

# Improving Medication Adherence

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# Outline

- Definition of adherence
- Barriers to adherence
- How BCBSM addresses non-adherence
- Role of nurse care managers
- Tools and resources to assess adherence

# What is Adherence?

- “The extent to which a person’s behavior – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider.”
- Care Manager focus:
  - Medication adherence
  - Disease states:
    - Diabetes
    - Hypertension
    - Hypercholesterolemia

# Why Adherence Matters

- Decreases morbidity and mortality
- Improves quality of life
- Reduces the costs of health care
- Decreases preventable hospital admission and/or readmission

# Why Adherence Matters

- The Centers for Medicare & Medicaid Services rates all Medicare Advantage plans using its Stars Rating program
- Presently rates 44 quality measures using a scale of one to five Stars
- Plans with ratings below 3 stars are at risk of losing their Medicare contract
- An overall Star rating of 4 or above results in Quality Bonus Payments to the plan (>\$200 million)
- Three Star measures are related to medication adherence for diabetes, hypertension and cholesterol medications

# Medication Adherence Star Ratings

**The rating:** Percent of plan members with a prescription for a specified medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

## Targeted adherence medications

| Diabetes Medications                                                                                                                                                                                                                              | ACEI/ARBs                                                                                                                                                                                                                                                                                                                        | Statins                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• metformin</li> <li>• Thiazolidindiones</li> <li>• Sulfonylureas (G Drugs)</li> <li>• DPP-IV Inhibitors</li> <li>• Meglitinides</li> <li>• GLP-1 Receptor Agonists</li> <li>• SGLT2 Inhibitors</li> </ul> | <p><u>ACE inhibitors:</u></p> <ul style="list-style-type: none"> <li>• lisinopril</li> <li>• captopril, etc.</li> </ul> <p><u>ARBs</u></p> <ul style="list-style-type: none"> <li>• Cozaar</li> <li>• Diovan, etc.</li> </ul> <p><u>Direct Renin Inhibitors</u></p> <ul style="list-style-type: none"> <li>• Tekturna</li> </ul> | <ul style="list-style-type: none"> <li>• Lipitor</li> <li>• Zocor</li> <li>• Crestor</li> <li>• Pravachol</li> <li>• Mevacor</li> <li>• Livalo</li> <li>• Lescol</li> </ul>                                                                |
| <p><b>Stars rating performance levels:</b></p> <p>5 stars - <math>\geq 82\%</math><br/>           4 stars - <math>\geq 75\%</math> to <math>&lt; 82\%</math><br/>           3 stars - <math>\geq 69\%</math> to <math>&lt; 75\%</math></p>        | <p><b>Stars rating performance levels:</b></p> <p>5 stars - <math>\geq 81\%</math><br/>           4 stars - <math>\geq 77\%</math> to <math>&lt; 81\%</math><br/>           3 stars - <math>\geq 73\%</math> to <math>&lt; 77\%</math></p>                                                                                       | <p><b>Stars rating performance levels:</b></p> <p>5 stars - <math>\geq 79\%</math><br/>           4 stars - <math>\geq 73\%</math> to <math>&lt; 79\%</math><br/>           3 stars - <math>\geq 61\%</math> to <math>&lt; 73\%</math></p> |

# Background: Non-Adherence Statistics

- **50% of patients do not take their medications as prescribed**
- 125,000 preventable deaths each year
- \$290 billion in avoidable costs (13% of total health care expenditures)
- \$100 billion in excess hospitalizations

