



Project Longhorn

Outlook for Incontinence Services

Avalere Health | An Inovalon Company
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About Avalere

Nearly 350 clients rely on Avalere for breadth and depth of expertise to navigate the changing healthcare landscape



ADVISORY SERVICES

Leverage Avalere's deep substantive expertise and practical business advice supported by rigorous quantitative and qualitative research.



RESEARCH PRODUCTS

Stay informed of the latest market insights, trend reports, and policy developments using Avalere's research products and resources.



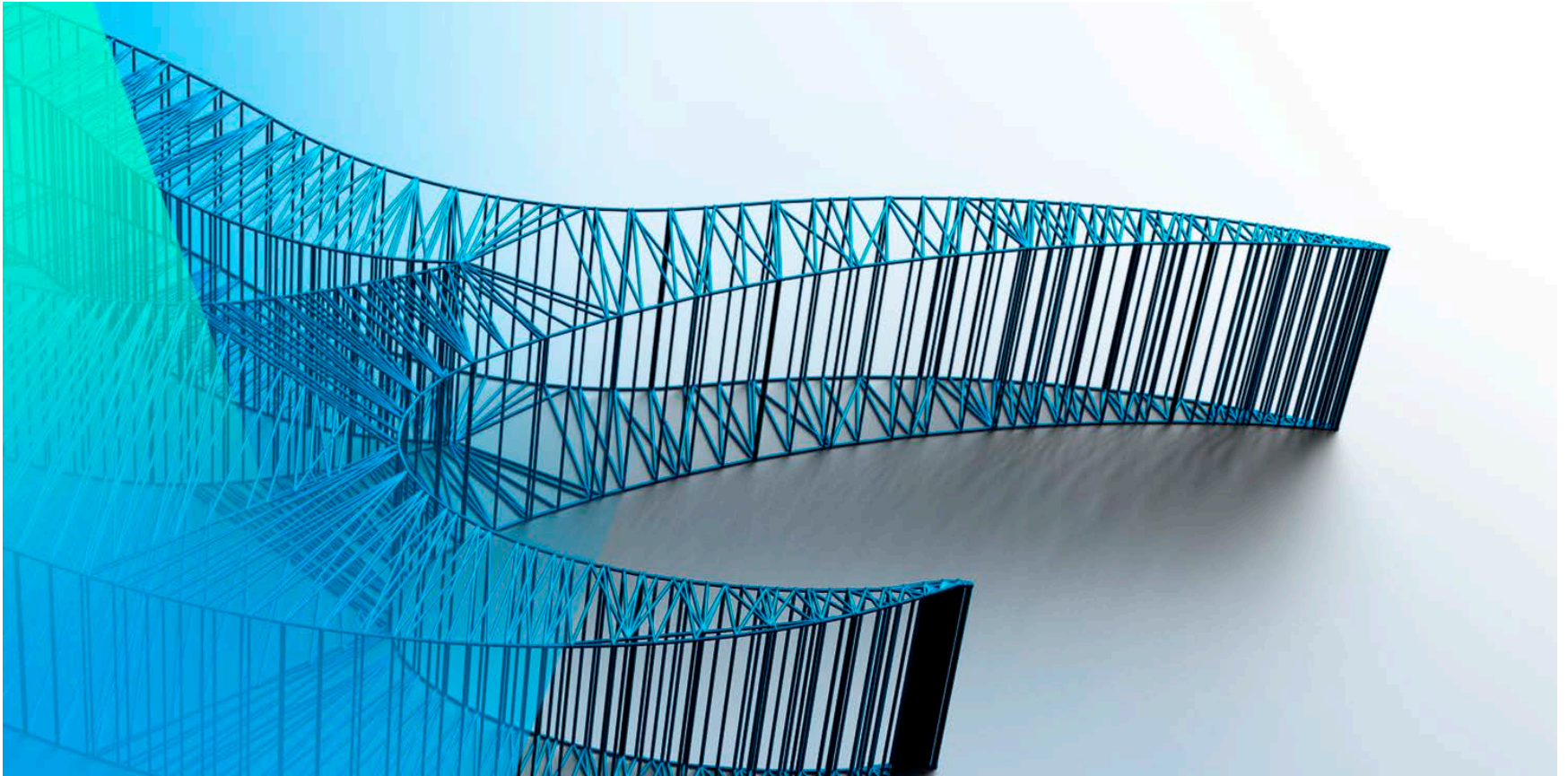
TECHNOLOGY PRODUCTS

Use Avalere's portfolio of technology products built on data, reports, and information from both public and private sources, aggregated and distilled into user-friendly interfaces to provide competitive intelligence and inform strategy.

