



# Economic evaluation of a patient support programme AbbVie Care 2.0 Immunology

Martinez-Sesmero JM<sup>1</sup>, Burgos-Pol R<sup>2</sup>, Jornet S<sup>3</sup>, Santiago A<sup>4</sup>, Navarro H<sup>5</sup>, Gorgas Q<sup>6</sup>, Jolonch P<sup>7</sup>, Griffa L<sup>8</sup>, Díaz-Moreno V<sup>8</sup>, Oyagüez I<sup>2</sup>

<sup>1</sup>Complejo Hospitalario de Toledo, Toledo, Spain, <sup>2</sup>Pharmacoeconomics & Outcomes Research Iberia (PORIB), Madrid, Spain, <sup>3</sup>Hosp. Juan XXIII, Tarragona, Spain, <sup>4</sup>Hosp. Clínico San Carlos, Madrid, Spain, <sup>5</sup>Hosp. Miguel Servet, Zaragoza, Spain, <sup>6</sup>Hosp. Parc Tauli, Sabadell, Spain, <sup>7</sup>Hosp. El Vendrell, Tarragona, Spain, <sup>8</sup>AbbVie, Madrid, Spain

Submitted to ISPOR 20<sup>th</sup> Annual European Congress. 4 – 8 November 2017. Glasgow, Scotland

## BACKGROUND

- Patient Support Programmes (PSP) have the potential to improve care in chronic disease states with complex therapies<sup>1</sup>.
- Patients with immunomediated chronic diseases treated with adalimumab in Spain are offered a proprietary PSP: AbbVie Care 2.0 Immunology (AbbVie Care).

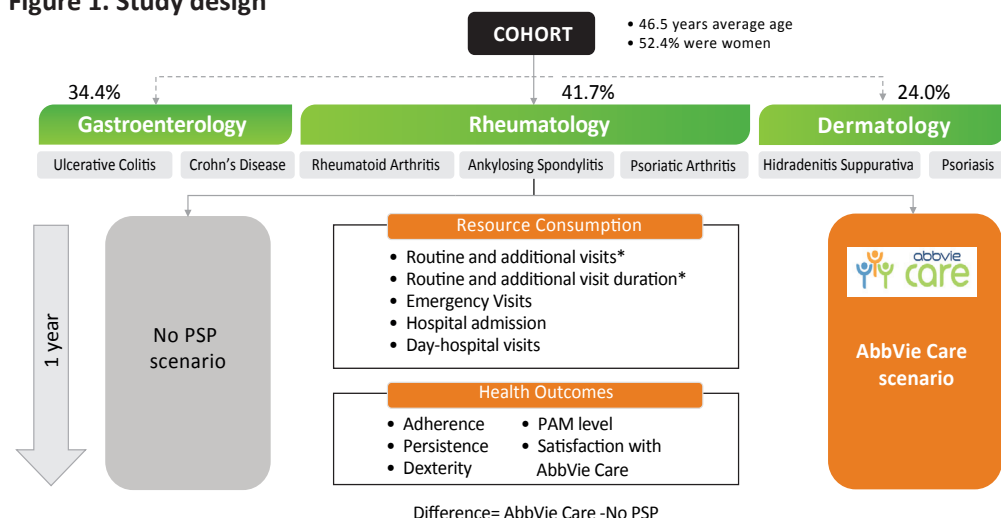
## METHODS

- A cost-consequence analysis was designed in Excel to assess the implementation of AbbVie Care in patients with immunemediated chronic diseases along a 1-year time horizon, under a hospital perspective.
- A panel of 6 hospital pharmacists (from public national hospitals) experienced on immune-biologic drugs use, collected and validated data on resource consumption and health outcomes.
- The hypothetical cohort of patients treated with subcutaneous biological agents was distributed among rheumatic, dermatologic and gastrointestinal immunemediated diseases, in line with the distribution found in the National Health System<sup>2</sup> (Figure 1).
- Two different scenarios were evaluated: standard of care (No PSP) and AbbVie Care scenario (Figure 1).
- The health resource consumption (Figure 1) was used to estimate associated annual costs.
- Health outcomes were assessed as follows:

## OBJECTIVE

- This study aimed at assessing the impact of AbbVie Care 2.0 Immunology PSP vs the standard of care on resources consumption and health outcomes, in Spain.
- Adherence: number of doses dispensed in relation to the dispensing period of 365 days (Medication Possession Rate-MPR)<sup>3</sup>.
- Persistence: % of patients on treatment at 3 or 6 months.
- Patient Activation Measure (PAM): PAM-10 questionnaire<sup>4,5</sup>.
- Dexterity: the number of visits and % of patients attending to day-hospital due to problems in the ability to manage the medication.
- Satisfaction with AbbVie Care (patients and professionals): Likert scale (very dissatisfied [1] to very satisfied [10]).
- Consequences are expressed as the difference between the most effective (AbbVie Care) and the less effective scenario (No PSP), and as the percentage of increment compared with the less effective scenario.
- Unitary costs (€, 2017) for health resources derived from national databases<sup>6</sup>.

