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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
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.
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.

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

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

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
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)**
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
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
- Impart knowledge
- Modify patient’s beliefs and behaviors
- Provide communication and trust
- Leave the bias
- Evaluate adherence
Simplify the Regimen

- 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

• Empower patients to self-manage their condition.
  – Ask patients what might help them become and remain adherent.

• 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

• 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

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
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

<table>
<thead>
<tr>
<th>Medication History Prompts</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>General probing question</td>
<td>Tell me what medications you are currently taking or stopped taking?</td>
</tr>
<tr>
<td>Ask patients about routes of administration other than oral medicines</td>
<td>What inhalers/nebs do you have for your asthma and when do you use all of them?</td>
</tr>
</tbody>
</table>
| 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?                                                 |

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
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
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

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

**Care Planning**
- Care coordinators
- Case managers
- Pharmacists

**Outcomes**
- Improvement in medication adherence
- Decrease unnecessary ER visits and inpatient stays
Care Management Rx Action Plan

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)
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
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


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.


American College of Physicians Practice Advisor is a free tool provided by Anthem which supports practices in improving clinical and office operations.
Questions for Physician Practices and Improvement Teams

What is the current process for evaluating medication adherence?

Do my patients understand the expectation to bring in all Rx and non-Rx medications to appointment?

How can I follow-up with patients starting new medications?

How do I best engage patients to assess for medication adherence?

What resources do I have to objectively measure medication adherence?

How can I close the medication adherence gap?

What value may a pharmacist add to the health care team?
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

Set-up a Multidisciplinary Team
- Representation from each area of the office

Determine Area of Focus
- What do you want to work on?

Global AIM Statement
- State what you intend to improve

Process Mapping
- ‘Map out’ current state or ideal state

Model for Improvement
- Specific AIM, measure, ideas

PDSA (Plan-Do-Study-Act)
- Performs small test of change
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


12. Manolakis PG, Skelton JB. Pharmacists’ Contributions to Primary Care in the U.S.-Collaborating to Address Unmet Patient Care Needs: The Emerging Role for Pharmacists to Address the Shortage of Primary Care Providers. Am J Pharm Educ. 2010 Dec 15; 74(10): S7


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