

Acknowledgments

Mentors and advisors

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- Carolyn Thorpe: Pittsburgh VA & UNC
- Valerie Smith: Durham VA & Duke
- Shelby Reed: Durham VA & Duke
- Jeffrey Kullgren: Ann Arbor VA & Univ of Michigan
- Angela Fagerlin: Salt Lake City VA & Univ of Utah
- Karen Steinhauser: Durham VA & Duke
- Francesca Cunningham: VA PBM

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- Stephanie Komoski
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Objectives

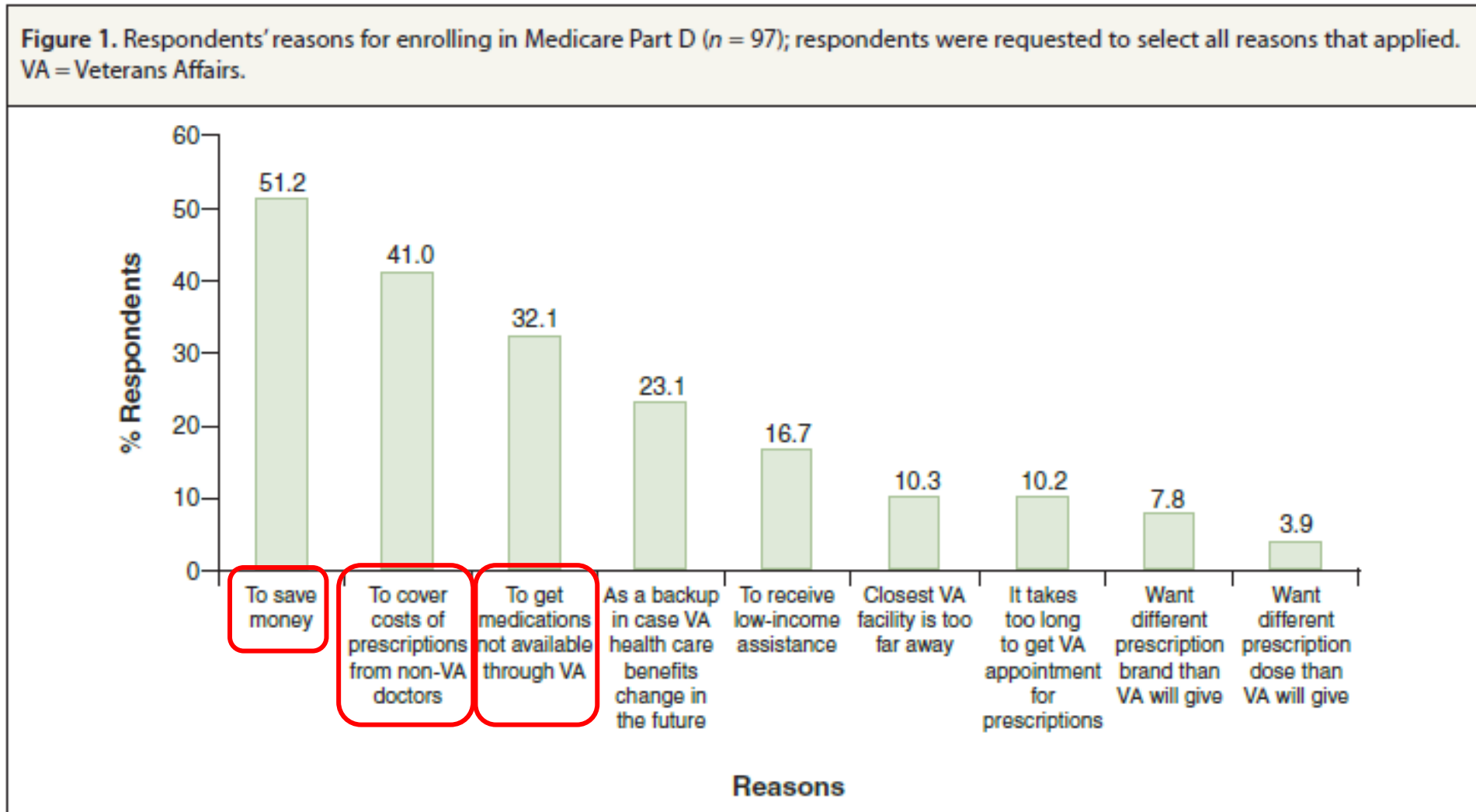
- Overview of study aims
- Seek advice and feedback from you all
 - Poll questions
 - Please also feel free to email me at anna.hung@va.gov or anna.hung@duke.edu. I would love to meet you!