Figure 1. Study design

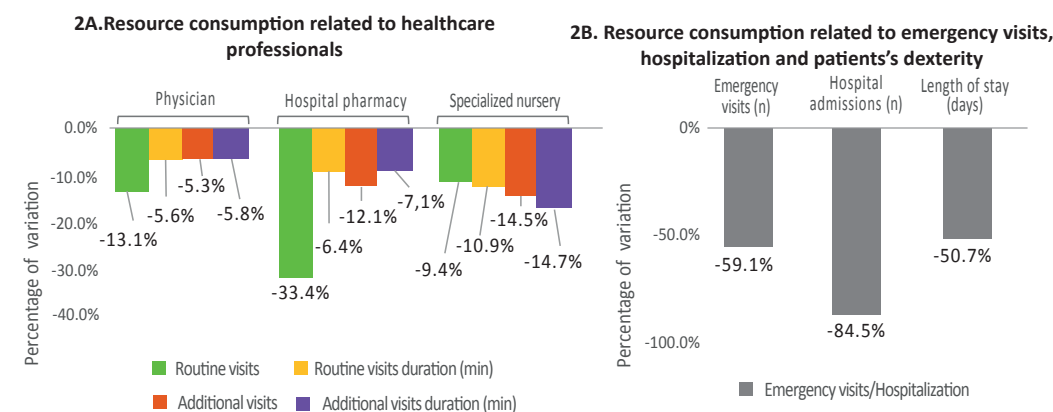


\*To healthcare professionals at hospital setting: physician, hospital pharmacy and specialized nursery

## RESULTS

- AbbVie Care implementation was associated to reduction in routine and additional incidence-related visits to physician, hospital pharmacy and specialized nursery as well as visit duration (Table 1, Figure 2A).
- Emergency visits, hospital admission and hospital length of stay experienced a reduction with AbbVie Care comparing to No PSP (Table 1, Figure 2B).
- AbbVie Care implementation increased drug adherence, persistence whereas the number of visits and % of patients attending to day-hospital were reduced (Table 1, Figure 3A).
- PAM level distribution varied with AbbVie Care implementation by increasing the proportion of patients at higher level of activation (Table 1, Figure 3B).
- Satisfaction scores with AbbVie Care reached 9.7/10 for patients and 8.0/10 for professionals.
- The implementation of AbbVie Care was associated to an estimated average cost-savings of €3,578.25 patient/year (Figure 4).

Figure 2. Resource consumption (AbbVie Care vs No PSP)



## CONCLUSIONS

- AbbVie Care improves adherence and persistence among immunemediated disease patients comparing with the standard of care. It also promotes patients to a higher level of activation.
- A reduction of the burden of health resources, and consequently cost-savings at hospital setting, is associated to AbbVie Care, along with an improvement in health outcomes.
- AbbVie Care also makes for patient's dexterity improvement required to drug administration, providing a high level of satisfaction and patient's autonomy.

Table 1. Average differences in health outcomes and resource consumption

	No PSP	AbbVie Care	Difference	
<b>Resource Consumption</b>				
<i>Routine visits to healthcare professionals</i>				
Annual visits (n)	Physician	3.61	3.14	-0.47
	Pharmacist	12.58	8.38	-4.20
	Specialized nursery	1.56	1.41	-0.15
Visits duration (min/visit)	Physician	20.50	19.37	-1.14
	Pharmacist	5.87	5.49	-0.37
	Specialized nursery	11.04	9.84	-1.20
<i>Additional visits to healthcare professionals</i>				
Annual visits (n)	Physician	1.48	1.40	-0.08
	Pharmacist	1.55	1.37	-0.19
	Specialized nursery	1.33	1.13	-0.19
Visits duration (min/visit)	Physician	18.39	17.33	-1.06
	Pharmacist	16.31	15.16	-1.15
	Specialized nursery	9.96	8.50	-1.47
<i>Emergency visits &amp; Hospitalization</i>				
Emergency visits (n)	1.65	0.68	-0.98	
Hospital admissions per patient (n)	1.02	0.16	-0.86	
Annual hospital length of stay (days/admission)	4.51	2.22	-2.29	
<b>Health Outcomes</b>				
<b>Adherence</b>	MPR (%)	93.93%	95.46%	1.54%
<b>Persistence</b> (% patients on treatment)	At month 3	96.71%	100.01%	3.30%
	At month 6	82.19%	90.66%	8.47%
<b>Dexterity</b>	Patients attending to day-hospital (%)	18.93%	16.19%	-2.74%
	Day-hospital visits (n)	2.92	2.58	-0.34
<b>Patient Activation Measure</b> (% patients PAM-10 level)	Level 1 (0-25)	0.00%	0.00%	0.00%
	Level 2 (26-50)	9.93%	2.00%	-7.93%
	Level 3 (51-75)	51.92%	59.97%	8.05%
	Level 4 (76-100)	38.16%	38.04%	-0.12%

