

ENHANCING MEDICATION ADHERENCE- A GUIDE TO IMPROVING OUTCOMES

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Objectives:

After completion of this activity, participants should be able to:

1. Describe current concerns related to lack of medication adherence,
2. Discuss the differences between medication adherence and compliance,
3. Identify ways to assist patients with improving medication adherence,
4. Define medication synchronization and its benefits,
5. Explain the benefits of adherence programs to both the pharmacy and patients.

Abstract: Finding ways to enhance medication adherence is crucial to improving patient outcomes. Nonadherence is a major issue that affects many Americans on a daily basis and must be addressed and acted on. Improper usage of chronic medications has the potential to lead to many negative consequences. These consequences include decreased effectiveness of treatment, worsening condition, decline in health, emergency room visits, hospitalizations and increased healthcare costs. The personal connection between a patient and pharmacist is the top predictor of medication adherence. Therefore, it is critical that both health care providers and the general public are properly educated on the consequences related to nonadherence in order to inspire a movement towards increasing medication adherence rates. Upon completion of this activity, participants should be able to discuss concerns related to nonadherence, differentiate between medication adherence and compliance, identify ways to improve medication adherence, understand the process and benefits of medication synchronization, and explain the overall benefits of medication adherence programs.

Keywords: medication adherence, medication synchronization, compliance, health outcomes

INTRODUCTION

Medication nonadherence has been identified as an issue that greatly affects the healthcare system.¹ It can significantly impact health care costs, mortality risk and the risk of medication side effects.¹ Many Americans struggle to understand and comprehend information related to their health and medications due to low health literacy.² Additional factors such as complex drug regimens, cost, lack of transportation and forgetfulness can also play a significant

role in nonadherence.³ Data shows that for every 100 prescriptions written, 50 to 70 make it to the pharmacy, 48 to 68 are filled, 25 to 30 are taken properly and only 15 to 20 are refilled as prescribed.⁴ Adherence to hypertension medications has been associated with higher odds of blood pressure control.⁵ Whereas, nonadherence to statins in the year post myocardial infarction has been associated with a 12-25% increase in mortality.⁶

Medicare beneficiaries have heavy medication usage due to multiple chronic illnesses which often leads to medication nonadherence. Medicare Part D Star Ratings have quality measures for adherence to non-insulin medications for diabetes, statins for cholesterol, and renin-angiotensin-aldosterone system (RAAS) antagonists for hypertension.⁷ Medicare does not issue Star Ratings to pharmacies, but health plans can issue their own ratings to alter their network to only contain pharmacies that are proficient at meeting defined quality measures.⁷ Pharmacies that want to remain in the health plans preferred network must prioritize optimizing patients' medication adherence.⁷ Adherence also plays a part in optimizing medication use in order to reduce the risk of hospital readmissions. Excessive hospital readmissions related to post-myocardial infarction, heart failure, pneumonia, chronic obstructive pulmonary disease (COPD), or hip or knee replacements results in hospital penalties.⁸

CONCERNS OF NONADHERENCE

Improper usage of chronic medications has the potential to lead to many negative consequences. These consequences include decreased effectiveness of treatment, worsening condition, decline in health, emergency room visits, hospitalizations, increased morbidity and mortality and increased societal costs. An estimated \$100 to \$300 billion in costs are associated with nonadherence each year.⁹ In addition, approximately 125,000 deaths occur annually in the United States (US) due to nonadherence with cardiovascular medications.⁹

The patient population most affected by medication nonadherence are the elderly, as the consequences tend to be more serious in nature, not easily detectable, and not easily resolved. Data shows that more than 10% of elderly hospital admissions are potentially due to medication nonadherence.⁹ Many patients end up in either a nursing home or the hospital due to their inability to self-administer their medications, which could ultimately lead to preventable adverse drug events.

