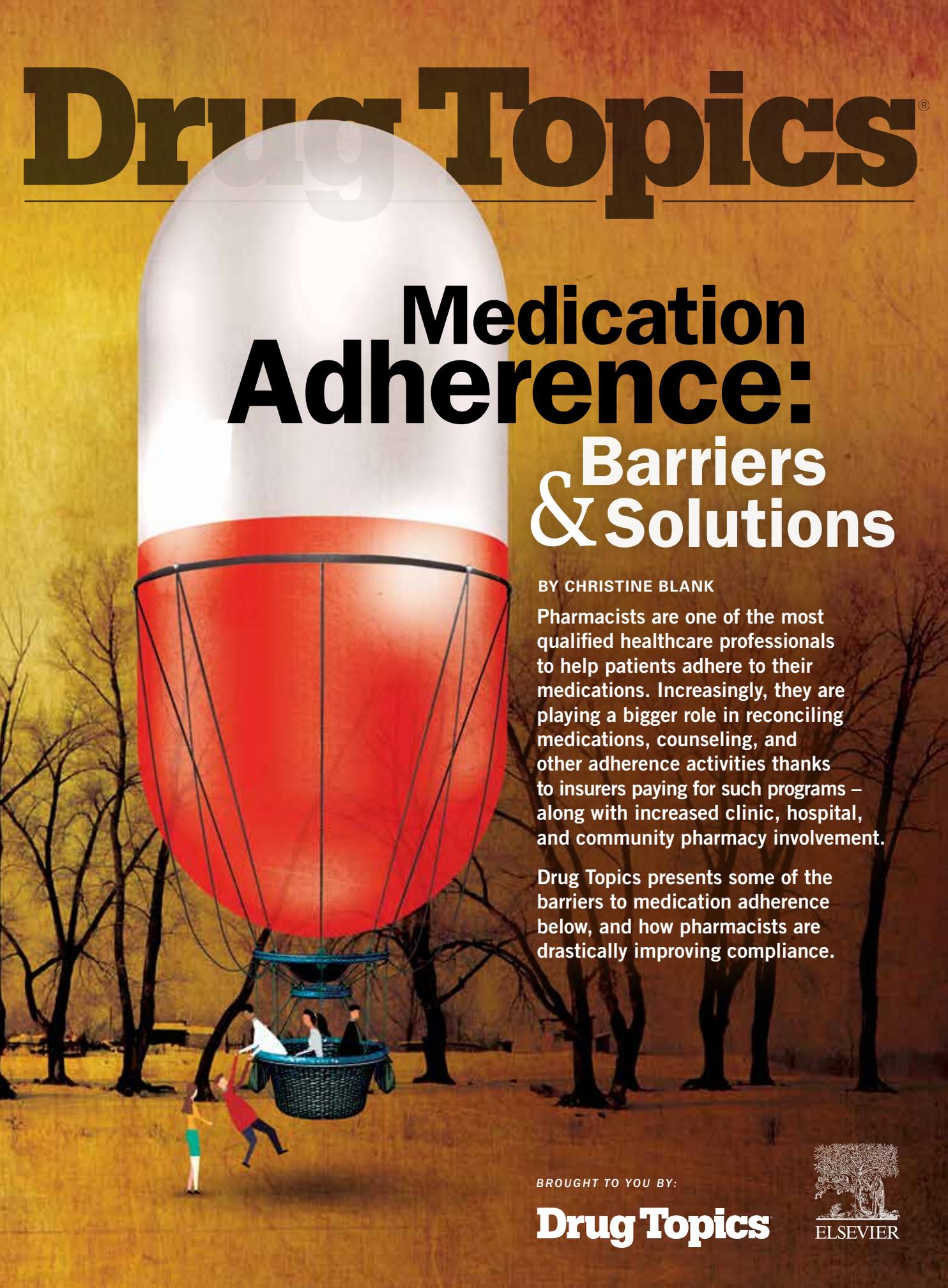


Drug Topics[®]



Medication Adherence: & Barriers & Solutions

BY CHRISTINE BLANK

Pharmacists are one of the most qualified healthcare professionals to help patients adhere to their medications. Increasingly, they are playing a bigger role in reconciling medications, counseling, and other adherence activities thanks to insurers paying for such programs – along with increased clinic, hospital, and community pharmacy involvement.

Drug Topics presents some of the barriers to medication adherence below, and how pharmacists are drastically improving compliance.

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Barrier 1: Health Insurance Coverage.

