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Improving Adherence

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Objective

- Identify the Adherence populations and caveats.
- Identify timing expectations for adherence opportunities.
- Identify steps for behavior change and provider benefits.

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Agenda

- Medication Adherence
- Influencers/Barriers to Member Non-adherence
- Provider Impact
- Strategies
- Adherence calculations

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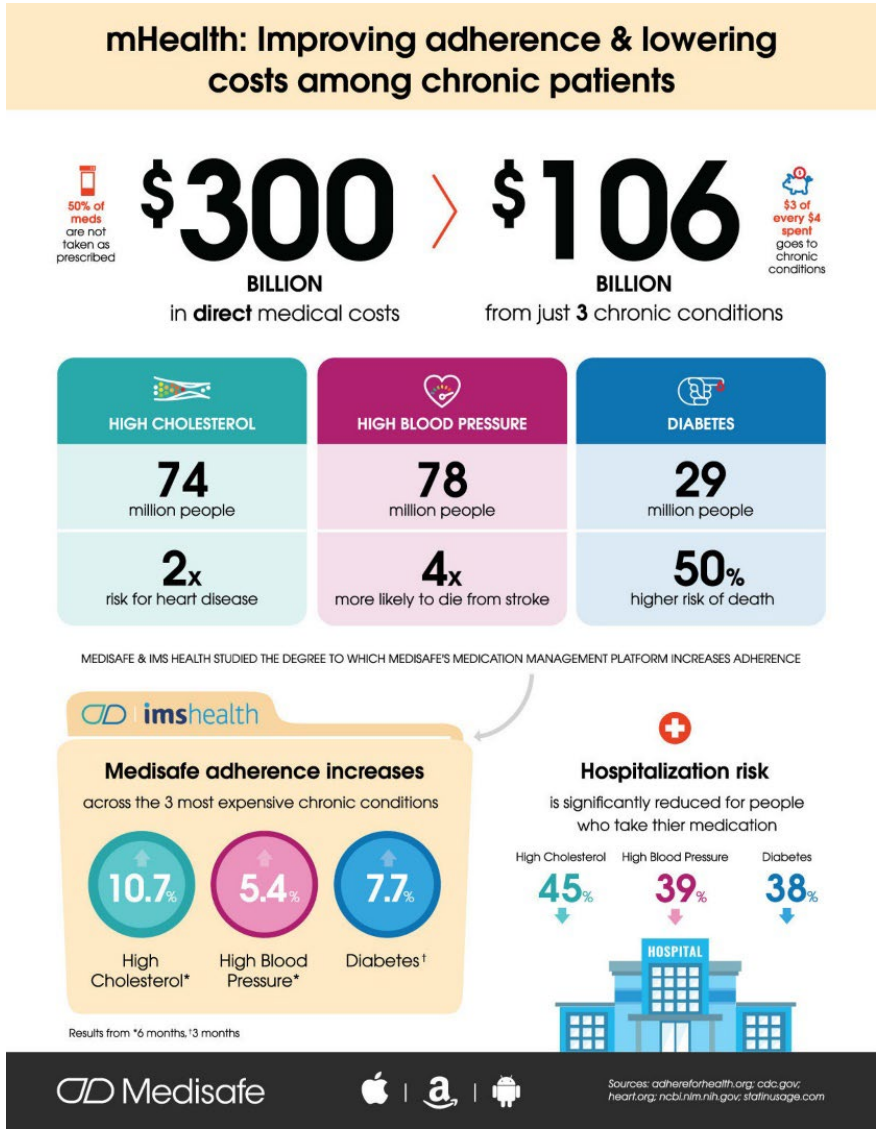
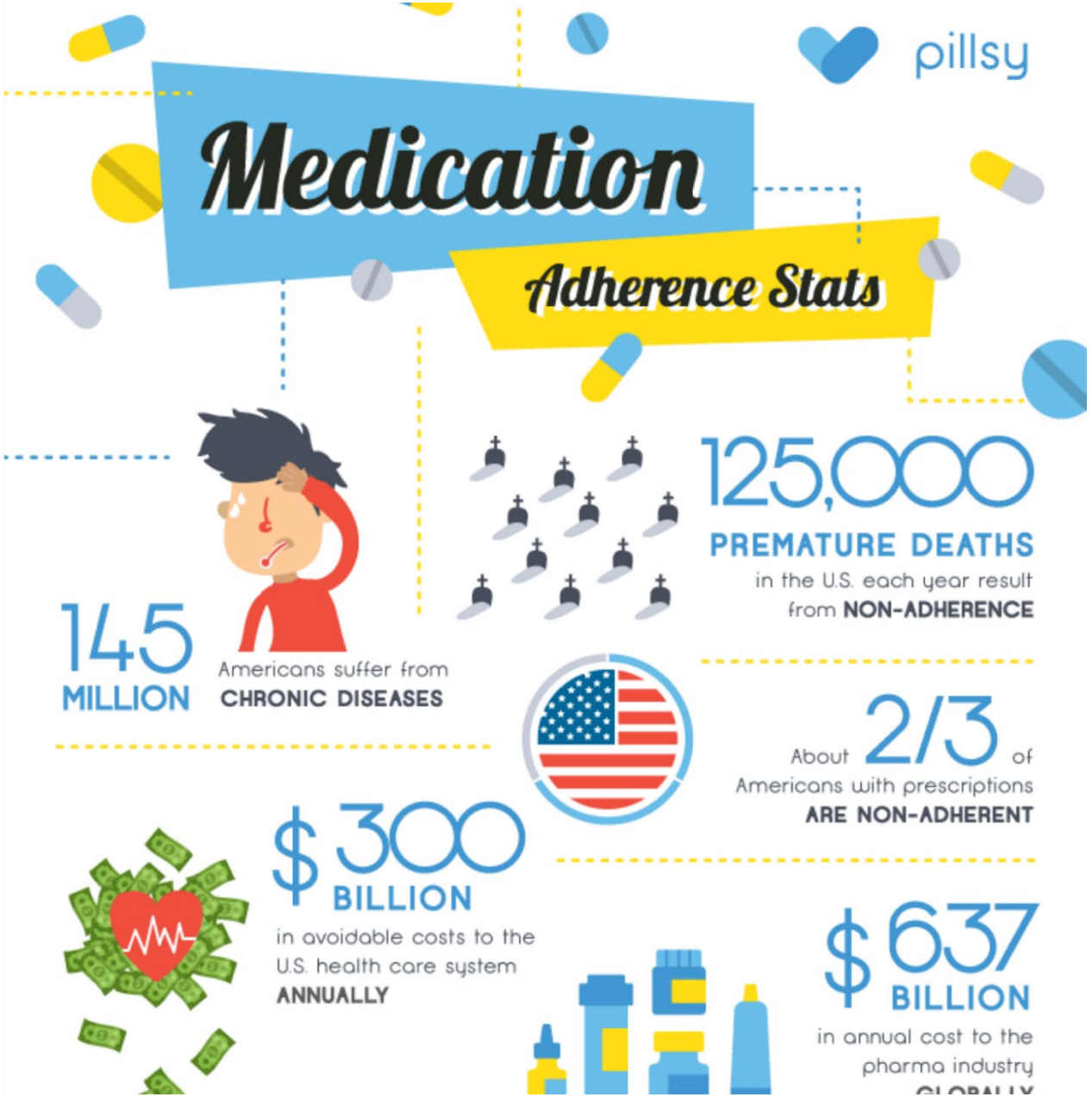
Question?

