

**PRESCRIPTION FOR
HEALTHIER PATIENTS:
REAL SOLUTIONS FOR BETTER
MEDICATION ADHERENCE**

**Better Medication Adherence is
Essential to Improve Health Care
Quality, Outcomes and Value**

*Diverse Group of Key Stakeholders Develop Consensus
Policy Recommendations*



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES



October 14, 2009

PRESCRIPTION FOR HEALTHIER PATIENTS: REAL SOLUTIONS FOR BETTER MEDICATION ADHERENCE

Achieving optimal medication adherence depends on the patient being prescribed the right medication, filling it and taking it correctly over time. For this to occur successfully requires appropriate prescribing, effective patient-provider communication, coordination among care providers and active engagement and participation by the patient. Too frequently, a lack of information, gaps in communication and a range of other barriers result instead in poor medication adherence and less than optimal clinical outcomes.

An estimated one-third to one-half of all patients in the United States do not take their medication as prescribed by their providers.¹ Every day, patients fail to pick up their prescriptions, inadvertently skip doses, take their medications incorrectly or simply stop taking their medicine altogether. These circumstances seriously undermine quality of life and quality of care, patient outcomes and the value of health care dollars spent. In fact, recent research shows that poor medication adherence costs the nation approximately \$290 billion annually – or 13 percent of total health care expenditures.² A large portion of this spending stems from avoidable and costly health complications resulting from not taking medications appropriately.

About the Prescription for Healthier Patients Project and Recommendations

On July 15, 2009, GlaxoSmithKline (GSK), the National Association of Chain Drug Stores (NACDS) Foundation, the National Consumers League (NCL) and the Pharmaceutical Research and Manufacturers of America (PhRMA) convened more than forty experts from across the country to discuss the enormous, but largely overlooked, problem of poor medication adherence.

During the July conference, the RAND Corporation presented comprehensive research that examined some of the most common and important barriers to good medication adherence. These barriers include patients' beliefs about their medication (e.g., perceived risk of side effects), regimen complexity and cost. The RAND researchers noted that adherence barriers often interact and that patients may face multiple barriers. As such, policy solutions must take a multi-pronged approach to address the many dimensions of non-adherence. Avalere Health also presented research that identifies elements of successful programs designed to improve medication use. One key Avalere Health finding is that achieving optimal medication use requires a focus on two goals: first, improving and tailoring the drug regimen to the patient's needs and second, addressing barriers that keep patients from taking their medications as prescribed.

¹ Osterberg L., Blaschke T. Adherence to medication. N Engl J Med. 2005 Aug 4;353(5): 487-97.

² New England Healthcare Institute, 2009.

Given the importance of improving medication adherence as a gateway to better overall health care quality and patient outcomes, GSK, NACDS, NCL, PhRMA, and the American College of Cardiology (ACC) developed consensus policy recommendations designed to reduce barriers to adherence. The group's work was guided by a fundamental principle voiced by many of the July 15th conference participants: better medication adherence is essential to improve health care quality, outcomes and value.

Working off themes that emerged from the conference and with consideration to proposed policies under review by Congress, the group developed the recommendations and actionable solutions presented below that focus on the following areas:

- **Quality Improvement Strategies**
- **Care Coordination**
- **Use of Health Information Technology**
- **Patient and Provider Education and Engagement**
- **Health Services Research**

RECOMMENDATIONS

Quality Improvement Strategies

Background: The United States has one of the most advanced health care systems with providers delivering some of the best care in the world. That said, policy makers, providers and patients agree that further improvements in health care quality can and must be achieved. In too many cases, patients with preventable or manageable chronic conditions, such as diabetes, hypertension, or heart disease, go undiagnosed. Despite providers' efforts, management of chronic disease often is not well coordinated, leading to both overutilization and underutilization of services, including medications, and undermining clinical outcomes, quality and value. To address this problem, most of the major health reform bills moving through Congress call for strengthening current quality improvement efforts by establishing a national strategy to assess, promote and achieve better quality.

Recommendation: *Given the central role that medications play in treating disease, particularly chronic disease, any national quality improvement strategy should explicitly recognize medication adherence and appropriate medication use as critical components to improve health care quality and clinical outcomes.*

This can be accomplished by assuring that any national quality improvement strategy:

- calls for the creation of validated consensus-based metrics and public reporting tools as part of establishing a baseline and setting goals for improving medication adherence levels and health outcomes;
- uses appropriate provider incentives to promote better clinical outcomes through improved medication adherence; and
- requires the Secretary of Health and Human Services to identify and advance Department-wide prevention initiatives to include, in addition to primary prevention, initiatives aimed at slowing disease progression through strategies such as improved medication adherence.

Care Coordination

Background: Patients with one or more chronic conditions often receive care in multiple settings and from multiple providers. Too often, these patients do not receive the type of comprehensive, integrated care from which they can most benefit. In many cases, chronically-ill patients receive duplicative or conflicting care that results in poor clinical outcomes and higher medical costs.

Congress is considering a number of proposals to improve care coordination and to better prevent, treat and manage illnesses. These include proposals to create medical homes and accountable care organizations (ACOs) within the Medicare program; to promote a team approach to chronic care delivery; to establish grant programs for MTM offered by pharmacists; and to pay certain Medicare providers on a "bundled" basis.

