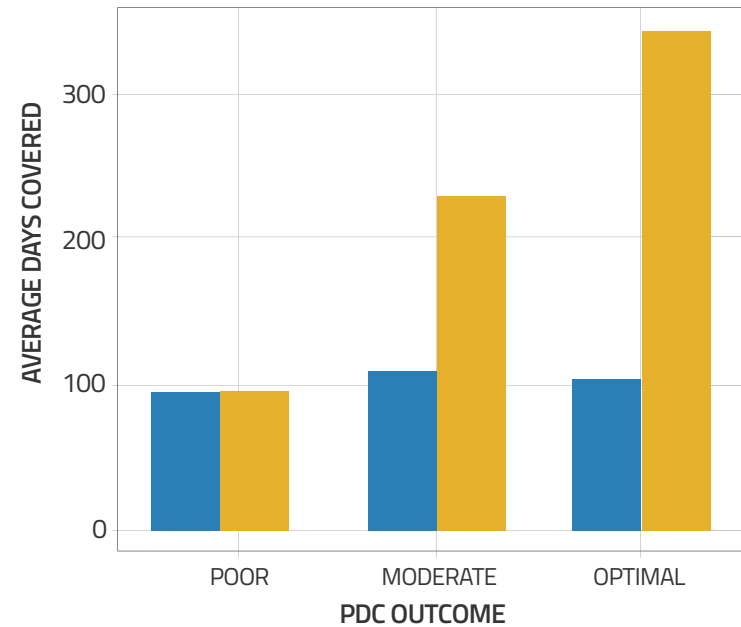
### AVERAGE NUMBER OF COVERED DAYS (ACD)

PDC STATUS	% OF PATIENTS	ACD BEFORE(%)	ACD AFTER(%)	% CHANGE
Poor	60.3	92.9	93.7	+ 0.1
Moderate	19.1	110.3	231.1	+ 109.5
Optimal	20.6	104.6	327.9	+ 213.4
<b>Overall</b>	<b>100</b>	<b>98.5</b>	<b>168.2</b>	<b>+ 70.5%</b>

THE MEMOTEXT DIFFERENCE



CHANGE IN AVERAGE NUMBER OF COVERED DAYS



70.5% increase in medication days covered

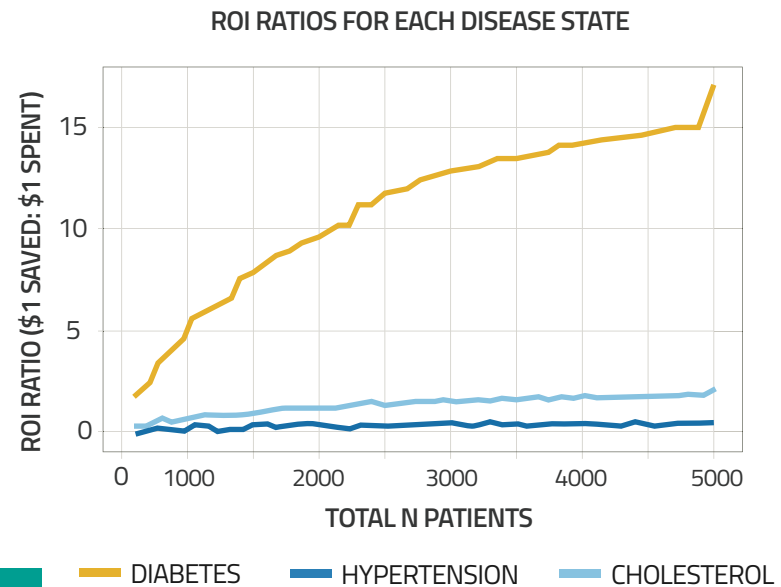
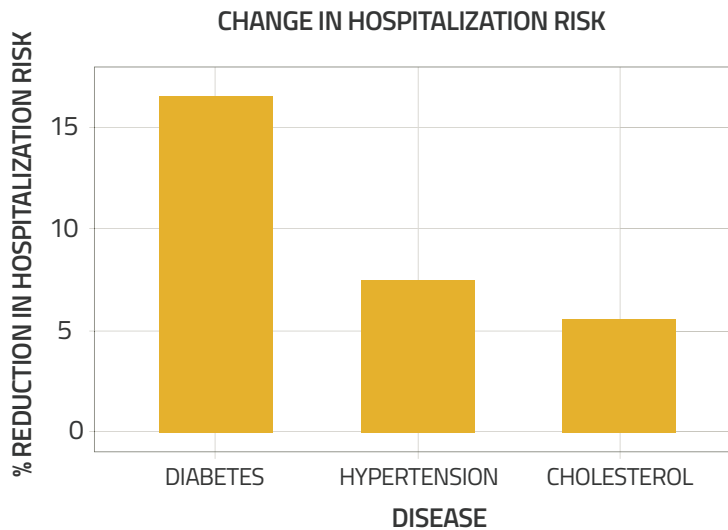
BEFORE AFTER

## THE VALUE OF MEMOTEXT

These gains in adherence can provide reductions in cost and hospitalization risk for paying stakeholders. Below we have summarized the 1-year post intervention cost savings for diabetes, hypertension and high cholesterol.