For every 100 prescriptions written

50-70 go to a pharmacy

48-66 come out of the pharmacy

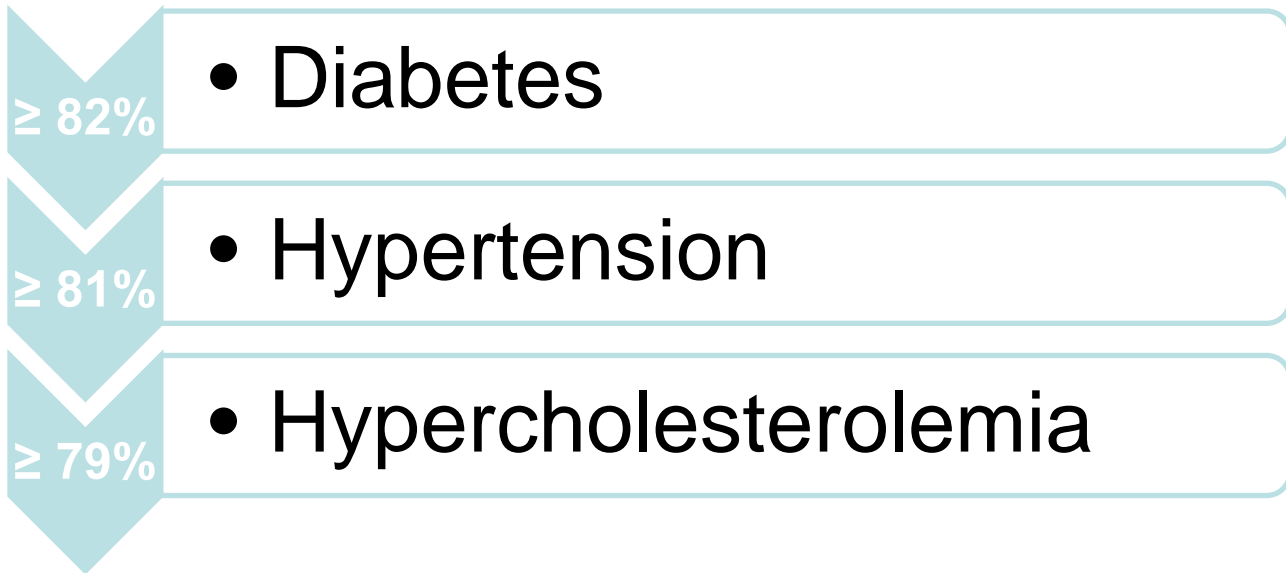
25-30 are taken properly

15-20 are refilled as prescribed




# How BCBSM measures adherence

- We measure patients' rate of adherence to prescribed medications for diabetes, hypertension and/or hypercholesterolemia