Recommendation: *Proposals aimed at improving care coordination must recognize the important role that medications play in treating and managing illnesses.*

This can be accomplished by:

- ensuring that criteria for qualification as a medical home, ACO or other care coordination model call for care teams to include a broad range of providers, including pharmacists, involved in a patient's care and to actively engage the patient and other caregivers in developing and executing the care plan; and
- developing care plans under various care coordination models that include:
 - an initial assessment (medication therapy review) of the patient's use of all prescription and over-the-counter medications and supplements;
 - use of information from the initial assessment (medication therapy review) to establish clinical goals and to identify strategies to help patients achieve clinical goals, such as a medication-related action plan that includes education, counseling, medication reconciliation and other activities;
 - promoting adoption of medication reconciliation processes across health care providers during transitions in care to ensure accurate medication dosing and information; and
- recognizing the need for appropriate incentives to support care coordination activities, including services designed to improve medication adherence, such as MTM services, delivered by pharmacists, physicians and other providers.

Use of Health Information Technology

Background: Earlier this year, Congress invested over \$19 billion in the American Recovery and Reinvestment Act of 2009 (ARRA) to help accelerate the development of a nationwide interoperable health information technology (HIT) infrastructure. The 110th Congress established policies to encourage physicians to use electronic prescribing to improve the efficiency and accuracy of the prescribing process. Policy makers are considering a number of strategies that build upon these reforms and utilize technology to improve patient care through better communication of relevant patient information to providers. Such information will help providers better understand their patients and inform their prescribing, which can improve health care quality.

Recommendation: *HIT should be harnessed: (1) to improve the flow of medication use information between patients and providers with appropriate protections for patient privacy at the point of care and transitions in care and (2) to identify and address gaps about patients' medication use.*

This can be accomplished by:

- ensuring that electronic health records standards support collection of consistent data elements, enable ease of use and offer providers access to patient-level comprehensive electronic medication use information to improve the prescribing process;
- promoting and incentivizing providers use of HIT to identify patients for whom poor medication adherence may undermine clinical goals and patients who could benefit from interventions aimed at achieving optimal medication use;
- permitting the sharing of electronic health records between a patient and provider, and among providers involved in a patient's care, with appropriate measures to protect patient privacy, at each point of care and transition in care; and
- promoting the engagement of consumers in the use of health information technology, such as electronic reminders and personal health records, to improve medication adherence and optimal use.

Patient and Provider Education and Engagement

Background: Patients' beliefs and expectations about their medicines, such as the perceived risk of side effects and the need for medication, as well as the availability of social supports all affect patients' ability to adhere to their treatment regimens. Adherence also depends on good patient-provider communication that helps patients understand the importance of following recommended treatments.

Recommendation: *Efforts to promote patient-centered care must include strategies to help patients better understand their conditions and recommended treatments, including medications. These efforts also must support providers in effectively communicating the importance of following treatment plans to patients and caregivers and in providing medication support services to patients that encompass education, counseling, reconciliation and other activities to help improve adherence. Any strategies to improve medication adherence must fully engage patients.*

This can be accomplished by:

- supporting public education campaigns (e.g., public service announcements) related to chronic disease management that highlight:
 - the importance of taking medications as prescribed;
 - the long-term effect of uncontrolled chronic disease; and
 - the effect of certain chronic conditions, such as depression, on a patient's ability to take medicines correctly;
- promoting identification, development and use of tools, such as electronic and telephonic reminders and packaging features (e.g., dose tracking), to help patients improve adherence;

- promoting and encouraging the use of services, such as case management, disease education and MTM to help patients take their medicines correctly;
- promoting provider education and training on strategies and patient communication techniques, including shared-decision-making, that improve medication adherence;
- encouraging health plans and payors to:
 - design benefits with the goal of promoting better access to recommended treatments, including medications;
 - make patients aware of tools and other assistance to help them adhere to treatment recommendations;
- supporting better coordination of existing community-based services, such as translation and transportation services, that could help patients achieve better medication adherence;
- disseminating best practices and interventions to improve medication adherence to health care providers so that they can apply them in their practices; and
- promoting providers use of screening tools, such as health risk assessments, to identify patients at risk of poor medication adherence.

Health Services Research

Background: Although a large body of research exists, there are significant gaps in the medication adherence literature, which if filled, could better inform development of strategies to achieve better medication use and improve clinical outcomes. Much work has been done to understand the barriers that patients face in taking their medicines appropriately. However, research that assesses the effectiveness of interventions to improve adherence is not as extensive or robust. Conference participants strongly agreed that this area – the impact of different interventions on reducing barriers to adherence – is ripe for additional research and could help support the refinement of policies and the development of new strategies to help patients and providers achieve better medication use and health outcomes.

Recommendation: *Priority areas for additional medication adherence research include:*

- carefully designed studies of a wide range of interventions to improve medication adherence, such as motivational interviewing techniques to MTM;
- assessments of:
 - the relationship between non-health related factors (e.g., language, literacy, economic status) and medication adherence;
 - less studied aspects of medication adherence, such as factors that lead to failure to first fill a prescription; and

- the impact of setting and type of provider on effectiveness of alternative interventions in addressing patient barriers and barriers faced by different patient groups (e.g., a worksite program offered by employers vs. counseling in a physician office);
- collection of additional information on patient medication use by incorporating questions on adherence into the existing surveys such as the Medicare Current Beneficiary Survey (MCBS) and expanding capacity to track key clinical data with appropriate protections for patient privacy into the National Health and Nutrition Examination Survey (NHANES); and
- continued evaluation of the economic and clinical impact of improved medication adherence on overall health care system costs and population health status.