“In our patient population, I see a lot of patients uninsured or underinsured. They may have insurance, but sometimes the cost of medication is out of reach. It may be that their insurance pays for one medication but not another,” says Sarah A. Boswell, PharmD, clinical pharmacist at Cherokee Health Systems in Knoxville, TN, who provides one-on-one 30-minute “clinics” to hypertension patients.

As a result, Boswell researches the patient’s insurance coverage and, in some cases, identifies an alternative drug that is affordable. If the patient’s insurance doesn’t cover the medication, Boswell determines “the next affordable solution”.

In some cases, patients have insurance, but don’t know how to use it, according to Boswell. “They may not have had insurance their whole life, so they think the pharmacy just knows they have it,” Boswell says. She explains to those patients that they need to

Whether engaging and educating patients or ensuring the right decisions are made or enabling efficiencies that leave more time for patient contact, Elsevier solutions seek to break down the barriers to medication adherence.

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These Elsevier solutions, among others, will continue to work behind the scenes to help healthcare organizations operate more efficiently and effectively and improve care while complying with ever-changing demands, requirements and challenges.

take their insurance card with them to the pharmacy.

In cases where there is a language barrier, Boswell has an interpreter join the patient-pharmacist conversation.

Carlie Traylor, PharmD, associate director for strategic initiatives at NCPA, worked hard in her previous job as director of clinical services at Chancy Drugs in South Georgia, to help patients lower their co-pays when needed.

“One of our students worked with a patient on several different medications, the patient’s provider, and the insurance company to get the patient’s copays down from \$400 to \$75,” Traylor says.

Traylor also helped patients switch from an expensive drug to a lower-tier or less expensive drug to lower cost and prevent non-adherence.

Barrier 2: Patients on Multiple Medications

For a patient who was taking around 40 doses of medications per day, Traylor worked with the patient and educated them on the proper way to take the drugs and reviewed the entire list to ensure they were not interacting. She also talked with the patient’s doctor about reducing the number of doses. “We ended up getting him down to 20 doses per day...and looked to find cost efficiencies,” Traylor said.

In some cases, patients taking multiple medications don’t know they are supposed to be taking a new medication prescribed by the doctor, according to Boswell. “There is value in the medication review that pharmacists do. It helps catch errors or a medication patient isn’t taking that should be taking. Or, we might help get the dosage changed, which helps avoid errors and side effects,” she says.

Kim Tran, PharmD, a pharmacist at the Community-University Health Care Center at University of Minnesota in Minneapolis, [*tells Drug Topics*](#) that pharmacists should discuss each medication individually and highlight the reason for taking the medica-

tion, how it will help achieve health goals, possible side effects, and how the patient can obtain it and take it safely. The pharmacist should assess all of a patient’s current medications and how they interact, taking into consideration the patient’s individual lifestyle and health conditions.

Barrier 3: Lack of Knowledge About Conditions, Drugs

Boswell explains to patients who are noncompliant with their high blood pressure medication that, even though they don’t always feel the effects of high blood pressure, they need to take their medications.

“I take five minutes of our visit to explain why it’s important to take their blood pressure medication. They often don’t know their blood pressure is high because they feel fine,” Boswell says.

“Many patients view blood pressure or cholesterol medications as an antibiotic or short-term drug. They believe taking the medication for 7-10 days will cure them”, Boswell says. “Another patient took it for 30 days, and thought they completed treatment, so they didn’t pick up any refills,” Boswell says.

A patient of Traylor’s asked for a recommendation on an OTC med that would relieve diarrhea. “I asked questions about the drugs she was taking and found out she had just started metformin. I worked with her doctor to get an extended-release medication and gave her a bit of knowledge about the medication,” Traylor says.

Traylor also reminds patients taking corticosteroids to rinse their mouth out after taking them to avoid thrush. “To help them remember to do it every day, I advise they take it before they brush their teeth,” she says.

After discussing medications and conditions, pharmacists and patients should set all goals – such lowering A1c or blood pressure – together, Tran says. In addition, help the patient set personal goals such as running a mile or playing with their grandchildren.

As laboratory goals start to improve, patients may feel physically better. “With each

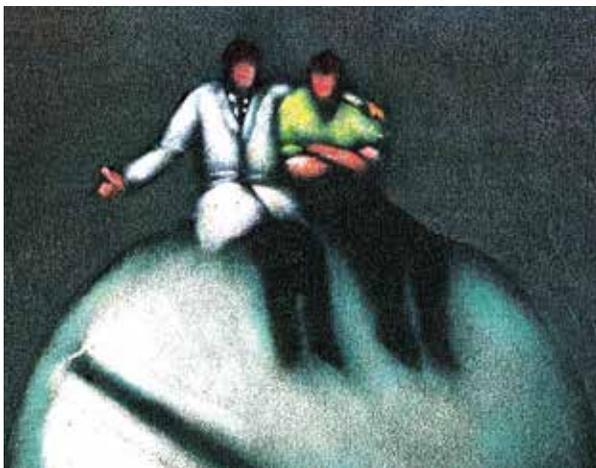
encounter, we revisit goals and assess whether or not the patient has achieved them. If not, the care team assesses how to adjust the goal and make it more achievable,” Tran says.

Trust = Adherence

By taking time to talk to patients, pharmacists establish trust and ultimately improve medication adherence rates. “They trust you, so they are going to tell you if they are noncompliant or tell you

about factors affecting their medication adherence,” Boswell says.

Following up with patients helps ensure they’re meeting goals and that side effects and concerns are quickly addressed. “Through frequent follow-ups, trust is formed, and relationships are built,” Tran says. “Once patients trust a pharmacist and they start meeting their health goals, they are more likely to continue with the current therapy.”



10 Tips for Improving Medication Adherence

RA look at how retail pharmacists improve medication adherence

BY KEITH LORIA

One of the most challenging aspects of being a pharmacist is helping patients that are not adhering to their medication. Common reasons for not adhering to their meds is price, side effects, complaints of ineffectuality, or they simply forget.

A key to improving medication adherence is understanding that it’s a collaborative effort that can’t be achieved by the pharmacist alone. It requires a cultural change that drives behavioral modification among patients.

Here are some tips for retail pharmacists to help in the patient’s health journey.

1. Track and Respond:

William Torkildsen, MD, serves as board chairman of Valley Organized Physicians Independent Physician Association in South Texas and understands that pharmacists have a deep understanding of prescribed medications – the metrics, methodology, and frequency of patient contact when they get behind on their medications.

Therefore, he recommends the implementation of a tool to track medication adherence that can be used by physicians, pharmacists, and other clinicians to identify the gaps and understand when patients are – and aren’t – taking their medications, why they may face barriers based on social determinants of health, and provide ongoing education and communication vital to keeping patients engaged in their treatment plan.

He recently partnered with local pharmacists and a university to implement a formal medication adherence program through use of a Medication Adherence Tracker (MAT) tool and track social determinants of health within one South Texas community.

The MAT has allowed the team to collaborate with physicians, pharmacists, care coordinators, and those in direct contact with patients to close the total number of adherence gaps.

“We were able to analyze 6,877 patients revealing 9,113 unique adherence gaps,”



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Torkildsen says. “Of the total gaps, 55.4% were closed, and 60.5% of the beneficiaries had at least one gap closed.”

He adds the framework around building this type of pharmacist and physician partnership can easily be adopted everywhere.

2. Improve Communication:

Lenny Petrik, PharmD, supervisor at Regional Health Specialty Pharmacy in Rapid City, SD, believes strong communication is key to helping with medication adherence, which is why the pharmacy provides proactive refill reminders that are performed by pharmacy technicians.

“Each time they call a patient to schedule a refill, they ask the patient questions that will help identify potential adherence issues (i.e. have you missed any doses since your last refill),” he says. “If something is identified, the clinical staff will work with the patient to get to the root of the problem. Each patient is unique, and the strategies used to help improve adherence must be patient-centered.”

Once an issue is identified and investigated, the patient is educated or provided resources/ideas to help improve adherence. Follow-up is also important to make sure that what has been implemented is positively affecting the patient’s adherence.

3. Better Covering Medication Requirements:

Fernando Gonzalez, RPhI, field coordinator, Long Island University’s Arnold & Marie Schwartz College of Pharmacy and Health Sciences, says when pharmacists see on patients’ profiles that they are returning for late refills or not picking up refills, these are signs that usage is not appropriate. Therefore, the biggest impact pharmacists can make today regarding adherence is to counsel patients.

“I see more and more people who have some sort of insurance, but they still often have to pay co-payments and deductibles,” he says. “For example, elderly patients who are on Medicare Part D can fall into the donut hole where they have to pay for most of the drug until the new year starts (for many, this is in September). This causes them to become non-adherent.”

Pharmacists can help these patients by assisting them in selecting a Medicare Part D

plan that will better cover their medication requirements. This should be done during the open enrollment period (For 2019, it’s Oct. 15 – Dec. 7).