Nonadherence has the potential to compromise outcomes when patients fail to take medications that would likely cure or effectively manage their condition(s). For example, viral replication and disease progression may result in human immunodeficiency virus (HIV) patients who have a medication adherence rate less than 90%–95%.¹⁰ Likewise, patients who are nonadherent to their medications for coronary heart disease could jeopardize their life. Adherence to medication for controlling hypertension is essential to preventing mortality from diabetes and myocardial infarction. Studies show that health may depend partly upon the act of adhering to a regimen and even to a placebo, which has also shown to be beneficial to health outcomes.¹¹

Nonadherence may also lead to unnecessary clinic appointments, which could negatively affect medical decisions. Prescribers may inadvertently prescribe additional therapy to treat

inadequacies, which could then result in further complications and suboptimal health outcomes. Similarly, new illnesses may result when antibiotic-resistant bacterial infections develop because patients have not taken their full, prescribed doses of antibiotics. The first step to addressing nonadherence is to recognize that collaboration must occur between health care practitioners and patients to increase adherence, with the goal of achieving optimal health outcomes.

ADHERENCE AND COMPLIANCE

Oftentimes we hear the terms "adherence" and "compliance" used interchangeably. However, the two terms are, in fact, different. Medication compliance is the act of a patient taking a prescription on schedule or as prescribed by their doctor. Whereas, medication adherence is the act of a patient filling their prescription(s) on time.¹² Medication adherence involves a variety of different factors, including complex drug regimens, medication toxicity, and perception of the regimen's value.¹²

Adherence can be measured indirectly or directly. Medication possession ratio (MPR) and proportion of days covered (PDC) are indirect measures of medication adherence. MPR is calculated by dividing the total number of days supplied by the number of days between the first and last refills.¹³ PDC is calculated by dividing the total number of days supplied during an interval by the total number of days during that interval.¹³ Oftentimes, an MPR of greater than or equal to 80% is preferred based on its ability to predict hospitalizations across chronic disease states.¹³ Of note, MPR and PDC do not account for the use of free drug samples, fills under different insurance plans, or therapy changes. Methods to assessing medication adherence include patient recall, pill counting, electronic and mechanical dose counters and the achievement of therapeutic goals. Direct methods of adherence include observed therapy and blood or urine drug and metabolite concentrations, which are commonly used in research settings.

Data shows that 12% of Americans do not take their medication after filling the prescription, which can be due to a number of different reasons.¹⁴ These reasons may relate to socioeconomic factors, patient factors, medication factors or condition factors. Socioeconomic factors related to medication non-adherence include economic status and medication cost. Patient factors related to medication non-adherence include forgetfulness, treatment anxiety, personal beliefs, health literacy level, cognitive or visual impairment, fear of medication dependency and no value seen in therapy. Medication factors related to medication non-adherence include treatment length, regimen complexity, and unwanted side effects. Condition factors related to medication non-adherence include multiple comorbidities, level of disability, and disease(s) severity.

Health literacy is a major component of successful communication with patients. Health literacy, defined as "a constellation of skills that constitute the ability to perform the basic reading and numerical tasks required to function in the health care environment," is important for all patient populations whether young, old, rich or poor.¹⁵ Very few people exert the ability to appropriately understand and use health information. More than 90 million adults in the United States have low health literacy. It is vital that pharmacists ensure patients are receiving information that they are able to understand and act on. This includes understanding the

directions printed on the label, taking the medication as prescribed, and patient education materials that may explain indications, risks and benefits, appropriate administration times, handling of missed doses, side effects and potential interactions.

Oftentimes, an individual's health literacy level is not obvious. As mentioned previously, low health literacy can affect any patient population but is mostly seen in older adults, racial and ethnic minorities, those with less than a high school diploma or general equivalency diploma (GED) certificate, those with low-income levels, non-native speakers of English, and those with a compromised health status. Demographics such as race, gender, and socioeconomic status are not consistently associated with nonadherence.¹⁵ However, it is important to be aware of cultural differences such as education, language, and access to resources that might affect a person's health literacy skills. It is important that pharmacists understand these factors so that they can assist with recognizing them and implementing strategies to address them.