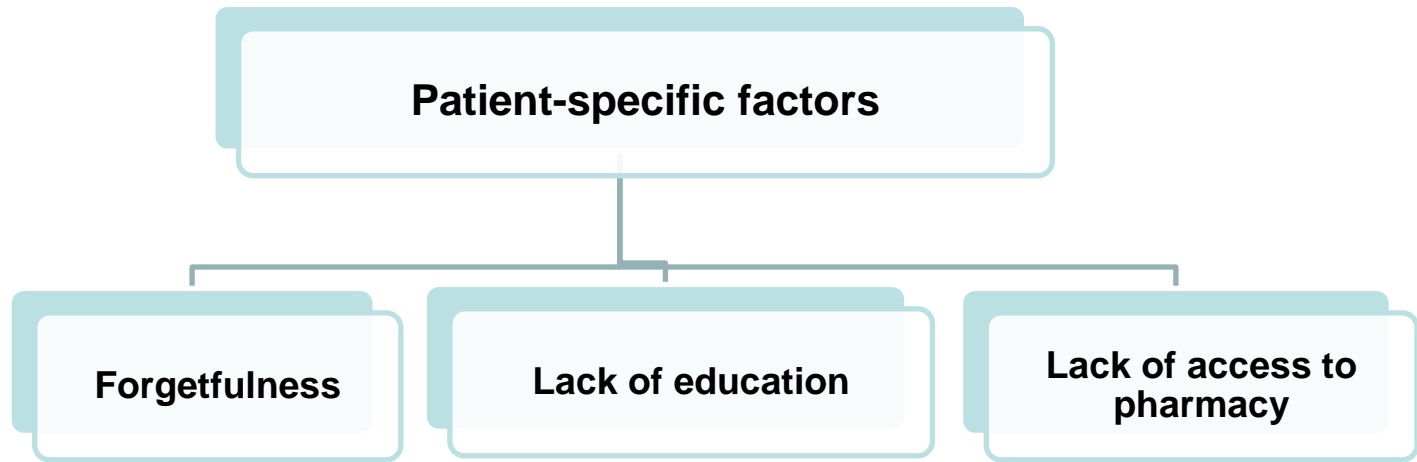




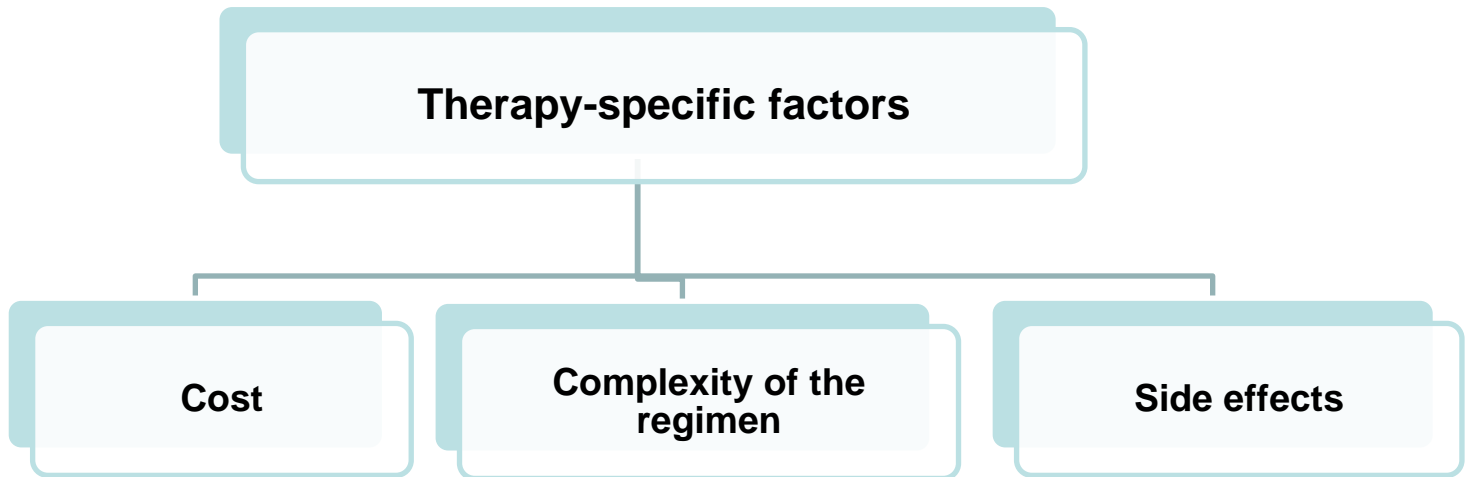
# Barriers to Adherence

- 
- Patient-Specific Factors
  - Therapy-Specific Factors

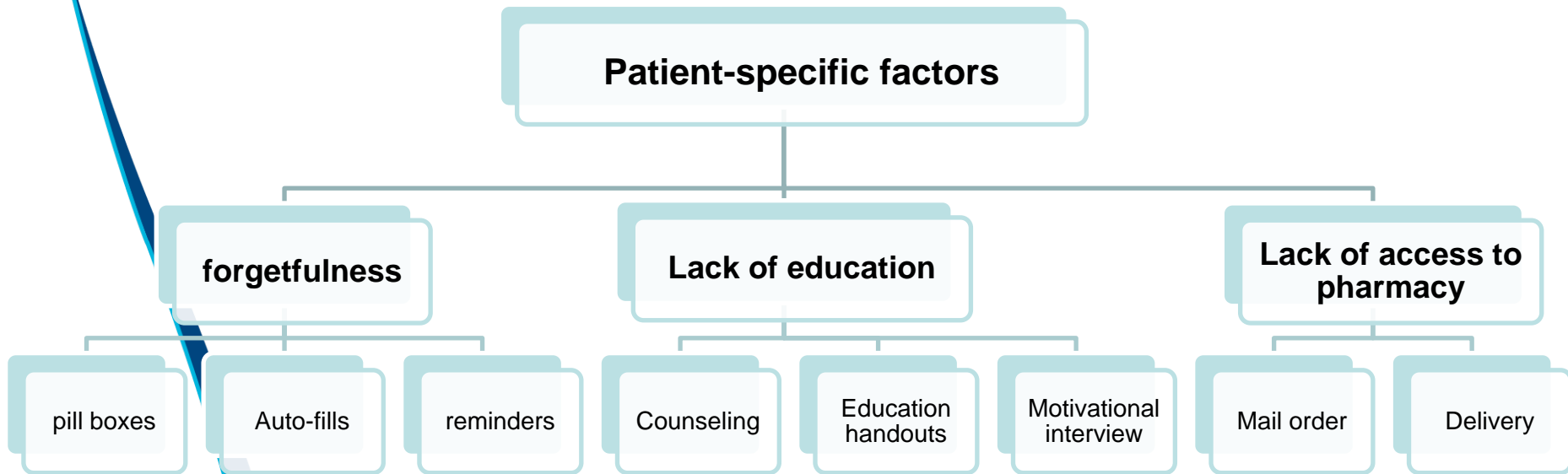
# Barriers to adherence



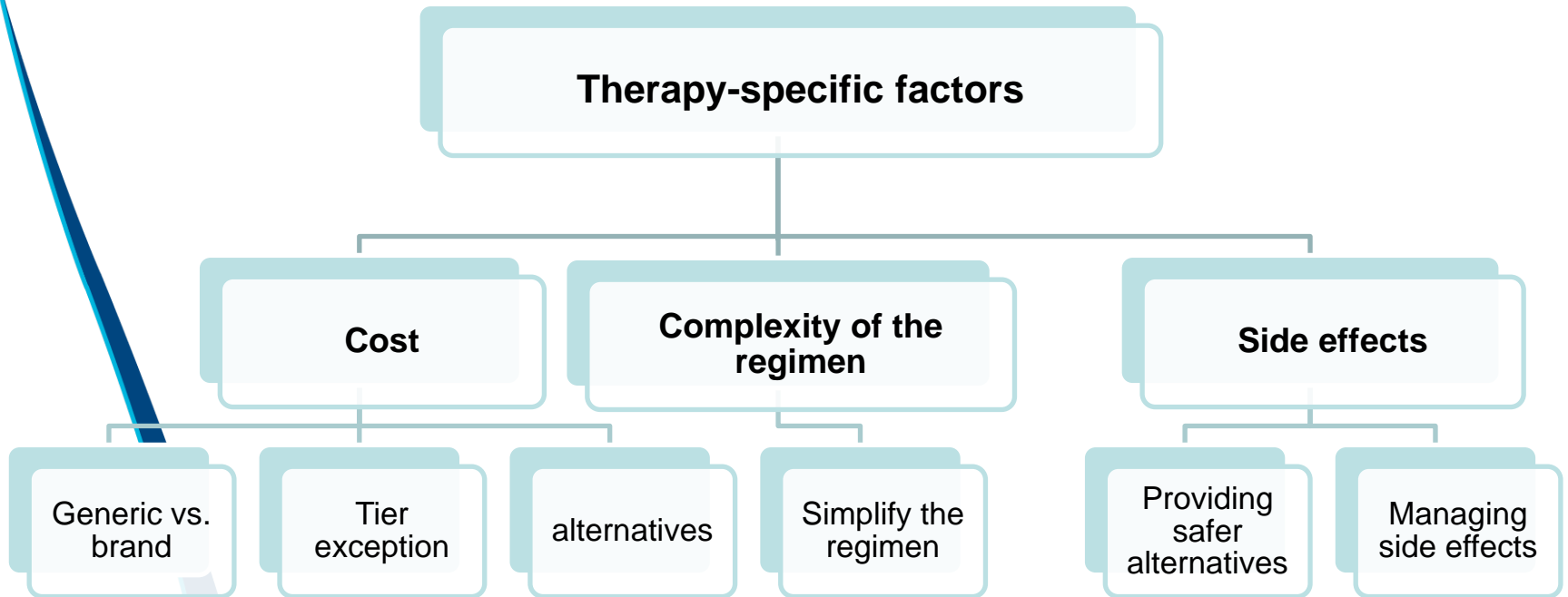
# Barriers to adherence



# Barriers to adherence & probable solutions:



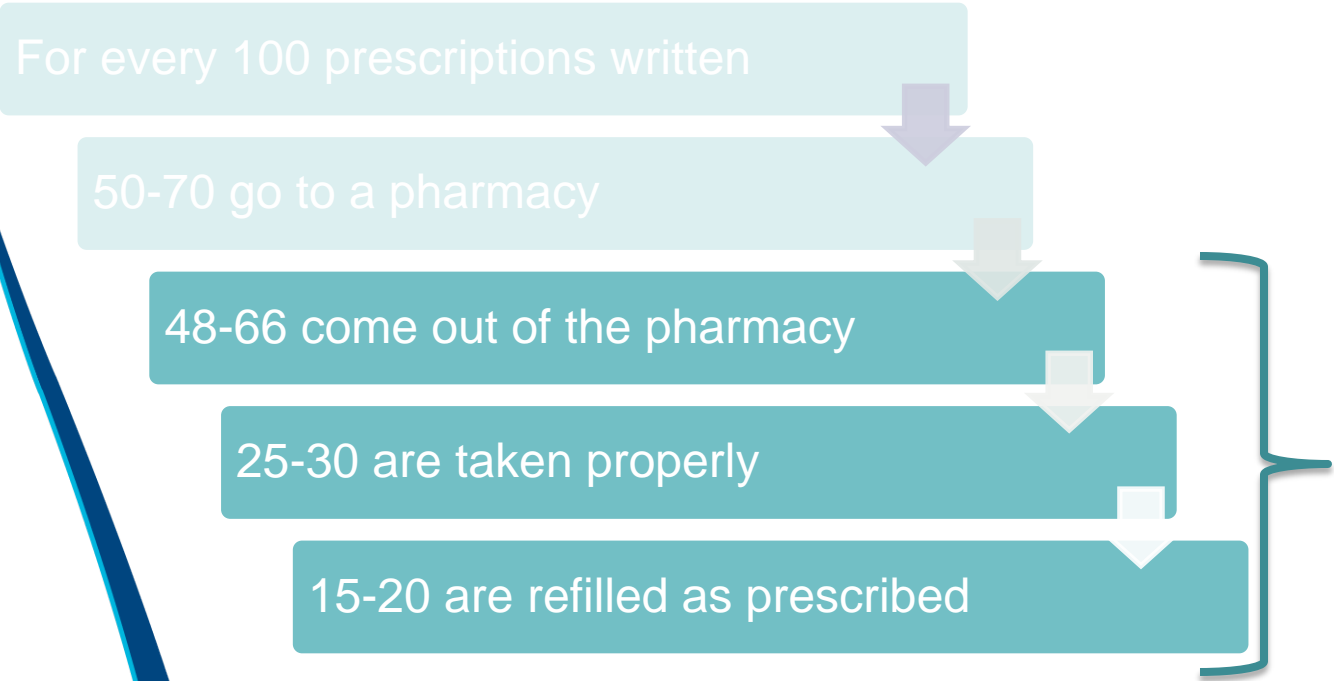
# Barriers to adherence & probable solutions:



# How BCBSM addresses non-adherence

- We have different initiatives to address these barriers and try to propose effective solutions for them
- We address adherence issues with:
  - Members
  - Providers
    - Physicians
    - Nurse practitioners
    - Pharmacists
    - Physician assistants

# This is where YOU come in!



# How can nurses identify medication non-adherence?

- **Assess patient adherence to medication regimen:**
  - Gather information from the patient and any available documentation
  - Review and reconcile the medication list
  - Counsel patients who are non-adherent
- **Identify the barrier or cause of non-adherence:**
  - Therapy-related
  - Patient-related
- **Work with patients to come up with a plan to address non-adherence**

–SIMPLE!



# What Can Pharmacists Do? “SIMPLE”

**S**

Simplify the  
Regimen

**I**

Impart  
Knowledge

**M**

Modify  
Patient's  
beliefs and  
human  
behavior

**P**

Provide  
Communication  
and Trust

**L**

Leave the Bias

**E**

Evaluate  
Adherence

# Simplify the regimen

- Discontinue unnecessary medications
- Break regimen into simple steps and make sure patient understands each step
- Recommend taking medication at the same time each day
- Reduce frequency of taking medications
- Suggest medication dosages adjustments
- Offer tools such as pill boxes as reminders
- Work with the patient's prescriber