“They can help patients select cheaper alternatives, as well as other drugs that may be interchangeable, if their MD agrees,” Gonzalez says.

4. Marketing Matters

Parkland Health Mart Pharmacy in Desloge, MO, is constantly finding creative ways of marketing and reaching their patients and followers through both traditional and social media avenues. For example, the pharmacy ties marketing to their efforts to serve the community by promoting 5K races and partnering with a local radio station to highlight high school sports athletes. By staying in their customers’ eyes, people are more likely to remember to come to the pharmacy and get their prescriptions on time.

5. Send Reminders:

Mansoor Khan, PhD, department head of pharmaceutical sciences at Texas A&M, says pharmacists can improve compliance by setting up a system to send text messages, emails or reminders about the treatment regimen and refill.

“Clinical interventions are the professional measures of registered pharmacists to improve the quality of the use of medicines,” he says. “These include recommendations for changes in the patient’s regimen, the route of drug administration or the behavior that will be adopted.”

6. Take Interactions Seriously and Listen:

Aaron Finley, PharmD, co-owner and pharmacist of Trumm Drugs in Alexandria, MN, says pharmacists are in a unique position to have regular and frequent interactions with patients whether it be for prescription-related services or OTC and supplement recommendations, therefore, every interaction is an opportunity to touch on adherence-related risks, benefits and barriers.

Finley notes thinking outside the box and being creative in identifying, resolving, and preventing barriers to adherence are a critical skill.

“When one of our Med Sync patients began to decline in adherence scores, a casual conversation at a community event outside of the

pharmacy revealed that a newly prescribed medication had put a strain on their budget over a few months of fills,” he says. “Offering an AR account and allowing that patient to make payments over time removed that barrier and adherence improved.”

7. Pay Attention to Younger Customers:

Gonzalez has noticed that younger patients tend to be more non-adherent than elderly patients. Many young people don't understand that certain conditions need medications. “Young patients don't feel vulnerable and believe they don't need to take certain meds like cholesterol because they think they can control their conditions with diet and exercise. It is important for pharmacists to counsel these patients to get them on board.”

8. Educate Patients:

Adherence can also be greatly impacted through education. Developing a deep patient relationship, making the most of every opportunity for interaction and documenting assessments and care goals facilitates the ongoing education that generates positive outcomes for both patients and pharmacies.

Patients need to know what to expect when starting a new medication, so they won't stop taking it when certain things happen.

“If a patient begins to feel better, they may think that the medication is no longer needed. Patients can also interrupt the treatment to avoid side effects. If the patient does not feel any change, they may deduce that the medication is not working,” Khan says. “The longer the pharmacist spends with his patient explaining the condition, function, and the importance of the medication, the more likely the patient will adhere to the treatment.”

9. Reducing Financial Burden:

There are many tools that can be utilized to help reduce copays and cost of treatment. Some pharmacists partner with patient financial advocates and patient navigators that specialize in helping patients get their medications at the lowest possible prices.

10. Dose Packaging:

Many pharmacists believe that dose packaging can greatly improve medication adher-

ence – especially in chronic care. Pharmacists should encourage customers to keep a medication list and place the different medicines in different blisters according to the medications that patients must take together and write down when they should be taken.

A Community Approach

Alexandra Broadus, PharmD, director of patient outcomes performance for Walgreens, says the company is committed to the health and well-being of the communities it serves, and adherence is an important area where pharmacists can help their patients.

“Each patient has unique goals for their health, distinct motivators and likely multiple barriers to adherence, but there is no silver bullet,” she says. “We have a vast array of tools to meet the unique needs for our patients – from Save A Trip Refills to help synchronize medication refills or Walgreens Express Delivery for patients that have transportation barriers to devices available in the Find Care section of our app to help with asthma and COPD and much more.”

The key to all of these tools, she adds, is the pharmacist building relationships with patients in their communities and understanding what motivates them, what their barriers are and identifying the appropriate solutions to remove those barriers.

“Our goal is to meet patients where they are in their health journey. Our clinical engagement platform helps our pharmacists identify patients that need help and what tools our patients might need to adhere to medications,” Broadus says. “This empowers our pharmacists to connect with patients in a meaningful way.”

For some patients, that may be getting a 90-day supply and for others it might be enrolling in text-message refill reminders. So far, the interventions have reached more than 15 million patients.

“Patients can talk to our pharmacy team anytime and anywhere with 24/7 pharmacy chat online and on our app,” Broadus says. “We've also created a new pharmacist position this year that supplements the work of pharmacy teams to help improve patient adherence – the health outcomes pharmacist.”