Poll Question #1

- What is your primary role in VA? (*check all that apply*)
 - Current CDA awardee
 - Former CDA awardee
 - Student, trainee, or fellow
 - Clinician
 - Researcher
 - Administrator, manager or policy-maker
 - Other

Study overview

Nearly 30% of Veterans with diabetes (~70k) have Part D and VA pharmacy benefits



While dual use offers more choices, it is also associated with...

- Undersupply (and oversupply) of medications
- Medication nonadherence
- Poor glycemic control
- Frustration

Thorpe et al. *Health Serv Res.* 2018;53 Suppl 3:5375-5401.

Helmer et al. *Prim Care Diabetes.* 2008;2(2):73-80.

Voils et al. *BMC Health Serv Res.* 2014;14:490-8.

Schleiden et al. *Am J Health Syst Pharm.* 2022 Jan 5;79(2):94-101.

[Table 2. Benefits and Drawbacks of Dual Pharmacy Benefit Use as Reported by Veterans, Caregivers, and Providers]

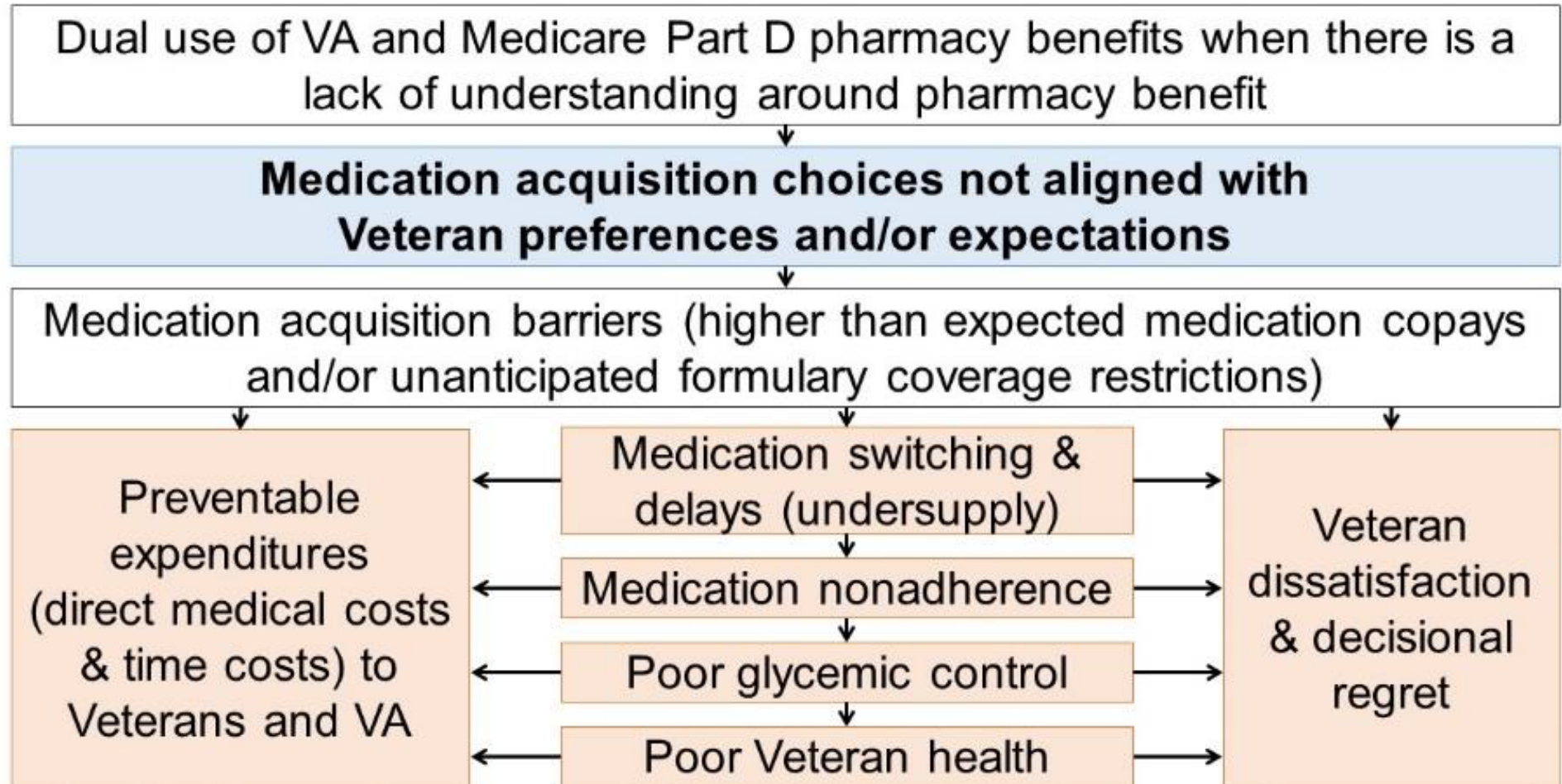
<p><u>Veteran-Perceived Benefits of Dual Use</u>²⁰</p> <p>Theme 1: Access to medications -Veterans were willing to pay more for access to medications not on the VA formulary</p> <p>Theme 2: Increased convenience -Able to obtain prescriptions on an urgent basis</p> <p>Theme 3: Opportunity to balance between convenience and saving money -Veterans saw a non-VA prescriber due to convenience, but filled these non-VA prescriptions in VA to save money</p>	<p><u>Veteran-Perceived Drawbacks of Dual Use</u>²⁰</p> <p>Theme 1: Responsibility to coordinate care -Felt responsible for coordinating care between VA and non-VA providers</p> <p>Theme 2: Duplicative time and effort -Some VA providers would not accept prescriptions written by non-VA providers, therefore Veterans had to be seen by provider again or undergo a test the Veteran already had</p> <p>Theme 3: Conflicts in recommendations -Veteran ultimately dropped non-VA provider due to conflicts in recommendations between VA and non-VA provider</p>
<p><u>Caregiver-Perceived Benefits of Dual Use</u>²⁴</p> <p>Theme 1: Increased convenience and access -Reduced driving time, maintaining routines, & access to local pharmacies and non-formulary medications</p> <p>Theme 2: Maintaining long-standing relationships with non-VA providers</p> <p>Theme 3: Reduced medication costs -Opportunity to choose VA and non-VA pharmacies based on lower costs</p>	<p><u>Caregiver-Perceived Drawbacks of Dual Use</u>²⁴</p> <p>Theme 1: Communication barriers between VA and non-VA providers -Due to lack of communication between VA and non-VA providers, felt burdened to create communicative ties across VA and non-VA providers</p> <p>Theme 2: Complexities of navigating multiple health care systems -Organizational challenges navigating multiple complex health care systems, would like all information in one place</p> <p>Theme 3: Difficulty managing potentially overlapping or interacting medications from different systems</p>
<p><u>Provider-Perceived Benefits of Dual Use</u>²⁴</p> <p>Theme 1: Increased convenience and access -Reduced travel burden, appointment wait time, & administrative barriers to obtaining medications</p> <p>Theme 2: Maintaining long-standing relationships with non-VA providers</p> <p>Theme 3: Reduced medication costs</p>	<p><u>Provider-Perceived Drawbacks of Dual Use</u>²⁴</p> <p>Theme 1: Communication barriers between VA and non-VA providers -Poor communication between VA and non-VA providers -Relying on the patient to communicate complex medical information</p> <p>Theme 2: Conflicting care decisions across systems</p> <p>Theme 3: Medication-related safety risks -Described Veterans' frustrations when they brought prescriptions from non-VA providers to the VA, only to find out the medication was not on the VA formulary. Providers said their veteran patients often did not understand the different formulary systems and that their misaligned expectations led to medication switching and delays</p>

Poll Question #2

- In addition to what was listed on the last slide, what other challenges to dual use of VA and non-VA healthcare systems to obtain prescriptions have you heard about or experienced? You may have heard from Veterans, caregivers, or health care professionals.

(please use the open-text field and provide a max of 2-3 sentences.)

Central Hypothesis



By aligning medication acquisition choices with Veteran preferences and expectations, the proposed decision aid will reduce poor outcomes (orange)

Aims

Stakeholder Advisory Board

Aim 1 (Interviews)

- Identify medication acquisition challenges and informational needs that Part D-enrolled Veterans have when filling antidiabetic medications through VA or Medicare Part D.
- 24 Veterans + 12 caregivers via phone

Aim 2 (DCE survey)

- Estimate how Veteran preferences around aspects such as prescription coverage, travel time, wait time, medication copay, and chance of adverse events influence where Part D-enrolled Veterans choose to fill antidiabetic medications
- 250 Veterans via mail

Aim 3 (Decision aid)

- Develop and assess feasibility and acceptability of a decision aid that helps Part D-enrolled Veterans comprehend VA and Medicare Part D prescription benefits to optimize choice on where to fill medications
- 20 Veterans, 18 providers

Aim 4 (\$ analysis)

- Evaluate how dual use of VA and Part D to fill antidiabetic medications affects medication expenditures for Veterans, Medicare, and VA.
- Retrospective cohort study (n=~70,000)

Poll Question #3

- Do you currently have experience working with a Stakeholder Advisory Board for a VA research project you lead or participate in?
(please select only one option below)
 - Yes
 - No
 - Unsure

Poll Question #4

- If yes to the last question, how often does the Stakeholder Advisory Board meet? *(please select only one option below, and choose the closest option to the actual frequency)*
 - Every week
 - Every month
 - Every 3 months
 - Every 6 months
 - Every year
 - Less frequent than every year

Stakeholder Advisory Board

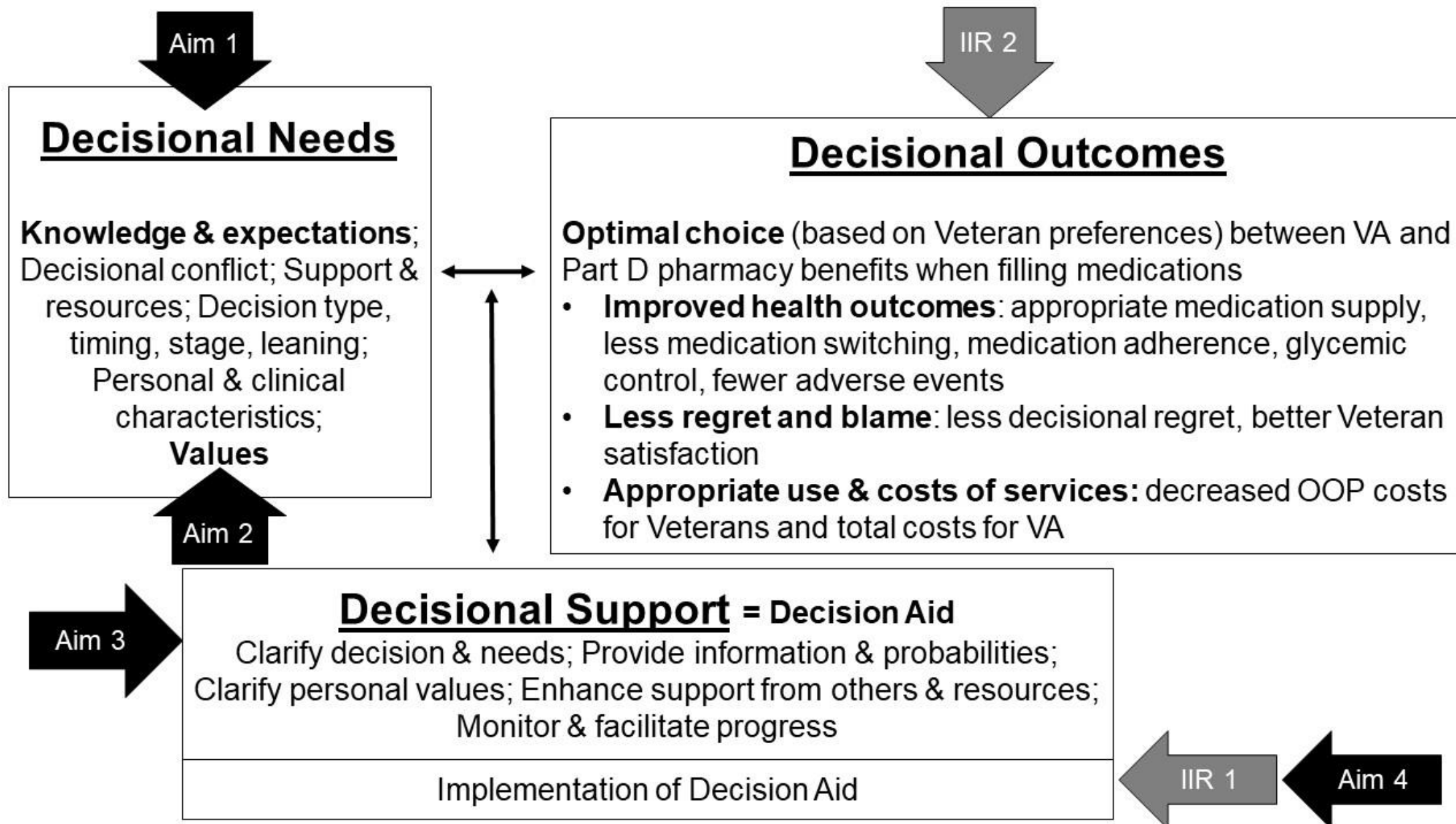
- 3 Veterans: **Looking for 2 more**
- 2 caregivers/care partners/family members: **Looking for 1 more**
- 1 VA pharmacist
- 1 VA primary care provider
- 1 VA endocrinologist
- 1 VA Community Care pharmacist
- 1 VA Pharmacy Benefits Management Services representative
- 1 Medicare expert

Poll Question #5

- What are some suggestions for identifying Veterans with diabetes and Medicare Part D (and caregivers) to serve on the Stakeholder Advisory Board?

(please use the open-text field and provide a max of 2-3 sentences.)

The 'Big Picture'



By the end of 5 years, what would you ideally have liked to achieve?

- Decision aid
 - Barriers: IT
- Pilot studies & strong collaborations to support a research program around prescription insurance navigation and impacts

Discussion

What should the decision aid cover?

1. Educational only (e.g., teaches Veterans how to look up their drug costs in Medicare Plan Finder website and what some coverage restriction terms mean)
2. Medication-level information (can include cost and coverage)
 - a. #1 + tells the Veteran the coverage restrictions + cost of filling each of their diabetes medications in VA versus Part D, then lets the Veteran choose
3. Scenario-level information (add factors like drive time and care coordination)
 - a. #1 + shows the Veteran different scenarios of filling different %'s of their diabetes medications in VA versus Part D, and provides coverage restrictions + costs + drive time + care coordination considerations of these different scenarios
4. #3 + abbreviated DCE to use individual Veteran preferences to inform what scenarios are shown to them
5. Something else?

OPTION 1: Education only

Explanation of terms related to cost:

- Premium
- Deductible
- Copayment
- Coinsurance

Explanation of terms related to access:

- Formulary, nonformulary
- Criteria for use / prior authorization
 - Step therapy
 - Quantity limits

Explanation of terms related to changes in cost due to Part D benefit:

- Deductible Phase
- Initial Coverage Phase
- Former Gap Phase
- Catastrophic Coverage Phase

OPTION 2: \$ and coverage information at the medication level

COSTS

	VA		Part D Plan (Walgreens pharmacy)		Part D Plan (Mail-order pharmacy)	
	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL
Jardiance	\$11	\$132	After deductible, \$42 until coverage gap → \$156.03	\$792.12	After deductible, \$126 until coverage gap → \$452.03	\$1,030.06
Lantus	Depending on which is covered, \$8-\$11	\$96-\$132	\$0	\$0	\$0	\$0
Metformin	\$5	\$60	After deductible, \$4	\$32	\$0	\$0

