

Fragmentation of Medication Management in Medicare

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Description

Achieving continuity of medication management (COMM) in which a single prescriber manages all patient care may be challenging for patients with multiple chronic conditions (MCC). The time and expertise needed to provide guideline-recommended care may require the work of multiple providers. Research suggests that lack of COMM (i.e., more prescribers) is associated with unfavorable outcomes in MCC patients. It is necessary to further validate the COMM construct in a cohort of Medicare fee-for-service (FFS) beneficiaries with MCC. The study proposes to identify prescriber specialties by linking Part D prescription fills to identify prescriber specialty to expenditure and novel laboratory results data.

Specific Aims

1. Examine the association between number of prescribers and control of diabetes and dyslipidemia.
2. Examine the association between number of prescribers and adherence to medications for diabetes, hypertension or dyslipidemia.
3. Examine the association between number of prescribers and Medicare expenditures.

Main Objective

Validate COMM construct and develop rigorous decision rules for counting prescribers for future analyses on a national sample of Medicare FFS beneficiaries with multiple chronic conditions.

Chronic Conditions Considered

Diabetes, hypertension, dyslipidemia

Study Design, Data Sources & Sample Size

Medicare FFS beneficiaries from 10 States linked to laboratory results data from a national laboratory vendor

Strategies Addressed from the HHS Strategic Framework on Multiple Chronic Conditions

- 4.B. Understand the epidemiology of multiple chronic conditions.
- 4.C. Increase clinical health research.