MPR: Medication Possession Rate; PAM: Patient activation measure

Figure 3. Health outcomes variation (AbbVie Care vs No PSP)

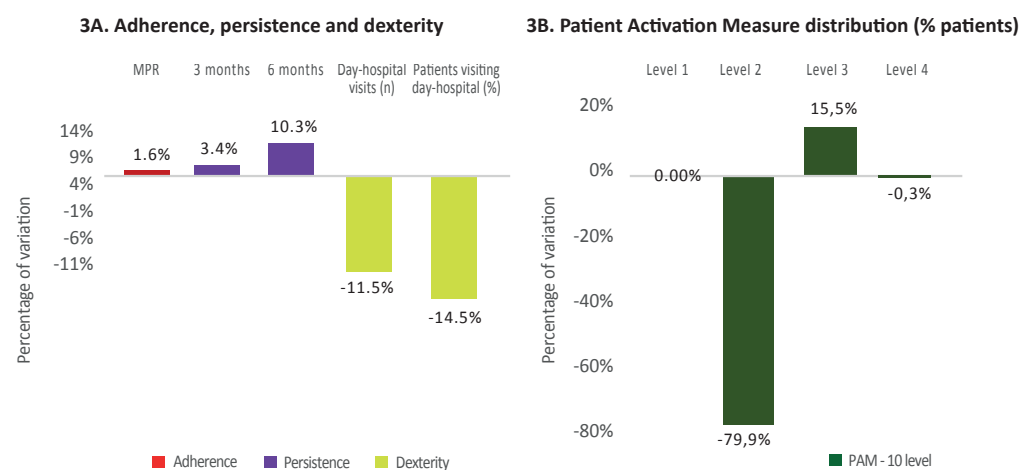
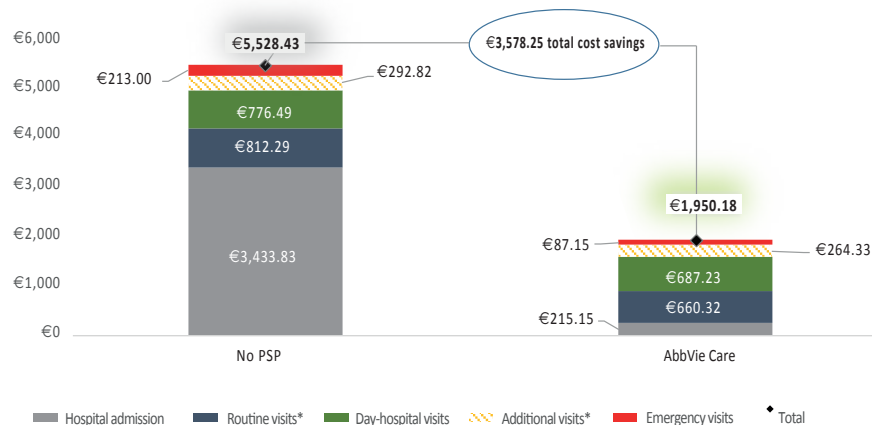


Figure 4. Average annual costs associated to resource consumption



\*Routine and additional visits costs include cost per visits and time (transferred to costs) of healthcare professionals.

## REFERENCES

1. Ganguli A, et al. Patient Prefer Adherence. 2016;10:711-25.
2. Deben Tiscar E, et al. Farm Hosp. 2014;38 Supl 1:27.
3. Cramer JA, et al. Value Health. 2008;11(1):44-7.
4. Hibbard JH, et al. Health Serv Res 2004;39(4p1):1005-26.
5. Hibbard JH, et al. Health Serv Res 2005;40(6p1):1918-30.
6. eSalud. www.oblikue.com



Designed by



AbbVie provided financial support for this study. AbbVie participated in the interpretation of data, review, and approval of the abstract. All authors contributed to the development of the abstract and maintained control over the final content.

ISPOR 20<sup>th</sup> Annual European Congress. 4 - 8 November 2017. Glasgow, Scotland