SHIELDS HEALTH SOLUTIONS

Establishing Proportion of Days Covered Benchmarks for Health System Specialty Pharmacy Clinical Outcomes Evaluation

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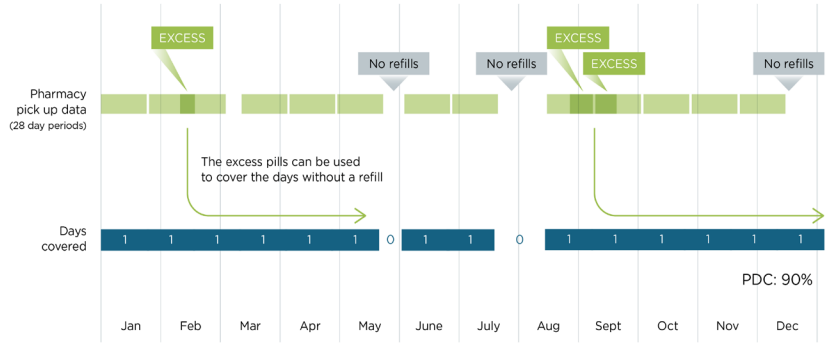
SCAN ME

BACKGROUND

Shields Health Solutions (Shields) is a specialty pharmacy (SP) accelerator that partners with over 80 health systems to elevate payer and drug access, aggregate clinical and operational data, and to optimize outcomes. A dashboard was built to display individual health systems' medication adherence performance by disease state along with proposed proportion of days covered (PDC) thresholds. PDC uses prescription fill dates and days' supply to calculate the percentage of days a patient has access to medication (Figure 1). The purpose of this project was to establish PDC goals for the dashboard through a comprehensive literature review, validating the existing targets.

Figure 1: Proportion of Days Covered (PDC)[1]

$$PDC = \frac{\text{number of days covered}}{\text{total days in time-period}} \times 100$$



METHODS

Disease State Selection: Existing PDC benchmarks were reviewed for: cystic fibrosis, growth deficiency, hepatitis C, HIV/AIDS, hyperlipidemia, inflammatory conditions, multiple sclerosis, oncology/hematology, pulmonary hypertension, transplant, and a category including other SP conditions.

Evidence Search: A search for supporting literature, related clinical guidelines, and pharmacy organization recommendations (eg NASP, PQA, etc.) was conducted. Studies were selected based on relevance to SP practices and evidence related to the PDC benchmarks.

Analysis: The literature, guidelines, and pharmacy organizations' recommendations were reviewed, and PDC goal recommendations were extracted and analyzed to determine the alignment of existing goals with current evidence. Findings from the literature were compared to the current benchmarks, and either consensus or alternate recommendations were identified.

Implementation: The targets were reviewed by a Shields team of clinical experts before adoption. After review and approval, the PDC goals will be revised to reflect updated evidence. The revised benchmarks will be integrated into the dashboards.

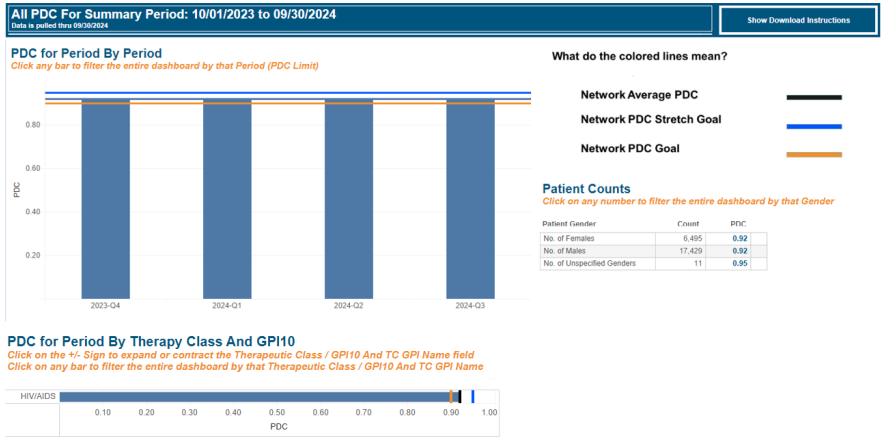
RESULTS

Table 1 summarizes the PDC recommendations. **Figure 3** highlights the dashboard design. The dashboard displays individual and network quarterly data with benchmarks by therapeutic class.

Table 1: PDC Recommendations by Therapeutic Class[2]

Therapeutic Class	Current PDC Goal	Current PDC Stretch Goal	Recommended PDC Goal	Recommended PDC Stretch Goal
Cystic Fibrosis	0.80	0.85	No changes	No changes
Growth Deficiency	0.80	0.85	No changes	No changes
Hepatitis C	0.90	0.95	No changes	No changes
HIV/AIDS	0.90	0.95	No changes	No changes
Hyperlipidemia	0.85	0.90	0.80	0.85
Inflammatory Conditions	0.85	0.90	0.80	0.85
Multiple Sclerosis	0.90	0.92	0.80	0.85
Oncology	0.85	0.90	0.80	0.85
Other	0.85	0.90	0.80	0.85
Pulmonary Hypertension	0.85	0.90	0.80	0.85
Transplant	0.90	0.95	No changes	No changes

Figure 3: PDC Dashboard Example (HIV)



CONCLUSION

This project established updated, evidence-based PDC benchmarks that enhance the utility of Shields' adherence dashboards. By aligning these targets with the latest research and expert consensus, Shields enables health systems to better assess and improve patient medication adherence across specialty disease states.

REFERENCES:
1. Truveta Research. Variation in medication adherence for type 2 diabetes patients. Accessed November 7, 2024. https://www.Truveta.com/blog/research/variation-in-medication-adherence-for-type-2-diabetes-patients/
2. Refer to QR code: