Medication Adherence: A Vital Component of Our Healthcare

Sonal Shah PharmD
Clinical Pharmacist
Community and State Tx/Oklahoma

United Healthcare

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Disclosure :

I have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

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Learning Objectives

1) Understand the definition and importance of Medication Adherence for patients with chronic conditions
2) Understand the barriers and solutions to Improve Medication Adherence
3) Understand simple tools and techniques to help patients stay adherent to their medications
4) Being able to identify non-complaint patients using data, lab results and provide clinical information on importance of daily adherence to medications
5) Understand the importance of collaborative efforts and holistic approach to improve medication adherence

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Medication Adherence Definition

Medication adherence is the patient's conformance with the provider's recommendation with respect to **timing**, **dosing** and **frequency** of medication during the **prescribed length of time**.*

* CDC

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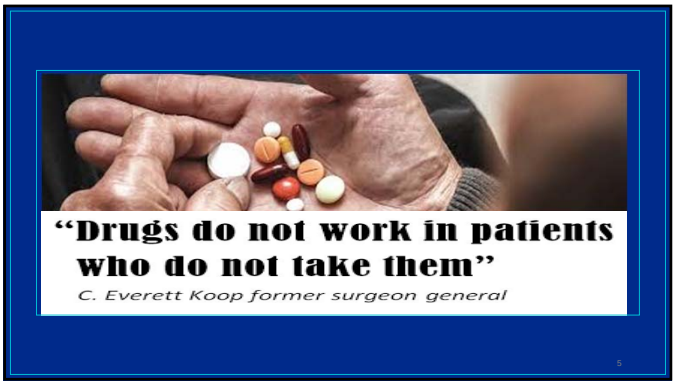

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Medication Adherence Statistics

- It is estimated that **3 out of 4** Americans do not take their medications as directed*
- **~20-30 %** of medication prescriptions are never filled, only 50% of prescriptions are taken correctly
- Non-adherence leads to negative patient outcomes and leads to 125k deaths annually***
- **~40%** enters nursing homes because they are no longer self medicate in their homes**
- Poor medication adherence costs the health care system between **$100- $300 billion** a year in additional doctor visits, emergency department visits and hospitalizations**

** WHO,*CDC,***National Center for Journal of Medicine

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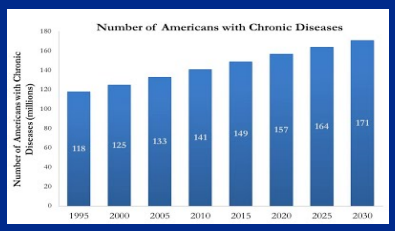
Chronic Diseases Prevalence

- Cardiac Failure
- Diabetes
- Asthma
- COPD
- Parkinson's Disease
- Schizophrenia

- **CDC



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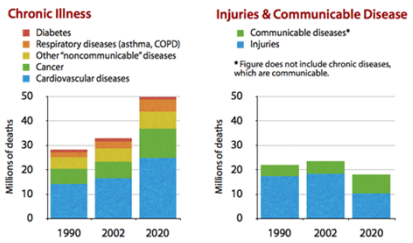
Annual Global Mortality, by Category



Source: Yach, D. et al. *JAMA* 2004;291:2616-2622.

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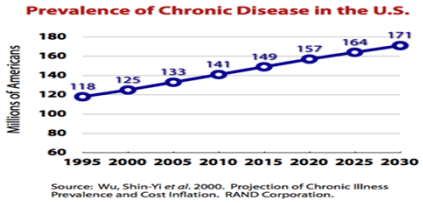
Prevalence of Chronic Disease in the U.S



Source: Wu, Shin-Yi *et al.* 2000. Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation.

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Medication Adherence in Patients with Chronic Conditions

- **Today, 82% of adults in the U.S. regularly take at least one medication, while 29% take five or more***
- **For most chronic conditions adherence rates of at least 80% are needed for a medication to be most effective, but it is estimated that about half of Americans do not take medications regularly as prescribed**.*

*Kim J, Combs K, Downs J, Tilman F. Medication adherence: the elephant in the room. US Pharm. 2018;43(1):30-34.

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Non Adherence Drivers

Intentional:

- Cost , actual, perceived
- Access to pharmacy
- Fear and actual adverse effects
- Lack of symptoms
- Inconsistent patient-provider relationship
- Concerns about dependency

Inadvertent Issues:

- Hearing, Visual, and Cognitive issues
- Forgetfulness
- Mental/behavioral health disability
- Physical disability
- Complex treatment regimen
- Fragmented and uncoordinated care and prescribing gaps
- General literacy issues about health conditions
- Social determinants of health

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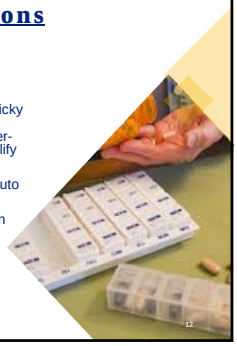
Adherence Barriers and Solutions

