

## New Collaborative Effort Focuses on Adherence Problems in Patients with Chronic Conditions

A new collaboration between Humana Inc., AstraZeneca, and the University of Miami aims to conduct research that will address the nationwide problem of patients not taking their prescribed medication or getting the treatment they need for chronic health problems, according to statements from the 3 groups.

The collaborative adherence effort marks the latest area of research to be undertaken at the University of Miami's Miller School of Medicine–Humana Health Services Research Center (HSRC), a joint research center on the university's campus that opened last year.

Although other research groups have addressed adherence, this collaboration is unique in the sense that it combines the capabilities of a large research university with the experience of both a health benefits company and a pharmaceutical company, said Astra-Zeneca spokesperson Kirsten Evraire.

Specifically, the university provides the core medical and clinical research, Humana provides expertise in predictive sciences and consumer experience through the company's access to claims data, and AstraZeneca provides pharmaceutical industry knowledge and market research, Jonathan Lord, MD, chief innovation officer, Humana, said in an interview.

With the new inclusion of AstraZeneca, researchers will also be able to make use of a tool that the company developed that has been shown to identify distinct segments of the general population whose personal health beliefs are consistent indicators of certain adherence patterns. This will aid in their effort to better understand patient behavior as it pertains to medication adherence and to predict who would most benefit from various types of interventions, according to Dr. Lord.

"There are 2 main parts: action-oriented research where we go out and speak with patients and physicians, and database research, where we use longitudinal data to show what interventions have an impact," said Dr. Lord. The researcher becomes a coach/mentor and helps the consumer to understand how to obtain information that will help them to make appropriate health-related decisions themselves, he said.

Several examples of the steps that are being taken to achieve this goal were also cited by Dr. Lord. These preliminary actions include:

- Predicting and informing physicians and disease managers of patients who may need additional support or intervention through the AstraZeneca tool
- Promoting physician-initiated care management by educating doctors with the skills and knowledge to engage patients around a care plan that leads to better self-management of disease
- Utilizing new technology such as Sensei, a cell phone handset-based graphical application (scheduled to launch later this year) that will allow researchers to track patients' self-reported information and biometric data in order to learn about their health behavior and aid in their decision-making process

Conducting this kind of research is a current HSRC staff of 20 various researchers, university faculty with medical degrees, and epidemiologists, although several other employees will be recruited in the future. Most of the people involved are Humana members or university staff, according to Dr. Lord. Previous HSRC research addressed topics such as the cost burden of metabolic syndrome and coronary artery disease, use of anti-inflammatory medications in those at risk of cardiovascular events, and hospitalization rates as well as the costs associated with atrial fibrillation.

The staff's adherence-related research will first focus on conditions such as cardiovascular disease and metabolic syndrome/diabetes, with an overriding goal to keep individuals healthy and thereby reduce healthcare costs, stated Dr. Lord. He also explained that although AstraZeneca's involvement in the collaboration will consist of looking at adherence to some of its medications, research will not focus solely on these products.

The researchers' main focus will be on the potential to impact patient adherence: The groups will use medication claims and cost data as well as data including employee productivity and work absences to track changes in patient adherence, said Dr. Lord. Approximately 3 years will be invested for developing adherence topics for research, although it is anticipated to be an ongoing collaboration, according to Dr. Lord. "Over time we anticipate collaborations with others—pharmaceutical manufacturers and medical device manufacturers," he said.—Ariel Franklin

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