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Monthly Theme: Patient Engagement

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How can payers reimagine patient engagement?

At MedCity ENGAGE in San Diego next month, a group of experts will weigh in on how health insurers can be better innovators and help their members have more meaningful experiences.

By [Erin Dietsche](#)

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Health insurers aren't typically considered trailblazers when it comes to patient engagement. What can they do to become better innovators and help their members have more meaningful experiences?

A group of healthcare experts will weigh in on this very question at [MedCity ENGAGE](#) in San Diego on November 6-7. Prior to the event, a few panelists voiced their thoughts on the topic.

"I think that still today, health plans are not doing nearly enough to engage their members," Abner Mason, a panelist and the founder and CEO of ConsejoSano, said in a phone interview. His business is a patient engagement and navigation company focused on helping its clients engage multicultural patient populations. ConsejoSano's customers include payers serving Medicaid and Medicare Advantage members.

Mason offered a bit of advice regarding how insurers can better connect with members.

The first tip is to realize that a one-size-fits-all strategy doesn't work. The nation is becoming more and more multicultural, but health plans haven't changed their engagement tactics. "You have to figure out who people are and then design your messaging for them," Mason said. It's key for payers to approach these members with humility and take time to understand their needs.

Additionally, Mason pointed out that health plans often use older, outdated modes like snail mail to convey information to their members. "They may as well be using Morse code to communicate," he said. Mason advised them to instead use text messaging, a much more common form of communication, to engage their members.

Fellow panelist Hope Kragh, vice president of client success at Collective Health, also weighed in on the idea of engagement. Collective Health has developed a health benefits solution for U.S. companies.

"We're seeing employers continue to make a huge investment in innovative health benefits they offer their employees, and they're increasingly curating those offerings to address their companies' unique healthcare issues," she said via email. "Engaging employees in these offerings is critical to making the most of that investment — yet for years, they haven't had the tools or resources available to crack the engagement nut."

Mike Tarino, Bind's human experience lead, will be speaking on the ENGAGE panel as well. His company offers on-demand health insurance coverage. In a phone conversation, he noted that numerous other industries — like gaming and online retail — wouldn't say they have an engagement problem.

"Their core product is the engagement engine," Tarino said. "It responds to the preferences of the customer. We haven't done that effectively in healthcare and in health insurance."

Thus, the engagement conversation needs to be around creating a product that responds to what consumers actually want.

Photo: Rawpixel, Getty Images

<https://fibromyalgianewstoday.com/2018/11/13/rx-napt-tool-helps-predict-treatment-non-adherence-fibromyalgia/>

New Rx-NAPT Tool Can Help Predict Risk of Noncompliance Among Fibromyalgia Patients



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The newly developed Prescription Medication Non-Adherence Prediction Tool, or Rx-NAPT, may help clinicians identify patients with fibromyalgia who are more likely not to comply with the prescribed treatment.

This tool can improve communication between patients and healthcare providers, reducing the social, clinical, and economic burden of correcting noncompliance in patients with fibromyalgia.

Rx-NAPT was described in the retrospective study "[Risk of medication non-adherence among Medicaid enrollees with fibromyalgia: Development of a validated risk prediction tool](#)" that appeared in the journal [Pain Practice](#).

Fibromyalgia is associated with a high economic burden to patients, but also to society. Studies have shown that direct healthcare costs are three times higher for fibromyalgia patients than for those without the disease. Indirect costs such as pain and loss of productivity are more than two times higher in these patients.

According to data from 2007, about 34 percent of fibromyalgia patients in the United States spend between \$100 and \$1,000 per month beyond their insurance to see a healthcare professional. This is an important contributing factor in high noncompliance rates among these patients.

"Unfortunately, payers frequently pass the subsequent financial pressures over to patients through higher copayment mechanisms, a process which plays a further role in non-adherence," researchers stated.

To improve patient outcomes and reduce the [burden](#) associated with this disease, it is essential to find ways to help predict and prevent treatment non-adherence.

Researchers at the University of Florida used data collected from 6,626 patients with fibromyalgia who were enrolled in Medicaid to develop a tool that could help predict non-adherence risk.

Most of the patients (86.43%) were women and more than half were between 40 and 64 years old. According to Medicaid records, 94.22% of the patients received the prescribed medication for more than 30 days, and 55.09% were taking Cymbalta ([duloxetine](#)).

The tool was built based on several parameters of patients' personal information, which have been shown to help predict treatment adherence. These included gender, age, race, presence of fibromyalgia complications, health maintenance organization (HMO) insurance coverage, emergency room utilization, and medication used.

The mean Rx-NAPT score can range between 54 and 91, with 70 being the value at which patients are considered at high risk for noncompliance.

About 72.5% of the patients were estimated to be noncompliant with the prescribed treatment, according to medication possession ratio (MPR) scores.

Using the Rx-NAPT tool, the team confirmed that 33.3% of adherent patients were at high risk for non-adherence. The tool showed its ability to predict non-adherence with an accuracy of approximately 62-64%.

"To our knowledge, this is the first study estimating non-adherence risk assessment in fibromyalgia patients," they said. "We believe this tool can play an important role in addressing the needs and shortcomings of existing medication adherence programs and contribute to resolve the existing burden of non-adherence among this population, including poor clinical outcomes and increased costs of care."