### DISEASE-SPECIFIC HOSPITALIZATION RISK

Disease	Risk Before (%)	Risk After (%)	Difference	Change
Diabetes	26.35	22.16	4.19	- 15.90%
Hypertension	25.12	23.22	1.90	- 7.56%
Cholesterol	14.53	13.71	0.82	- 5.64%

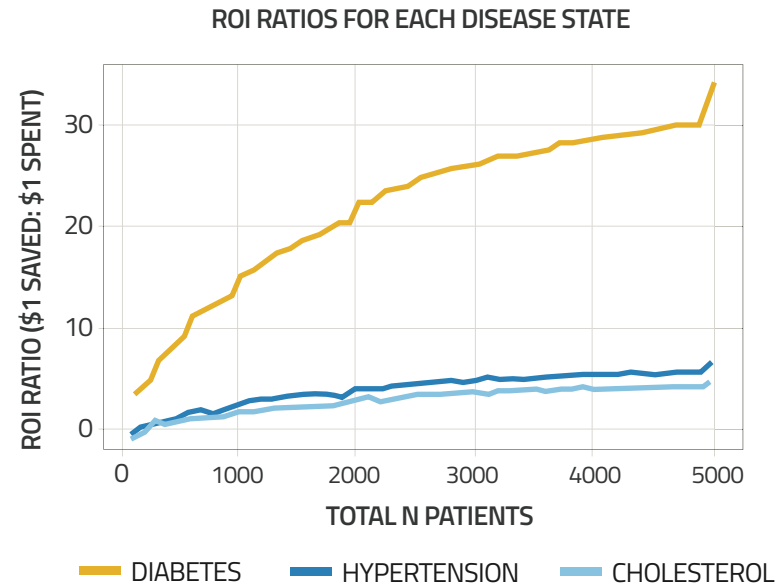
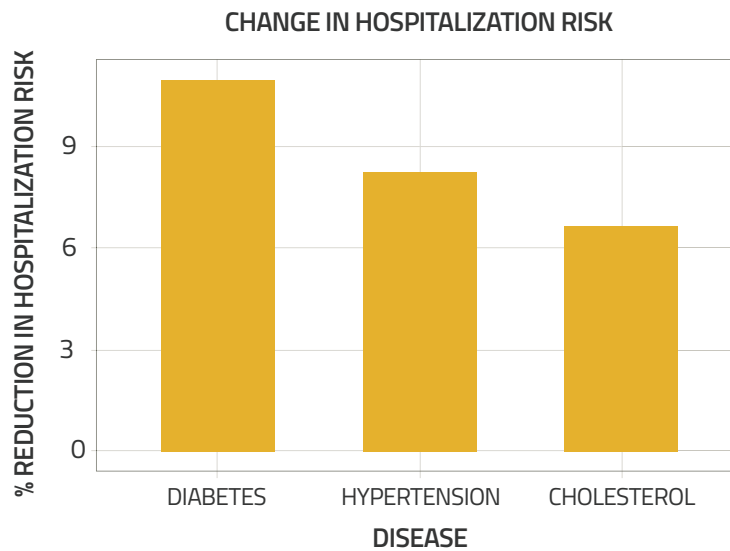


2.1 billion in added value

## THE VALUE OF MEMOTEXT - CONTINUED

### ALL-CAUSE HOSPITALIZATION RISK

Disease	Risk Before (%)	Risk After (%)	Difference	Change
Diabetes	46.23	41.22	5.01	- 10.83%
Hypertension	39.05	35.74	3.31	- 8.47%
Cholesterol	21.02	19.57	1.45	- 6.89%



7-11% reduction in all-cause hospitalization risk



## ENDNOTES

1. Sokol et al. Medical Care 43 (6): 521-530, 2005.
2. Di Matteo et al. Medical Care 40 (9): 794-811, 2002.
3. Some more specifics about our intervention:  
The goal of the intervention was to improve adherence to asthma controller medication as well as reducing rescue inhaler abuse. The data we present here is for the controller medications. The intervention period lasted for 12 months. All those receiving the intervention (n=234) were early on in their asthma treatment with most having been on some asthma therapy for 2-6 months before beginning the intervention. Patients were part of a Medicare/ Medicaid population in Washington DC. Patients were recruited by outpatient pharmacists and were not incentivized to participate. The program had an 87% retention rate.
4. Proportion of days covered (PDC) is the most accepted method to assess medication adherence from pharmacy claims data. For this analysis we followed guidelines established by the Pharmacy Quality Alliance (PQA), using the "at least 1" procedure in those patients who were taking multiple medications. Guidelines for acceptable PDC values can depend on the population studied, but most use a cutoff score of >80% to classify individuals as "adherent" or "non-adherent." The PDC calculation focuses on drug classes, rather than individual medications, thereby accounting for within-class switches. Between-class switches were also flagged and accounted for.
5. In the 'CHANGE IN AVERAGE NUMBER OF COVERED DAYS' chart, we illustrate the average number of covered days, based on what adherence category participants achieved by the end of the intervention. The data in this chart is also summarized in the table.

For more information please contact us. Thank you for reading.