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Medication Management

Improving Medication Adherence

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Learning Objectives

- Describe the impact of medication non-adherence and associated outcomes
- Understand the predictors or the five dimensions of medication non-adherence (barriers)
- Become familiar with the “SIMPLE” interventions for preventing and solving for medication adherence barriers
- Describe opportunities for the care team to evaluate and improve medication adherence in routine care processes in the daily practice of medicine

Agenda

- Medication Adherence: Why does it matter?
- Data Analysis
- Predictors of Medication Non-adherence (five interacting dimensions)
- Medication Adherence “SIMPLE” Interventions
- Taking Action: Steps for the Care Team
- Next Steps

Medication Management

- The appropriate use and coordination of medication therapy is a critical factor to improving patient health, improving quality and decreasing costs
- Medications matter because they are involved in 80% of all treatments
- Medication management processes currently occur at various levels within physician practices on a daily basis
- Medication adherence is just one part of improving your practice's overall approach to medication management
- The Patient Centered Primary Care Collaborative has published a resource guide on Integrating Comprehensive Medication Management to optimize patient outcomes

Defining Medication Adherence

World Health Organization defines adherence as:

- The extent to which a person's behavior, taking medications, following a diet, and/or executing lifestyle changes corresponds with agreed recommendations from a health care provider.

Primary Medication Non-Adherence	• Patients failing to pick-up or take newly prescribed medications
Secondary Medication Non-Adherence	• Filling the prescription but not taking as prescribed (delay in refills, cutting dose, reducing the frequency)
Intentional vs. Unintentional Non-adherence	• Intentional is a rational decision to not take the medication and unintentional is forgetfulness or confusion
Medication Persistence	• Duration of time from initiation to discontinuation of drug therapy

Medication Non-adherence

Incidence

- 50% of patients with chronic diseases do not take medications as prescribed [6]
- Non-adherence accounts for 30-50% of treatment failures
- One in three patients fail to fill their prescriptions [6]
- 30% to 70% of all drug related hospitalizations in the U.S. are the result of poor medication adherence [6]
- Poor medications adherence costs more than $100 billion dollars a year in excess hospitalizations [1,3]

Impact

- Treatment Failure
- Unnecessary Treatment
- Disease Exacerbation
- Increased Utilization (ER visits, Inpatient)
- Patient and Physician Frustration
- Death

Outcomes

- Increased Costs
- Decreased Quality
- Poor Patient Experience

Meaningful Statistics

Hypertension: 50-80% of patients treated for hypertension are non-adherent to their treatment regimen [3]

Statins: 25-50% of patients started on statins will discontinue their statin within 6 months to 1 year [3]

- At the end of 2 years, non-adherence is as high as 75%

Coronary Artery Disease: Studies have shown that after an acute myocardial infarction (heart attack) [5]

- 24% of patients do not fill their cardiac meds 7 days post discharge
- 34% stopped at least one of these meds (aspirin, statin and b-blocker) within 1 month of discharge and 12% stop all three meds

Diabetes: 1 year risk of hospitalization was 30% for low adherence compared to 13% for high adherence [6]

Medication Adherence – The Cost

Opportunity: "The $100 billion opportunity"

- Poor medications adherence costs more than $100 billion a year in excess hospitalizations [1,2,3]

Annual savings per person: Medication adherent patients spend significantly less per year than patients who are non-adherent [2]

- $3756 for diabetes
- $3908 for hypertension
- $7823 for CHF
- $1258 for dyslipidemia

Medication adherence is a fundamental driver of both quality and cost

Closing the adherence gap will impact the triple aim of reducing costs, increase quality and improve patient experience (better health)

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Predictors of Medication Non-Adherence (Barriers)

Predictors of Medication Non-adherence – Five Interacting Dimensions

Social and Economic	• Lack of finances, unstable living conditions, lack of family support, no transportation, cultural beliefs, low health literacy
Health System and Healthcare Team Factors	• Lack of effective communication and shared decision-making, time constraints, complex medication regimens, fragmented care, inadequate follow-up, discharge planning & care coordination, inadequate health care technology
Condition Related	• Treatment of asymptomatic disease, chronic conditions, inadequate understanding of disease
Therapy Related	• Complex regimen, side effects, frequent changes of medication regimen, long duration of treatment, lifestyle burden
Patient Related	• Knowledge, resources, attitudes, beliefs and expectations