WAYS TO IMPROVE ADHERENCE

There are a multitude of ways in which healthcare professionals can assist patients with their adherence issues. Oftentimes, a combination of methods is required to improve adherence issues. It is essential that pharmacists and other healthcare professionals create an accurate medication profile for their patients in order to appropriately assess their medication use. Interventions to improving adherence can include: helping patients remember to take their medication(s), addressing physical and financial barriers, effective communication, motivational interviewing, education, and explanation of medication benefits and risks.¹⁶

For patients who struggle with remembering to take their medications, simplified dosing regimens, use of pill boxes or pill organizers, phone applications and alarms, or medication synchronization may be helpful.¹⁶ Oftentimes, patients with multiple comorbidities are on a lot of different medications that may be scheduled at different times throughout the day. Pharmacists can assist patients by recommending once-daily medications to their healthcare provider. As an alternative, there are also a lot of drugs on the market that are available as combination products, containing two or more drugs in one pill. In those instances, where once-daily or combination products are not available or appropriate, a pill box or pill organizer may be beneficial. Pill organizers are available in a variety of different forms. Some are available to sort medications that are taken at different times throughout the day (i.e. morning, noon, evening, bedtime) and there are even some that can hold a month's worth of medication. For those tech-savvy patients, there are also a host of phone apps available to set alerts, alarms and messages to remind patients at the exact time when their medication is supposed to be taken.¹⁶ A growing theme in which pharmacies have assisted patients with remembering their medication is through enrollment in their medication synchronization program. This program allows patients to get all of their medications filled at the same time each month.¹⁷

There are also patients who struggle to get their medications due to physical and financial barriers. Sometimes patients, particularly pediatric patients, cannot carry out the proper inhaler technique required for the medication to reach the lungs. In those instances, a spacer device may be required. Some patients also struggle with swallowing pills. The

recommendation of pill cutters/splitters or liquid formulations can be provided to address this barrier. Those who struggle to afford their medication will not take it no matter how beneficial the medication may be. Pharmacists have the opportunity to help reduce the financial burdens by recommending generics, less expensive alternatives, discount programs, copay reductions, and Patient Assistance Programs.¹⁶

Effective communication and education are essential to ensuring appropriate medication adherence. When patients are aware of the potential benefits and risk of their medication(s), they are typically more likely to take it as prescribed. Information should be presented to patients at an appropriate reading level and it should be clearly written. Educational materials are available in a variety of formats (i.e. leaflets, infographics, videos) to meet the patient's educational needs. It is important to tailor the communication and educational materials to the patient in order to obtain the best results. The teach-back method has shown to be an effective way to confirm whether a patient (or care takers) understands what is being explained to them.¹⁶ If a patient understands, they are able to "teach-back" the information accurately.

Motivational interviewing is a patient-centered process used to gauge a patient's readiness to act on a target behavior. It also involves the patient's ability to apply specific skills and strategies recommended by their healthcare professional to facilitate confidence and decision-making. Motivational interviewing includes five specific communication skills to assess readiness for change. These principles include expressing empathy, developing discrepancy, supporting self-efficacy, rolling with resistance, and avoiding argumentation.¹⁸ The use of motivational interviewing increases behavior change by stimulating a patient's internal motivation for change while addressing any ambivalence or resistance to change. Ambivalence can be identified by characteristic behaviors such as procrastinating and inconsistency between stated attitudes and actual behaviors. Patients resistant to change sometimes engage in overt behaviors like arguing, raising their voice, adopting a strident tone, blaming, excusing, discounting, becoming hostile, interrupting, or ignoring what the provider says. Resistance can derive from two general sources: relational discomfort or direct issues specific to the individual.¹⁸ Relational discomfort evolves from something about the patient-provider interaction that creates an uncomfortable feeling for the patient that often stems from feeling misunderstood or having their self-esteem violated in the areas of competence, autonomy, or approval. Issue resistance derives from practical or logistic barriers in the daily life of a patient.¹⁸ These barriers may include knowledge deficits, inadequate transportation or money to get prescriptions refilled, a cultural preference for unhealthy foods, or an aversion to adverse effects from a drug. In order to meet the goals of the motivational interviewing process with a patient, the pharmacist must ensure that they are encompassing the five principles while also helping the patient reach realistic, achievable, incremental goals.

