

# BENEFIT NEWS

WVCH: Medication Adherence Provider Education

April 15, 2019

## Medication Adherence: (verb)

Refers to not just if a patient is taking a medication, but also that the patient is taking the medication as prescribed to them, such as twice daily. Adherence has also been defined as the “active, voluntary, and collaborative involvement of the patient in a mutually acceptable course of behavior to produce a therapeutic result.” This use to be termed compliance, but was later changed solely to adherence due to the negative connotation towards the word compliance as this is a partnership between the patient, provider and pharmacist to provide the best care for the patient. It is the active role of each participant in the patient’s care that is involved in adherence.

Many studies have shown that poor adherence is reason for most treatment failure in primary care. This is why adherence is becoming the next frontier in quality improvement metrics and outcomes research. All recommendations and research are based on patients agreeing to take and regularly are taking the medication regimen prescribed before change or escalation of therapy. Adherence also has been shown to be a predictor of adverse events, such as cardiovascular events.

*“Drugs don’t work  
in people who  
don’t take them.”*

*- C. Everett Koop, MD*



### How do we assess adherence properly?

Because electronic pharmacy data is widely used, many pharmacists inside of insurance companies utilize this as a quick indicator and is used within literature due to ease of accessibility. There are 2 most commonly used measures based on pharmacy claims data: medication possession ratio and proportion of days covered method. (The difference between the two is medication possession ratio accounts for oversupply)

### How do primary care providers assess adherence?

Simply asking “Do you still take all the medications listed?” does not constitute assessing adherence.

### Adherence Questions:

1. How often do you have difficulty with taking your medications? Why?
2. Over the past two weeks, how many days did you not take your medications?
3. Have you ever cut back or stopped your medication because you felt worse when you took it?
4. When you travel or leave home, do you forget to bring your medications along? What do you do to help you remember?
5. Do you ever feel hassled about sticking to your treatment plan? Explain.
6. When you feel like your symptoms/conditions are under control do you sometimes stop taking your medication? Which medications?
7. Have you ever stopped or taken less of your medication because you are worried about cost? Which medications?

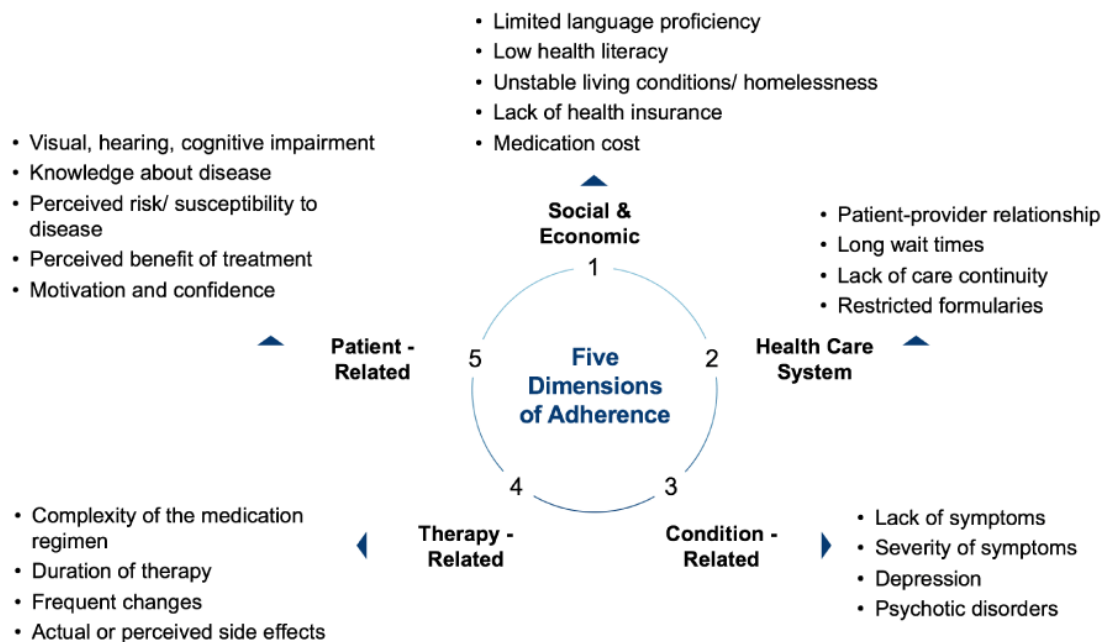
### In This Issue

- Medication Adherence
- How to assess adherence properly
- Factors Related to Non-Adherence
- Role and Impact of Clinical Pharmacists



## Medication Adherence can be affected by several factors:

### Diagram Outlining the Factors Related to Non-Adherence.



Source: Sabaté, Eduardo. Adherence to long-term therapies: evidence for action. World Health Organization, 2003.  
 NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

As providers, support staff and pharmacists we need to keep all these different aspects in mind when working with patients on creating the best plan for their personal medication plan. Some of the easiest things to control are how many times per day medication is taken, medications that are covered under insurance plans, side effect expectations, knowledge about the disease being treated. This will lead to lower overall healthcare costs, better outcomes and increased quality of life for patients.

Clinical pharmacists utilization for adherence and therefore better outcome measures has been studied for some time. A systematic review of 27 studies of hypertensive patients showed that intervention by a pharmacist showed 15-30mmHg average decrease, interventions included pharmacists recommendations to providers, lifestyle modification counseling, changes made by pharmacists and use of an algorithm

#### References:

1. Medication Adherence: Its Importance in Cardiovascular Outcomes, P. Michael Ho, MD, PhD; Chris L. Bryson, MD, MS; John S. Rumsfeld, MD, PhD *Circulation*. 2009;119:3028-3035.
2. Engaging Patients to Optimize Medication Adherence, L L Zullig, PhD, MD, H Bosworth, PhD; *NEJM*, online article May 14th, 2017.
3. The Pharmacist's Role in Medication Adherence. Suzanne Albrecht, PharmD, MSLIS. *US Pharmacist*. May 18th, 2011.
4. Morisky DE, Ang A, Krousel-Wood M, Ward HJ. Predictive validity of a medication adherence measure in an outpatient setting. *J Clin Hypertens (Greenwich)*. 2008;10:348-354.

### Questions:

Contact WVCH Customer Service 503-584-2150.

**For Formulary and Prior Authorization Criteria visit:**

<http://wvhealth.org/medicaid-ohp/for-providers/>