Drug Costs and Medication Non-Adherence

Inability to afford medications is a common barrier to medication adherence

Be sensitive to patient's total drug costs; consider financial burden to the patient

Consider the following interventions to prevent or remove financial barriers:

- Involve the patient in the decision-making process. Will cost be a barrier?
- Use generic medications or less expensive alternatives when it is clinically appropriate
- Formulary compliance
  - Be familiar with the patient's health plan prescription benefits (Medicare, Health Savings Accounts, tiered co-pays)
- Prescription assistance programs, community based resources, referral to Anthem Care Management programs
- Educate all staff to identify patient's concerns
- Provide Comprehensive Medication Management Services

Medication Adherence Strategies or Interventions

Simplify the Regimen

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- Ask the patient, “What kind of problems are you having taking your medication?”
- Adjust timing, frequency, amount and dosage (limit number of meds/doses)
- Match regimen to patient’s activities of daily living
- Recommend taking all medications at the same time of day when possible
- Encourage use of adherence aids (pill boxes or alarms)
- Consider changing the situation vs. changing the patient

Impart Knowledge

- Ask patients what they know about their medical condition and their medications to treat the condition
- Patient-provider shared decision-making
- Encourage discussions with physician, nurse and pharmacist
- Provide clear medication instructions (written and verbal)
- Improve patients understanding of their conditions (written, verbal, video, classes)
- Involve patient's family or caregivers if appropriate
- Reinforce all discussions especially for low literacy patients

Modify Patient Beliefs and Behavior

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- Ensure patients understand their risks if they don't take their medications.
  - What do you think will happen if you don't take your medication?
- Have patients restate the positive benefits of taking their medication.
  - If you took your medications, how do you think it could improve your health?
- Address fears and concerns. (perceived barriers)
  - What concerns do you have about taking these medications?
- Empower patients to self-manage their condition.
  - Ask patients what might help them become and remain adherent.

Provide Communication and Trust

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- Improve interviewing skills
- Practice active listening
  - Listen for meaning
  - Confirm the patient's message has been heard
- Provide emotional support
  - Treat the whole patient and not just the disease
- Provide clear information
  - Use plain language
  - Speak in simple language at the patient's level
- Elicit patient's input in treatment decisions
- Allow adequate time for the patient to ask questions

Leave the Bias

- Understand health literacy and how it affects outcomes
- Examine self-efficacy regarding care of racial, ethnic and social minority populations
- Develop a patient-centered communication style

Evaluate Adherence

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Measurement of Medication Adherence

Patient self-reports:

Ask about medication adherence behavior at every appointment.

- Some patients have difficulty taking their medications as directed. "What gets in the way of taking your medications?"
- Some patients forget to take their medications sometimes. "How many times do you think you missed taking your medications in the past week?"
- Use medication adherence questionnaire

Pharmacy refill records, review of Rx bottles (pill counting, refill dates), lab testing:

- Use in conjunction with self-report or when self-report leaves questions about adherence

Identify the barriers to adherence:

- Five dimensions of medication non-adherence

Determine interventions and follow-up

Steps for the Care Team

Improved medication adherence depends on successful interventions into routine care processes in the daily practice of medicine.

Steps for the Care Team – Identifying Medication Non-Adherence

Identify patients

- Patient encounters
- Patients starting new medications (primary non-adherence)
- Data analysis: registries, EMR,
- Patient with complex medications

Establish structure and standardize the process for assessing medication adherence

- How will you evaluate medication adherence
- Process for planned visits, telephonic encounters
- Outreach process for identified high risk groups

Follow-up, monitoring and tracking (gap closure)

Structure for collaboration in the medical neighborhood (pharmacies, primary care physicians, hospitals)

