



CASE STUDY

Prescriber Call Program

Increasing use of cardio protective medication bundle through prescriber calls

Problem

A California health plan had more than 8,700 members diagnosed with diabetes and/or cardiovascular disease (CVD) who were not taking a statin. About 3,700 of those members were also not taking an angiotensin-converting enzyme inhibitor (ACEi) or an angiotensin receptor blocker (ARB). This cardio protective medication bundle is recommended to improve clinical outcomes and to reduce mortality rates for patients with CVD and diabetes.

Solution

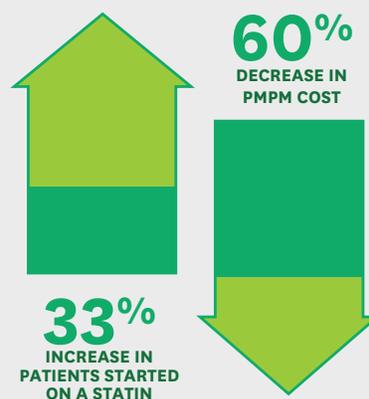
In collaboration with the health plan, a prescriber outreach program was implemented to increase the number of members taking a statin or an ACEi or ARB, and decrease the plan's per member per month (PMPM) cost related to cardiovascular events.

Process

The program conducted multimodal outreach to encourage prescribing of the cardio protective medication bundle. A team of pharmacists and technicians called physician offices for an initial response. Technicians ensured offices received our letters, while pharmacists engaged in clinical conversations with providers or their staff. Prescribers contacted by letter and phone had higher rates of prescribing, compared to those contacted with a letter only. Less than a year after completion of the phone calls, 33% of members in the call group were started on a statin compared to 21% of members in the letter only group. Also, 15% of members in the call group were started on an ACEi or ARB compared to 11% of members in the letter only group.

Result

Our Prescriber Call Program resulted in a 33% increase in members started on a statin and a 15% increase in members started on an ACEi or ARB. The program also contributed to a 60% decrease in PMPM cost from reduced utilization related to cardiovascular events.



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