Objectives

− To better understand the impact of DaVita Rx, analyses were conducted to assess the overall effect of DaVita Rx enrollment on mortality rates among patients receiving in-center hemodialysis over the time period January 2006 to December 2008. In each case, risk was lowest for patients who received the corresponding medication through DaVita Rx, whether or not they were enrolled in DaVita Rx.

Methods

− The analysis considered patients receiving in-center hemodialysis at DaVita facilities from January 2011 through September 2012. DaVita Rx patients were considered beginning at the time of DaVita Rx enrollment (index month). Eligible controls were patients who had never enrolled at DaVita Rx. For each enrollee, an index month was selected at random.

Results

• A total of 4,949 DaVita Rx patients were matched to 9,898 control patients who were enrolled in DaVita Rx but filled the corresponding prescription at another source. All DRX Patients vs Control (Non-DRX).

<table>
<thead>
<tr>
<th>Primary Insurer</th>
<th>Control (Non-DRX)</th>
<th>DaVita Rx (DRX)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>3,165</td>
<td>1,884</td>
<td>0.77</td>
</tr>
<tr>
<td>Commercial</td>
<td>904</td>
<td>888</td>
<td>0.95</td>
</tr>
<tr>
<td>Medicaid</td>
<td>214</td>
<td>210</td>
<td>0.67</td>
</tr>
<tr>
<td>Other</td>
<td>369</td>
<td>378</td>
<td>0.89</td>
</tr>
</tbody>
</table>

Table 1: Baseline Patient Characteristics

Conclusions

• DaVita Rx enrollment was associated with a 37% reduction in mortality rate among patients receiving in-center hemodialysis over the period January 2011 to September 2012. The magnitude of the protective DaVita Rx-mortality association was greater than that observed in the previously published CDRO study. This difference may be related to improvements in DaVita Rx service that occurred between the 2 study periods. Reductions in mortality for DaVita Rx patients compared to controls were greater among patients using ACEi/ARB and beta blockers (44% and 40%, respectively). In each case, risk was lowest for patients who received the corresponding medication through DaVita Rx, intermediated for DaVita Rx patients who filed the corresponding medication elsewhere, and greatest for non-DaVita Rx controls.

This improvement may derive from “carry-over” effects if other medications were provided through DaVita Rx (self-management and reminders provided for one medication may prompt better adherence across all medications taken), or it may be that vulnerable patients benefit generally from intensive renal-focused pharmacy care.

References


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