Steps for the Care Team –
Pre-Visit Planning Tips

Add a Medication Management Focus

- Review medication orders in medical record
- Review electronic pharmacy claims (the actual “fill” list)
- Incorporate data for additional information regarding adherence or other care gaps
- Reach out to patients prior to appointment as a reminder to bring all medications (Rx and Non-Rx) and self monitoring logs to appointment

At check in:

- Ask patient to begin reviewing medication profile and document medication discrepancies in waiting room (EMR med list against the patient’s med list)
- Provide a medication adherence questionnaire in waiting room and/or evaluate during medication history interview

Steps for the Care Team – During the Visit

Complete Medication History Interview

- Evaluate and ask about medication adherence
- Review pre-visit adherence questionnaire
- Review patients comments on current meds (list from waiting room)
- Complete medication reconciliation per practice process

Determine medication non-adherence barriers

- Talk to the patient in a “blame free environment
- Find solutions to remove the barrier

Determine if patient needs additional educational support

- Refer to care manager/care coordinator or pharmacist for condition and medication education

Schedule follow-up to keep patient on track

- Outreach strategy (office, telephonic or home visits)
- Call patients 3 to 5 days after appointment to review treatment plans

Steps for the Care Team –
During the Visit Continuation

Medication History Interview

Medication reconciliation can take place simultaneously when evaluating adherence

- Gathering medication lists and assessing for medication adherence
  - Use open-ended questions to confirm the medication list (avoid “yes” or “no” questions)
    - Tell me what medications you are currently taking?
    - Some patients have trouble taking their medications as directed. What gets in the way of you taking your medication?
  - Determine the patients actual pattern of use
    - Electronic/paper records tell you about how a prescription is written only.

Medication non-adherence can be intentional or non-intentional

- **Intentional:** patients choose not to take the medication
- **Unintentional:** confusion, complex medication regimen

Allows the clinician to assess patient’s knowledge of regimen

- Identify knowledge gaps to provide additional education

Medication History Interview – Probing Questions

Medication History Prompts	Examples
General probing question	Tell me what medications you are currently taking or stopped taking?
Ask patients about routes of administration other than oral medicines	What inhalers/nebs do you have for your asthma and when do you use all of them?
Ask patients what medications they take for their medical conditions	I notice you have diabetes. What medications do you take for diabetes? What do you take for your cholesterol? Tell me what medications you take for your blood pressure?
Ask patients about the types of physicians that prescribe medications for them	I see you have a cardiologist. What medications does this specialist prescribe?
Ask patients about when they take their medications (time of day, week, month or as needed)	What medications do you take as needed or maybe once a month?
Ask patients if any of their physicians have started new meds, stopped any or made any recent changes to existing meds	When you saw your cardiologist one month ago, what medication changes occurred?
Inquire about OTC drugs (and vitamins) using probing questions	What do you take for a headache, backache, to fall asleep, allergies or for heartburn?

Source: Medications at Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation. Agency for Healthcare Research and Quality. Revised August 2012

Medication Adherence Questions

- Some patients have difficulty taking their medications as directed. What gets in the way of taking your medications?
- Some patients forget to take their medications sometimes. How many times do you think you missed taking your medications in the past week?
- I know it must be difficult to take all your medications regularly. How often do you miss taking them?
- Of the medications prescribed to you, which ones are you taking?
- Of the medications you listed, which ones are you taking?
- Have you had to stop any of your medications for any reason?
- How often do you take medication X? (address each medication individually)
- When was the last time you took medication X? (address each medication individually)
- What adverse effects are you experiencing from your medications?

Steps for the Care Team – After the Visit

- Determine need for patient follow-up, monitoring, education and level of care needed to provide continued support
  - Pharmacist
  - Care coordination/Care management
- Establish time frame for monitoring, follow-up and reassessment
- Call patients with complex medication regimens 3 to 5 days after appointment to review treatment plans
- Work with the provider to help patient reach treatment goals
- Referral to community resources (if applicable)
- Refer to Anthem Care Management programs, if needed, for additional self-management and medication management support

Steps for the Care Team – Integrating Pharmacist

Pharmacists' education prepares them to perform clinical services related to the prevention and control of disease

Provide comprehensive medication management services for patients with complex medication regimens