FORMULARY COVERAGE

	VA	Part D Plan
Jardiance	None	30-day qty limits
Lantus	Depends on VISN (may require use of insulin detemir instead)	None
Metformin	None	30-day qty limits

OPTION 3: \$ and coverage information at the scenario level

Factor	Scenario 1: Fill all meds at VA	Scenario 2: Fill all meds through Part D (Walgreens)	Scenario 3: Fill all meds through Part D (Mail order)	LOWEST COST OPTION Scenario 4: Fill 1 med (Jardiance) at VA, and 2 meds (metformin and Lantus) through Part D (Mail order)
Cost	\$288-\$324	\$824.12	\$1,030.06	\$132
Coverage	May need to switch to other long-acting insulin	No changes/wait required	No changes/wait required	No changes/wait required
Drive and wait time (for doctor's appointments)	2 hours	2 hours	2 hours	4 hours
Care coordination / risk of adverse events	N/A	N/A	N/A	Need to coordinate care, may be at increased risk of adverse events due to having multiple providers

OPTION 4a: \$ and coverage information at the scenario level– with less information based on abbreviated DCE answers (e.g., cares mostly about lowest cost and drive/wait time)

Factor	LEAST AMOUNT OF TIME Scenario 1: Fill all meds at VA	LOWEST COST OPTION Scenario 4: Fill 1 med (Jardiance) at VA, and 2 meds (metformin and Lantus) through Part D (Mail order)
Cost	\$288-\$324	\$132
Drive and wait time (for doctor's appointments)	2 hours	4 hours

OPTION 4b: \$ and coverage information at the scenario level– with FINAL RECOMMENDATION based on abbreviated DCE answers (e.g., cares ONLY about lowest cost option)

Factor	LOWEST COST OPTION Scenario 4: Fill 1 med (Jardiance) at VA, and 2 meds (metformin and Lantus) through Part D (Mail order)
Cost	\$132
Drive and wait time (for doctor's appointments)	4 hours

Poll Question #6

- Which option for a decision aid / tool would you vote for? (*please select only one option below*)
 - Option 1: education only
 - Option 2: info at the medication level
 - Option 3: info at the scenario level (many scenarios)
 - Option 4: info at the scenario level (only 1-2 scenarios)

Poll Question #7

- After seeing the various options for a decision aid / tool, what are some recommendations or initial feedback you are willing to share?
(please use the open-text field and provide a max of 2-3 sentences.)

Thank you!

Please feel free to share any further thoughts via email--

anna.hung@va.gov or

anna.hung@duke.edu. I would love to discuss as well as meet you!

Additional

Aims

Aim 1: Identify medication acquisition challenges and informational needs that Part D-enrolled Veterans have when filling antidiabetic medications through VA or Medicare Part D. I will conduct interviews with Part D-enrolled Veterans using antidiabetic medications (n=24) and their caregivers (n=12) to identify what Part D-enrolled Veterans need to know to overcome medication acquisition challenges associated with filling through Part D or VA.

Aim 2: Estimate how Veteran preferences around aspects such as prescription coverage, travel time, wait time, medication copay, and chance of adverse events influence where Part D-enrolled Veterans choose to fill antidiabetic medications. I will use a discrete choice experiment survey (n=250) to determine how Part D-enrolled Veterans trade off between the advantages and disadvantages of filling through one pharmacy benefit versus another.

Aim 3: Develop and assess feasibility and acceptability of a decision aid that helps Part D-enrolled Veterans comprehend VA and Medicare Part D prescription benefits to optimize choice on where to fill medications. Aims 1 and 2, along with Stakeholder Advisory Board input, will inform the development of a decision aid that helps Veterans understand and choose between pharmacy benefits. Through alpha and beta testing with Part D-enrolled Veterans using antidiabetic medications (n=20) and VA providers (n=18), I will assess the feasibility and acceptability of a decision aid to help Part D-enrolled Veterans optimize where to fill their antidiabetic medications.

Aim 4: Evaluate how dual use of VA and Part D to fill antidiabetic medications affects medication expenditures for Veterans, Medicare, and VA. Linking 2017-2019 VA and Medicare medical record and claims data on all Part D-enrolled Veterans using antidiabetic medications, I will evaluate the effect of dual use on costs to Veterans and payers.