REACH AND INFLUENCE

- Extensive Fortune 500 and financial sponsor client roster
- Senior advisors with deep subject matter expertise
- Press coverage and media presence at national and local level














Executive Summary

Stakeholder Feedback Suggests Opportunity for DME Suppliers that Improve Care Management

Summary

- The prevalence of diagnosed incontinence, particularly in the senior population, is expected by industry stakeholders to grow steadily over time, placing increasing burden on home and facility-based patient caregivers
- Medicaid MCOs have historically prioritized achieving the lowest unit cost to source durable medical supplies for incontinence management, but acknowledge that a DME supplier who can match the unit cost of their existing vendor and demonstrate the ability to lower the incidence of infections, dermatitis and other patient complications would be a compelling partner
- In the SNF setting, incontinence management incurs substantial cost and demands on nursing staff. A supplier who can serve as the tip of the spear through regular patient engagement and support incontinent patients' ability to stay in the home can drive substantial savings for insurers

Conclusion	Impact on Longhorn	Weight
Providers Anticipate Growth in Share of Patients Experiencing Incontinence Over Time		10%
Providers Signal Limited Attention to Differentiation in Product Quality for Incontinence		10%
Physicians See Cost Effectiveness, Geographic Reach as Key Characteristics for Suppliers		10%
Medicaid MCOs Prioritize Unit Cost in Contracting for Supply of Incontinence Products		20%
Provider Respondents Affirm MCO Focus on Product Cost as a Key Factor for Supplies		5%
State RFP Rounds May Be Best Entry Point to Overcome MCO Bias Towards Existing Vendors		10%
For Outcomes, Medicaid Plans Prioritize Reductions in Skin Breakdowns, Infections		30%
Better incontinence management may preclude SNF admissions, support care at home		5%
Aggregate Outlook		 100%



Positive Impact 

Mixed Impact 

Negative Impact 

Clinical Literature Supports Improved Outcomes Through Superior Products, Early Interventions

Summary

- While much of the scientific literature published in recent years has focused on the efficacy of therapeutic or surgical interventions in patients suffering from incontinence, less attention has been brought to the prospective impact of different conservative approaches as drivers of improved clinical outcomes
- Nonetheless, Avalere's review of studies of varying degrees quality in their evidentiary rigor suggest a positive relationship between conservative interventions for incontinence management and improved outcomes compared to no intervention

Conservative Incontinence Care Management and Patient Outcomes

- Conservative interventions including use of more robust disposable products featuring greater absorbency, proactive cleansing and protection of skin, and greater frequency of product changes were positively associated with improved patient outcomes
- Outcome improvements included
 - Lower rates of skin breakdown, incontinence associated dermatitis, pressure ulcer development, and urinary tract infection
 - Shorter lengths of hospitalizations and lower total cost of care for inpatient stays
 - Improvements in patient-reported quality of life measurements
- Opportunities for further research include:
 - More randomized controlled trials comparing randomly selected participants for an identified conservative treatment (i.e., changes in wearable selection, frequency of wearable changes, or proactive cleansing of early onset skin breakdowns) to patients in a sham arm of the study for impact on outcomes such as onset of incontinence-associated dermatitis, onset of urinary tract infections or rates of emergency room admission

Summary: Literature Review Details

Total Articles Sourced	2,107
Total Articles Selected	18

Study Grade	Number of Articles from Selection
A	4
B	8
B/C	4
C	2

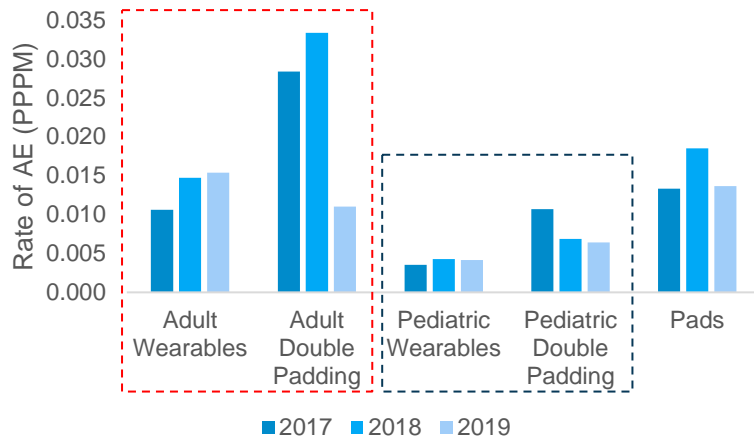
Patients Utilizing Different Products Experienced Notable Variance in Cost, Outcomes

Summary

Avalere analyzed cost and clinical data from Inovalon's MORE² claims dataset to identify trends across different patient cohorts, segmented by type of incontinence product usage

- **Adverse Events:** Higher incidence rates across various adverse events (UTIs, pressure ulcers, skin breakdown) were identified across cohorts utilizing "double padding" as compared to cohorts utilizing wearable products
- **Readmission Rates:** Higher rates of 30-day and 90-day hospital readmission rates were observed among cohorts utilizing pads or double padding in comparison to cohorts utilizing wearables products
- **Emergency Room Utilization:** Higher rates of total ER utilization and ER utilization for adverse events were observed in the double padding cohorts in comparison to their wearable counterparts
- **Cost:** Less clear trends were observed over multiple years across total cost of care and total medical costs associated with patient cohorts, potentially driven by highly variable costs associated with drug spend not associated with incontinence specifically, but rather with comorbid conditions

Adverse event rate of UTI by cohort (PPPM)



Adverse event rate of pressure ulcers by cohort (PPPM)