- Review medication regimen for appropriateness, effectiveness, safety and adherence
- Collaborate with the patient's healthcare professionals to optimize medication therapy
- Coordinate the patient's medication therapy across multiple prescribers and pharmacies
- Develop patient medication action plans with self-management goals

Pharmacist can facilitate improvement in quality measures, closing gaps in care

Pharmacist provide a unique perspective when collaborating with clinical informatics team

Steps for the Care Team –
Integrating Care Coordination/Care Management

Care Coordination/Care Management provides the opportunity to organize patient care activities closing medication related gaps in care

- Report analysis to identify medication non-adherent patients and facilitate gap closure
  - Assess barriers and work with patient and provider to close gaps
- Provide medication education
- Educate on red flags/side effects
- Ensure patients have access to medications
- Provide self management support/self efficacy specifically for medications (medication organization and personal health records)
- Provide forum for patients to ask questions
- Help patients remain engaged and adherent to medication regimen

Take Action –
Comprehensive Approach

Identify at risk population for medication non- adherence	Evaluate/Assess for medication adherence	Interventions to prevent or promote adherence	Outcomes
• Point of Care • Care Coordination • Registry/Data • Scorecard • Electronic Rx claims • MMH+/Patient 360	• Conduct a comprehensive medication review • Medication reconciliation • Assess medication adherence using open-ended questions or questionnaires • Bring in all Rx bottles and med list • Pill counts, refill dates on labels, electronic Rx claims	**Clinical Decision support** • Adherence questions in EMR • Flag EMR for follow-up (new med starts) • Alerts to use lower cost agents **Education** • Create culture: med adherence as a priority • Staff education/roles • Patient education/behavior **Care Planning** • Care coordinators • Case managers • Pharmacists	**Define metrics for success** • Blood pressure, A1C, reduction in LDL % • Improvement in patient symptoms • Pharmacy generated claims • Improvement in scorecard • Improvement in medication adherence • Decrease unnecessary ER visits and inpatient stays

Care Management Rx Action Plan

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Patients identified as medication non-adherent need a care management action plan to close the adherence gap.

Call to Action
Develop care plan/ action plan

- Comprehensive medication review
- Identify and resolve medication adherence barriers
- Develop individual medication related goals

Patient Education

- Medication Education
  Improve knowledge: medication actions and benefits
- Confidently communicate med regimen
- Improve self-efficacy/confidence
  Recognize Red Flags

Follow-up/ monitoring

- Adherence barriers addressed and re-addressed
- Follow up (3-5 days) for complex med regimens to review treatment plan
- Patient Outcomes: meeting treatment goals

Outcome

- Improved medication adherence
- Decrease ER visits and inpatient stays
- Improved condition management
- Improved Health Outcomes

Tools/Resources

Anthem Care Management Programs

Case Management

- Provides nurse coaching for high risk patients with acute needs (during or following hospitalization) and/or patients who are more complex and difficult to manage (includes social work and pharmacy support if needed)

Disease Management

- Provides nurse coaching for patients with chronic conditions to prevent complications, and control and manage chronic disease (includes social work and pharmacy support if needed)