The best practice is to educate them and address barriers/concerns early on and provide patients simple, effective tools and resources

- **Forgetfulness:** Access medication routine. Alarm clock, sticky note, keeping medications in visible spot. Offer schedule change-what other time would be better for you to remember-maybe take same time as your other meds (help them simplify their routine)
- **Tardiness in timely refilling**: Refill reminder, 90 day Rx, auto refills
- **Health literacy :** educate patients about medication in plain language
- **Access to pharmacy/ provider**: 90 day, mail order, transportation benefits, Medication Synchronization



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Adherence Barriers and Solutions

- **Need new provider**-Help find in network provider for refills/ make Dr's appt
- **No refill/ Need Dr's Appointment**- discuss with provider/Dr if patient is out of refill and medication. Telehealth benefits - $0 and so appt can be scheduled phone /video , Lab work can be done separately
- **Culture:** education as appropriate
- **Language** – Language line, educational material in different languages, prescription bottle label and label in different language, caregiver's support in translation when speaking to others

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Adherence Barriers and Solutions

- **Clinical issue-Side effects, allergies** - Ask specific questions if it is a true side effect, and collaborate with doctor to evaluate it
- **Cost** - For 2021 cost is $0 for Generic or Brand for 30/90 for formulary medications for DSNP and Medicaid for Texas patients
- **Mental and Physical disability**
- **SDOH**

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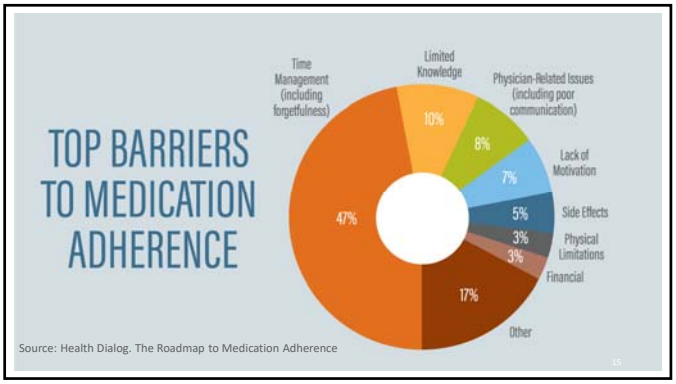

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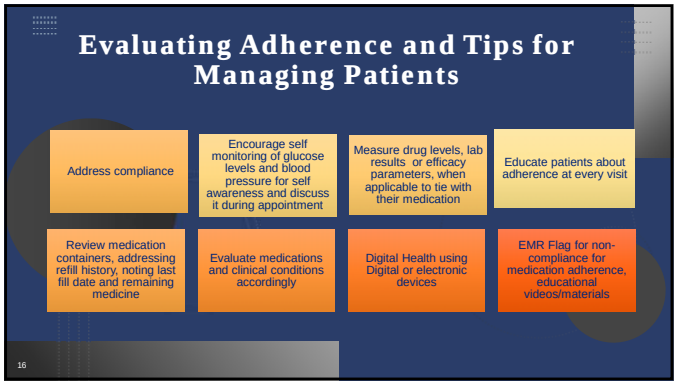

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Part - D Medication Adherence Clinical Star HEDIS Measures For Medicare Advantage

- **Medication Adherence HEDIS Star Measures :**

  1) Medication adherence for diabetes (MAD)
  2) Medication adherence for hypertension (MAH)
  3) Medication adherence for cholesterol (MAC)

- **Objective -** Ensure Members are obtaining timely refills and have medication on hand at least 80% of the time during the measurement period as measured by pharmacy claims experience**

- **Goal -** Higher is better – less ER visits/ readmissions / hospital /healthcare costs

- **Star Rating** – 1-5 , 5 being the highest for the threshold percentages of compliant patient by the end of the measurement year

**CMS

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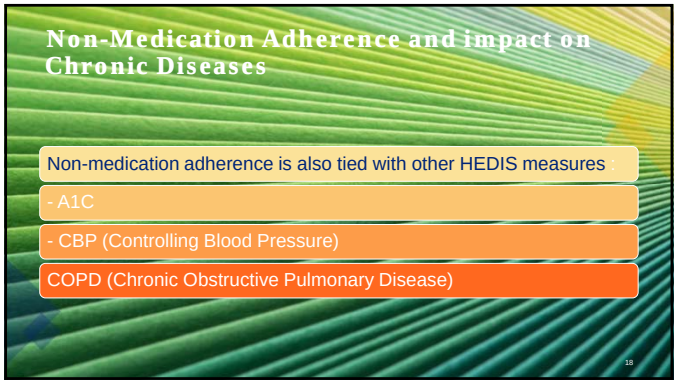

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Morisky's Score Study

301 Patients were included in the study

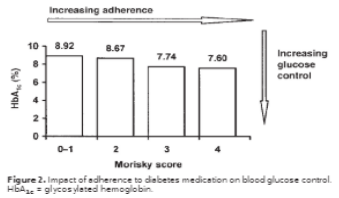

Figure 2. Impact of adherence to diabetes medication on blood glucose control. HbA_{1c} = glycosylated hemoglobin.