MEDICATION SYNCHRONIZATION

According to a 2015 News Release from the National Community Pharmacists Association (NCPA), medication synchronization programs result in "improved patient adherence, increased revenue streams, and overall improvement in business optimization for pharmacies, a true win-win-win for patients, pharmacies, and health care payers."¹⁷ Medication synchronization

programs have been around for many years, but with the new shift in healthcare to quality based payment models, many healthcare professionals, both pharmacists and non-pharmacists alike, see the benefit in having patients enrolled in a medication synchronization program. Medication synchronization programs align a patient's medication refills for each chronic medication so they are due to fill the same day each month. Each pharmacy may vary in its processes, but in general, patients are contacted monthly to discuss their medications and any changes that may have occurred since the last fill of medications. Once the medications to be filled have been confirmed with patients, the staff proceeds to fill them, being sure to investigate any changes in the regimen as appropriate and using sound clinical judgement to ensure patient safety. Investigation of the medication regimen may involve calling the physicians' office to confirm continuation or discontinuation of therapy, change in dose or directions, or even make recommendations for change in therapy based on patient side effects. Once complete, all medications are filled and ready for the patient. When the patient comes to pick up their medications, this gives the opportunity for face-to-face interaction with the pharmacist.

If a patient begins a new chronic medication during the middle of the synchronization cycle, the staff is trained to "short fill" the medication, meaning they give the patient just enough medication to last until the cycle date where all medications are filled. Most insurance plans offer prorated copayments for patients who do not get a full 30 day supply of medication for the purpose of medication synchronization.¹⁹ Though the process of syncing the medications may sound complex, many pharmacy software systems have medication synchronization components built in to allow for ease of enrolling and maintaining patients in a synchronization program.

PATIENT BENEFITS

There are numerous benefits for the patient enrolled in a medication synchronization program. Many patients are non-adherent not because they choose to be, but instead they are non-adherent due to external factors beyond their control. Obviously, having all medications ready to pick-up on one day reduces the number of trips patients have to make to the pharmacy; therefore, if transportation is an issue, medication synchronization helps the patient to only have to travel once monthly to the pharmacy for chronic medications. In addition, some pharmacies utilize medication synchronization for 90-day supplies of medication, reducing a patient's traveling burden even more.^{17,19}

As mentioned earlier, health literacy is an issue with many patients, especially elderly patients with complex medication regimens. Having to request refills on their own may prove to be detrimental to patients who do not have a full understanding of their regimen, or for those who do not keep an updated medication list on hand to serve as a guide. Many non-intentional drug discontinuations result from patients not requesting refills. The proactivity and attention to detail of a medication synchronization program directly combats this. Furthermore, having a monthly check in with the patient also helps promote a positive patient-pharmacist relationship, giving the patient reassurance that the pharmacy staff is considering their entire medication regimen, not just dispensing drugs individually without considering their combined effects on each other or the patient.^{16,17,19}

PHARMACY BENEFITS

Enrolling patients in a medication synchronization program can impact pharmacy quality measures. In the 2015 NCPA News Release, pharmacies in the cited study achieved a nearly 91 percent Proportion of Days Covered (PDC) score for patients in the medication synchronization program.¹⁸ The PDC score for patients not enrolled in the medication synchronization program was only 72 percent, showing an almost 20% difference.¹⁷ One of the owners of the stores in same study reported that implementing a medication synchronization program increased prescription volume, improved the efficiency of pharmacy workflow, assisted with making wise inventory purchases, bettered timing of deliveries, and improved patient satisfaction.¹⁸ Pharmacies are able to plan for the day better since they have an idea of the impact on prescription volume medication synchronization patients will have for the day.²⁰ In a similar manner, pharmacies are able to purchase larger bottles of chronic medications instead of smaller ones, since they have a way of forecasting what patient medication needs will be.²⁰ This reduces overall costs for the pharmacy.