Behavioral Health

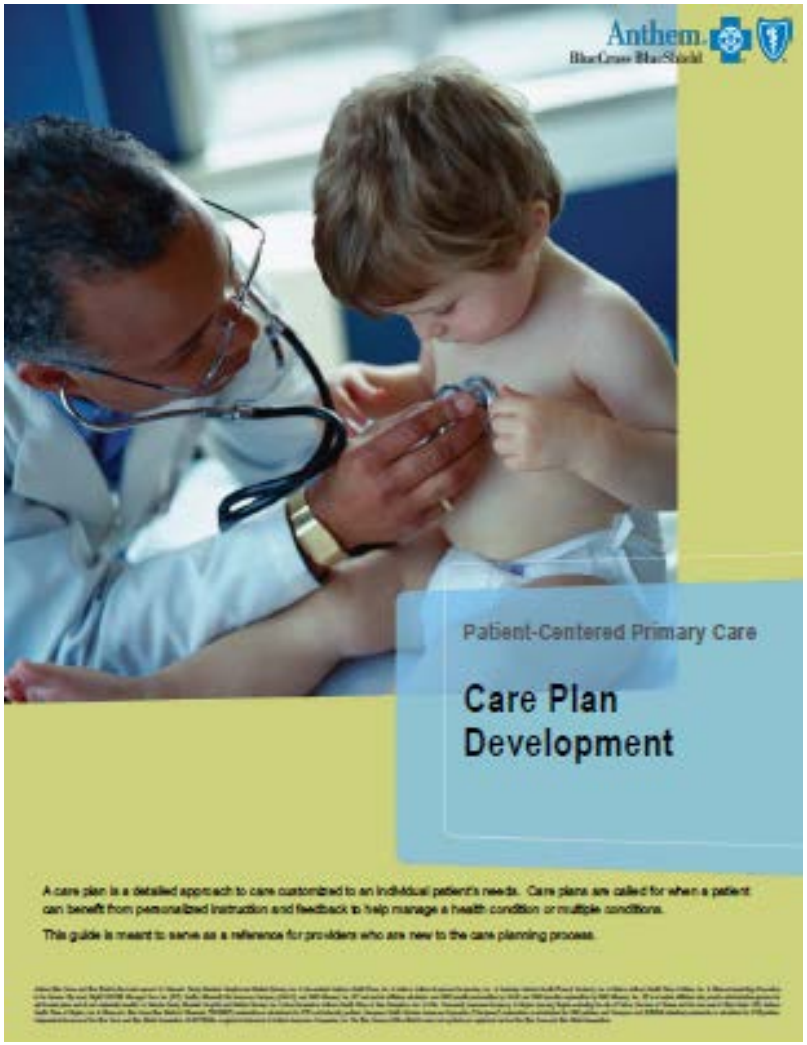
- Provide patients with education, social work and behavioral health resources, and monitor for treatment adherence (includes social work and pharmacy support if needed)

Anthem Care Plan Playbook

A Systematic Approach to Care Planning

A step-by-step guide

- Includes
- Assessment Domains and Examples
- Goal Development
- Resources to Guide Practices in Care Plan Development
- A Guide to the Four Pillars of Post-Discharge Care and Readmission Reduction chart



Located in Enhanced Personal Health Care Provider Toolkit

ACP Practice Advisor®

Building a Foundation

- Work as a Team
- Communicate with Patients
- Engage Patients
- Coordinate Care
- Facilitate Transitions I and II

Specialty Practice Recognition

- Track and Coordinate Referrals
- Provide Access and Communication

Improving Clinical Care

- Depression Screening and Care
- Addressing Substance Use
- Motivational Interviewing

Resources and Tools – Examples

Patient Centered Primary Care Collaborative. The Patient Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes Resource Guide 2012.

American College of Preventative Medicine. Medication Adherence Clinical Reference. Accessed 3.26.2015 and available at www.acpm.org/?MedAdherTT_ClinRef.

ASK-12 questionnaire (Adherence Starts with Knowledge)

- Medication Adherence resource with educational materials, provided by Glaxo Smith Kline, which can be used by patients, healthcare professionals and organizations to assess and improve medication adherence.

Adherence Estimator® (Merck) is a registered trademark of Merck Sharp & Dohme.

- Used to help identify patients who have recently received a prescription for a new medication and who may be at risk for medication non-adherence for a chronic, asymptomatic conditions.

Case Management Society of America. Case Management Adherence Guide. Little Rock, AR. CMAG 2012

American College of Physicians Practice Advisor is a free tool provided by Anthem which supports practices in improving clinical and office operations.