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Hypertension

Controlling High Blood Pressure (CBP)

Percentage of members ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year

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Diabetes

Comprehensive Diabetes Care (CDC)

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had an HbA1c lab test during the measurement year that

showed their blood sugar is under control (good control is < 8.0%)

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Chronic obstructive pulmonary disease (COPD)

- Chronic obstructive pulmonary disease is a respiratory disease that causes obstructed airflow from the lungs
- Symptoms: A progressive chronic shortness of breath followed with a chronic cough and wheezing
- Causes: Long term exposure to tobacco smoke, air pollutants (smoke from fire, cigars)
- One of the leading causes of death worldwide

HEDIS Measures :

- **Pharmacotherapy Management of COPD Exacerbation (PCE)**

To comply with this measure, a member must have been dispensed, or have an active prescription for bronchodilators on or within 30 days of the COPD exacerbation

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Value Based Contracting (VBC)

Focuses on incentivizing providers, pharmacies and patients to manage the quality of our members :

Incentives for providers for Value Based Contracting

Incentives for pharmacies

Incentives for patients for ACV (Annual Care Visit)

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Why Prevention is important ?

In the United States per CDC :
- 72% OF ADULTS
are overweight or
have obesity.

- 1 in 3 DEATHS each year are from heart disease, stroke, or other cardiovascular diseases*

* CDC

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What are the Preventive Measures ?

Chronic diseases—such as heart disease, and type 2 diabetes—are the leading causes of death and disability in the United States. Many chronic diseases are caused by a short list of risk behaviors: tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use.

- Promoting self monitoring and awareness and blood pressure, cholesterol, and diabetes screenings
- Helping smokers quit and enrolling in smoking cession programs
- Promoting health literacy and education for their disease conditions
- Education about healthy foods and physical activity opportunities.
- Promoting lifestyle change and disease self-management programs.
- Promoting clinical prevention for patients with history of chronic disease conditions
- Promoting healthy sleep.

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What can I do to prevent (re)admissions and ER Visits?

- Educate patients about adherence at every encounter and resolve barriers as appropriate
- Encourage self monitoring of glucose levels and blood pressure for self awareness and discuss it during appointment
- Measure drug levels, lab results or efficacy parameters, when applicable to tie with their medication compliance
- Review medication containers, noting last fill date and remaining medicine
- Evaluate medications and clinical conditions accordingly
- Hold them accountable for their health

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Why is Medication Adherence topic relevant?

How will I use this information to help my member?

- I will be able to better identify true Barriers/concerns/SODH to help with medication compliance to improve their overall disease conditions and to avoid hospital visits and healthcare costs
- I will be better able to recognize if additional resources /referrals are required and what is required to help member stay healthy and work holistically through patient-centered collaborative care with a multidisciplinary team
- I will know when to warn member of worsening condition.

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Medication Adherence is critical topic for our health care and can be resolved by Collaborative approach with patients, pharmacies and providers, care givers clinicians….all of us

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Reference

Patient Barriers and Solutions

Barriers	Solution	Resources
Culture	Education as appropriate	
Caregiver	Speak to the Dr about home health nurse to see if eligible	
Discontinuation of medication	If doctor or patient stopped it, ask why or any concerns and educate	
Disability (Physical/Mental)	Caregiver/Family support	
Forgetfulness	Alarm clock, sticky note, reminders, keep in visible spot. Offer schedule change ,help them simplify their routine, take it at same time and combine with routine ex) with meals, coffee etc, family/friends/caregiver support	Pill boxes from dollar store or other department stores, set up alarm on phone or purchase it at store
Health literacy	Education using plain language for communication, family support	Educational material/videos
Language	Interpreter or Family member /care givers who speaks English who can help with medications. Rx labels for multiple language	Pharmacy
New medication	Education if member is non- compliant	
Need new provider for refills	Help find in network provider for refills/ make dr's appt	
Pain	Provider collaboration for pain evaluation	
Pill splitting (directions not matching rx)	If med says one tab but patient is taking half, then the doctor didn't change it, patient is doing on their own. Patient self-diagnosed. Promote education to take as prescribed or talk with doctor	
Polypharmacy	Offer pill box to better organize. Simplify routine and regimen. Make sure to take all your med to next appointment w/ your doctor	
Clinical issue-Side effects, allergies	Ask specific questions if it is a true side effect, and collaborate with doctor to evaluate it	
Tardiness in timely refilling	Auto refill message/mail/E reminder set up at pharmacy. App on smart phone for alerts; Calendar to order you medication when you are out? (place x on bottle, write on calendar to call pharmacy)	
Vision/Hearing impairment	Bigger font on prescripton bottle, caregiver	

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Thank you!

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