# Impart knowledge

- Promote shared decision making by motivational interviewing
- Encourage conversation with healthcare providers
- Provide clear and simple instructions
- Use techniques to assess patients' level of understanding
- Provide reliable online resources
- Be readily available for questions and concerns

# Modify patient beliefs and behavior

- Ensure patients understand risks and consequences of not taking medications
- Address possible fears and concerns with medications
- Empower patients to be in charge of their health and manage their medical conditions
- Provide useful tools to help patients stay on track

# Provide communication and trust

- Be an active listener
- Provide emotional support and empathy
- Elicit patient input
- Provide clear, direct, thorough information
- Allow adequate time for patients to ask questions
- Do not interrupt patients
- Build trust
- Use motivational interviewing techniques to involve patients in decision-making

# Leave the bias

- Learn about low health literacy and how it affects patient outcomes
- Examine difficulties regarding care of ethnically and socially diverse patient populations
- Review communication style (should be patient-centered)
- Acknowledge biases in medical decision-making

# Evaluate adherence

- Open-Ended Questions
  - Self-reporting (ask patients simply and directly if they follow their drug regimen)
  - Ex. Rate your ability to take medication as prescribed (excellent, very good, fair, poor)
  - How many doses did you miss last week?
- Ask about adherence behavior at every encounter
- Pill counts
- Note refill dates, look for gaps

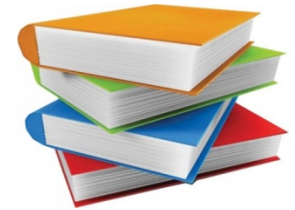
# Interventions

- Tailor interventions to specific patient
- Behavioral-related
  - Daily alerts (texts, email, apps)
  - 90 day supply of medications
  - Mail-order when appropriate
  - Pill boxes
- Clinical
  - Ask patients at every visit what questions they have about their medications
  - Providing educational handouts regarding disease states and importance of adherence to medications
- Cost-related
  - Payment assistance programs
  - Lower cost alternatives
    - Brand vs. generic
    - Switching to another medication in the same class



# Medication Adherence Tools

- Educational materials
  - Medication information sheets
- Tips for patients:
  - Post reminder notes/use calendar
  - Set an alarm
  - Use a pill box
  - Use a medication log book
  - Use mobile applications
- Pharmacy Reminders
  - IVR calls
  - Automatic refill
  - Timer caps for pill bottles



# Medication Adherence General Educational Points

- How does the medication work?
- How it should be taken?
- Possible side effects?
- Ensure patient understanding

# Educational Materials: Diabetes

- What is blood sugar?
- Importance of monitoring and goals
- Diet and exercise
- Weight loss
- Importance of preventing long-term complications

# Educational Materials: Hypertension

- What is hypertension?
- May or may not experience symptoms
  - Should still take medication as directed
- Importance of monitoring and goals
- Diet and exercise
- Weight loss
- Smoking cessation
- Importance of preventing long-term complications

# Educational Materials: Cholesterol

- What is high cholesterol?
- What are the types of cholesterol?
  - LDL or “bad” cholesterol
  - HDL or “good” cholesterol
  - Triglycerides
  - Total cholesterol
- May or may not experience symptoms
  - Should still take medication as directed
- Current cholesterol guidelines
- Diet and exercise
- Weight loss
- Importance of preventing long-term complications