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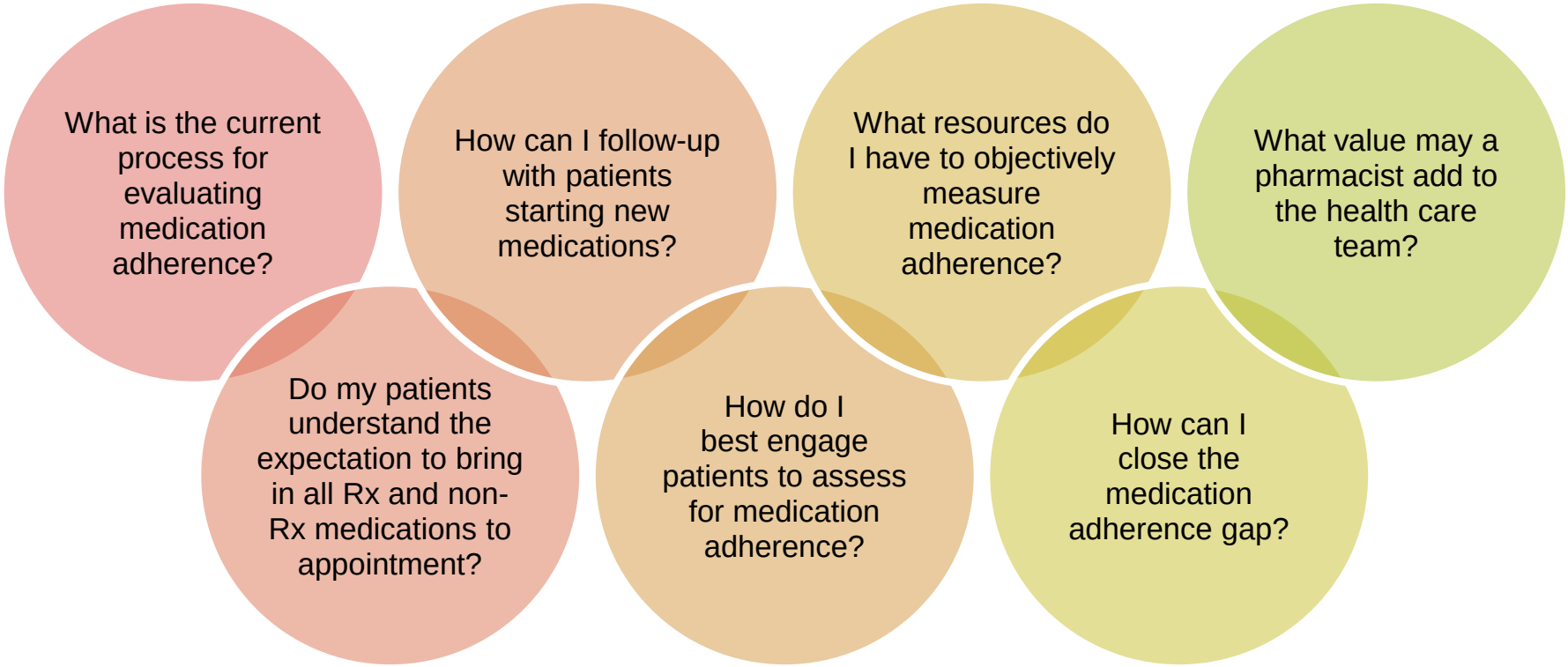
Next Steps