Pharmacies also find that keeping in touch with patients about their medication refills on a set basis gives an opportunity to schedule or even perform comprehensive medication reviews. These can be scheduled around the monthly adherence check in call or pick up date and make it easier for both the patient and the pharmacist. This is especially beneficial as one of the Centers for Medicare and Medicaid Services (CMS) Star Ratings Measures is medication therapy management (MTM) program completion rates for comprehensive medication reviews.²¹ Other services provided by the pharmacy can be completed with patients at their time of pick up, such as immunizations, over-the-counter product recommendations, or even enrollment in pharmacy education classes. These all have the potential to increase revenue for the pharmacy.

CONCLUSION

Strong evidence shows that many patients have difficulty adhering to their recommended medication regimen. Medication nonadherence is attributed to a variety of different reasons that calls for a combination of interventions to improve it. The multifactorial nature of poor medication adherence implies that only a sustained, coordinated effort will ensure optimal medication adherence and realization of the full benefits of current therapies. Current recognition of the importance of medication adherence has resulted in the development of many potential treatment methods. Therefore, pharmacists and pharmacy technicians should be prepared with tailored strategies and watch for opportunities to improve medication adherence when interacting with patients as it could generate clinical and financial rewards. Engagement of patients and the healthcare team is essential to the success in achieving medication adherence and persistence.

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SELF-ASSESSMENT QUESTIONS

1. Which of the following could result from medication nonadherence?
 - a. Reduced hospitalizations
 - b. Increased mortality
 - c. Reduced morbidity
 - d. Increased health status

2. What is the difference between medication adherence and medication compliance?
 - a. The two terms are interchangeable.
 - b. Medication compliance is the act of filling prescriptions on time.
 - c. Medication compliance requires the patient to have monthly visits with their doctor.
 - d. Medication compliance is the act of taking a prescription as prescribed by your doctor.

3. In an attempt to combat chronic illnesses, Medicare Part D Star Ratings have quality measures for adherence for which of the following class of drugs?
 - a) Antibiotics
 - b) Corticosteroids
 - c) Statins
 - d) Vasopressors

4. Which of the following is a socioeconomic factor related to medication nonadherence?
 - a) Medication cost
 - b) Forgetfulness
 - c) Unwanted side effects
 - d) Multiple comorbidities

5. Which of the following patient populations is likely to experience low health literacy?
 - a) Young adults
 - b) English-speaking adults
 - c) High income-level adults
 - d) Adults with compromised health status

6. Which of the following could potentially improve a patient's medication adherence?
 - a) Simplified dosing regimen
 - b) Pill box/organizer
 - c) Education materials at an appropriate reading level
 - d) All of the above

7. Which of the following strategies can be used to improve medication adherence?
 - a) Using motivational interviewing techniques
 - b) Explaining medication benefits and risks
 - c) Addressing physical and financial barriers
 - d) All of the above

8. What is the purpose of enrolling a patient in a medication synchronization program?
 - a) To lower the cost of their prescriptions
 - b) To get all of their chronic medications to refill on the same day each month
 - c) To get half of their medications to fill at the beginning of the month, and the rest to fill during the middle of the month
 - d) To increase the cost of their prescriptions

9. What are benefits for the patient for enrolling in a medication synchronization program?
 - a) Reducing amount of visits to the pharmacy each month
 - b) Increasing prescription co-pays
 - c) Increase amounts of visits to the pharmacy each month
 - d) There are no benefits for patient enrollment in a medication synchronization program

10. What are benefits for a pharmacy that has a medication synchronization program?
 - a) Cost savings for inventory
 - b) Workflow efficiency and workload predictability
 - c) Increased opportunities to perform comprehensive medication reviews
 - d) All of the above