# Medication Adherence Resources



## ADULT MEDUCATION™

Improving Medication Adherence in Older Adults

Home

Overview of Medication Adherence

Social & Economic Factors

Health Care System-Related Factors

Condition-Related Factors

Therapy-Related Factors

Patient-Related Factors

Facilitating Behavior Change

Assessment Tools

Consumer Information

References

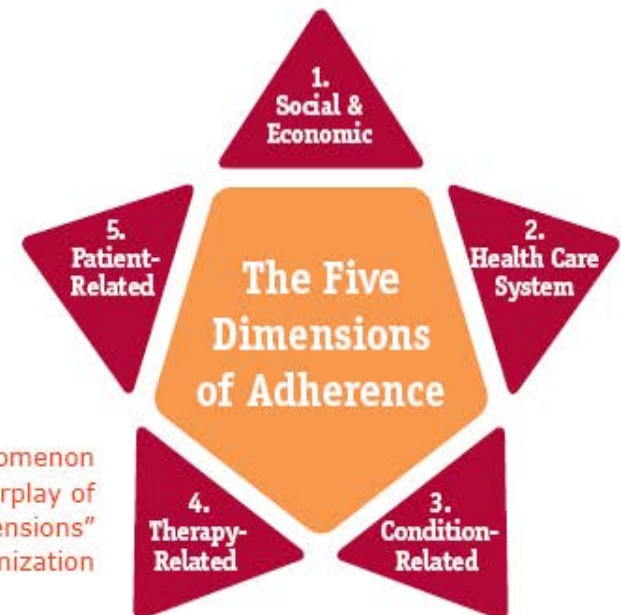
Resources / Links

About Us

*“Adherence is the extent to which a person’s behavior [in] taking medication... corresponds with agreed recommendations from a health care provider”*

*(World Health Organization, 2003)*

Adherence is a multidimensional phenomenon determined by the interplay of five sets of factors, termed “dimensions” by the World Health Organization



# Medication Adherence Resources

SCRIPT  
YOUR  
FUTURE



Visit the Health Care Professional Site

Sign Up for Email Updates

Enter your email address

GO

Home

Health Conditions

Tools

Pledge

Script Your Future in the States

About

TEXT SIZE: A A A

Español

If you don't take your medicine as directed, you're putting your health and future at risk.



## Managing meds

Check out our new guide for choosing an app that's right for you



Take the Pledge.  
Take Your Meds.



Sign Up For  
**TEXT REMINDERS**



Get Campaign  
**MATERIALS**

# Medication Adherence Resources

BeMedicine  
Smart   
National Council on  
Patient Information and Education  
[www.bemedicinesmart.org](http://www.bemedicinesmart.org)

ADHERENCE ACTION  
AGENDA

BE MEDICINE SMART

GET THE FACTS

ADHERENCE EVENTS  
CALENDAR



RESOURCE GALLERY

ADHERENCE EVENTS CALENDAR



# Medication Adherence Resources



American College of Preventive Medicine  
physicians dedicated to prevention

455 Massachusetts Avenue NW, Suite 200  
Washington, DC 20001  
p: 202-466-2044 f: 202-466-2662  
info@acpm.org

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## Medication Adherence Clinical Reference

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**MEDICATION ADHERENCE TIME TOOL: IMPROVING HEALTH OUTCOMES**  
A Resource from the American College of Preventive Medicine

[Medication Adherence Main Menu](#)

### CLINICAL REFERENCE

The following Clinical Reference Document provides the evidence to support the [Medication Adherence Time Tool](#). The following bookmarks are available to move around the Clinical Reference Document. You may also download a [printable version](#) for future reference.

1. [Introduction – Dimensions of Patient Adherence](#)

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# Conclusions

- Ensuring and encouraging patient adherence to medication can improve patient care, medical costs, and quality of life
- Be cognizant of red flags that may indicate non-adherence
- Nurse care managers can play a huge role in educating patients about their conditions and the importance of adherence
- Many strategies exist to address non-adherence – must tailor approach to the patient
- Everything begins with talking to patients about their medications

# Any questions?



# References

- Defining adherence. World Health Organization. (2003).
- [http://www.acpm.org/?MedAdherTT\\_ClinRef](http://www.acpm.org/?MedAdherTT_ClinRef)
- National Council on Patient Information and Education. (2013). Accelerating progress in prescription medicine adherence: The adherence action agenda. *A National Action Plan to Address America's "Other Drug Problem."* <http://bemedicinesmart.org>
- New England Healthcare Institute. (2009). Thinking outside the pillbox: A systemwide approach to improving patient medication adherence for chronic disease. A NEHI Research Brief.
- Quality Measures: What Pharmacy Teams Need to Know. Pharmacists Letter [Internet]. 2014 [cited 2015 March]; Volume 2014: Course 311. Available from:  
<http://pharmacistsletter.therapeuticresearch.com/%28X%281%29S%28ase31a55wvorh155c14zjq3c%29%29/ce/cecourse.aspx?pc=14-311&AspxAutoDetectCookieSupport=1>
- <http://www.cdc.gov/primarycare/materials/medication/docs/medication-adherence-01ccd.pdf>