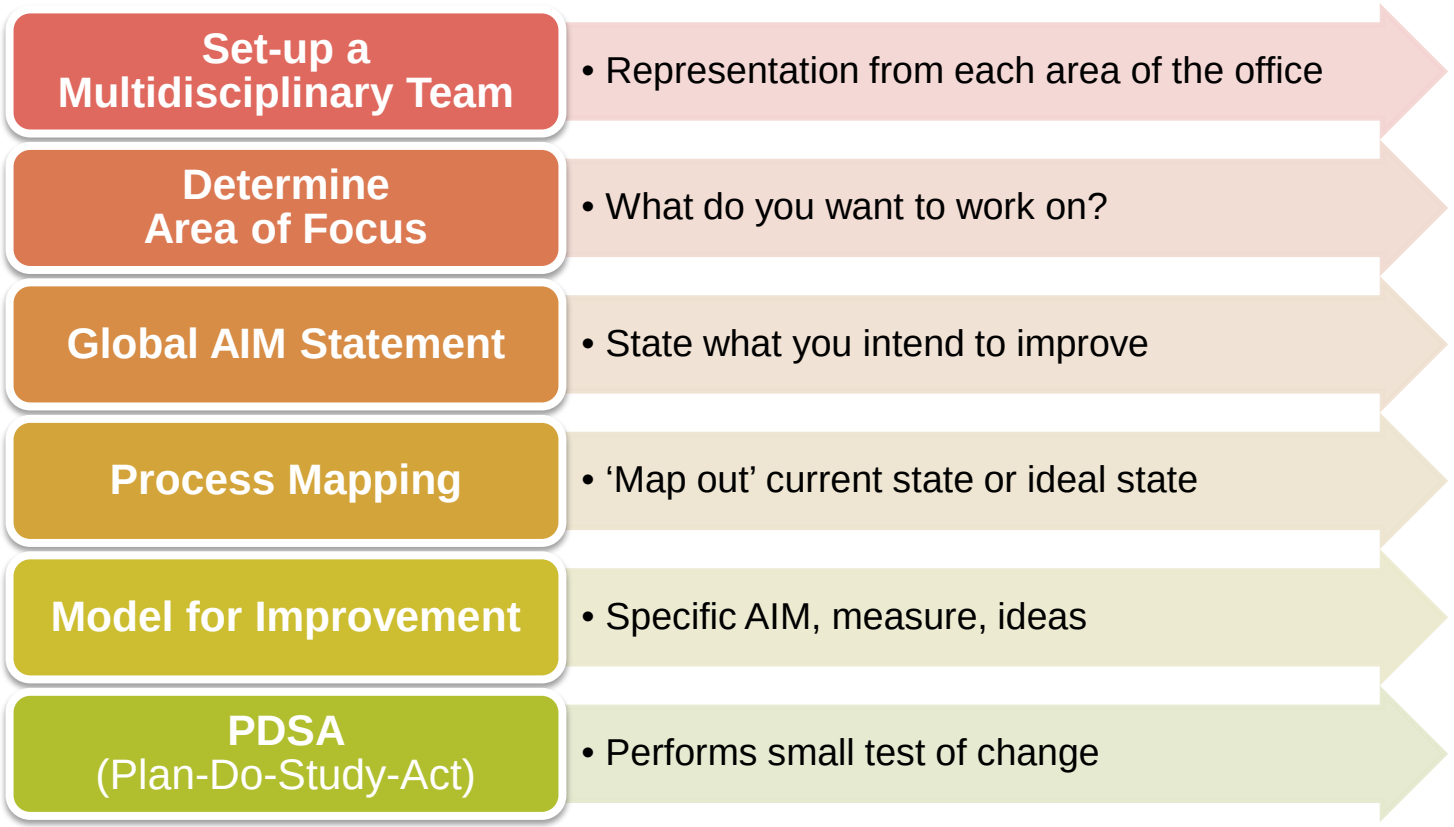
Questions for Physician Practices and Improvement Teams



Addressing Medication Adherence – Sample Workflow

- Remind patient to bring in all Rx and non-Rx meds on day of appointment; Consider pre-visit planning to identify med non-adherence
- At check in, front desk staff gives med list and med adherence questionnaire to patient
- Patient reviews med list and answers adherence questionnaire in waiting room
- After rooming the patient, clinical team completes medication history interview, med reconciliation and med adherence assessment
- Identified Rx discrepancies and non-adherence communicated to provider
- Provider reviews and solves for Rx discrepancies including med adherence barriers and/or refers patient to other clinical team member
- Patient receives updated medication list and follow-up and monitoring scheduled for continued adherence assessment

Process for Monitoring Quality Indicators



Practice Name: _____

Practice Champion: _____

What is Your Plan?

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

What will you do prior to our next session?

Next Steps – Intervention Examples

- Identify and outreach chronic condition patients with medication erratic refill within the next 30 to 60 days
- Care Coordinator will complete patient assessment to identify barriers/care gaps causing the medication non-adherence within the 30 days of identification
- Care Coordinator will create a care plan/goals with the patient to address the barriers/gaps to Medication Adherence
- Care Coordinator will provide follow-up with patients and close gaps in care within 30 days of initiating the intervention
- Care Coordinator will share data on number of patients identified, assessed, and barriers/gaps closed every 3 months

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