What percent of chronic medications are not taken as prescribed?

A. 25%
B. 33%
C. 42%
D. 50%
E. Patients always do what they are told by their provider

Medication Adherence Stats





Medication Adherence Stats

- ~50% of medications for chronic diseases are not taken as prescribed[4,5]
- 20-30% of medication prescriptions are never filled[4,5]
- Lack of adherence causes:
  - Higher rates of hospital admissions[2]
    - Between one-third and two-thirds of hospitalizations annually[3]
  - Suboptimal health outcomes[2]
    - 50% of treatment failures
  - Increased morbidity/mortality[2]
    - 125,000 premature deaths annually[1]
  - Increased health care costs[2]
    - $100 billon - $289 billion in avoidable medical costs annually[1]

1. Viswanathan M, Golin CE, Jones CD, et al. Interventions to improve adherence to self-administered medications for chronic diseases in the United States: a systematic review. Ann Intern Med 2012;157:785–95
2. DiMatteo MR. Variations in patients' adherence to medical recommendations: a quantitative review of 50 years of research. Med Care 2004;42:200–9.
3. Brown MT, Bussell JK. Medication adherence: WHO cares?. *Mayo Clin Proc*. 2011;86(4):304–314. doi:10.4065/mcp.2010.0575
4. PetersonAM, TakiyaL, FinleyR. Meta-analysis of trials of interventions to improve medication adherence.Am J Health Syst Pharm200360657-65
5. HaynesRB, AcklooE, SahotaN, McDonaldHP, YaoX. Interventions for enhancing medication adherence.Cochrane Database Syst Rev2008CD000011

Influencers to Medication Non-adherence

Patient-related factors

- Unintentional factors
  - Forgetting to take medication/fill medications
  - Inadequate understanding of dose or schedules
  - Polypharmacy
- Intentional factors
  - Active decision to stop/modify treatment regimen
    - Personal beliefs, attitudes about their disease, ability to pay
    - Lack of engagement in treatment decision
  - Side effects
  - Expectations for improvement

Provider-related factors

- Communicating with patient/caregiver
- Lack of visibility/oversight of patient adherence
- Time to review medications/educate
- Complex dosing regimens
- Limited coordination of care among multiple prescribers

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Question?

What is the most common reason why a member is non-adherent?

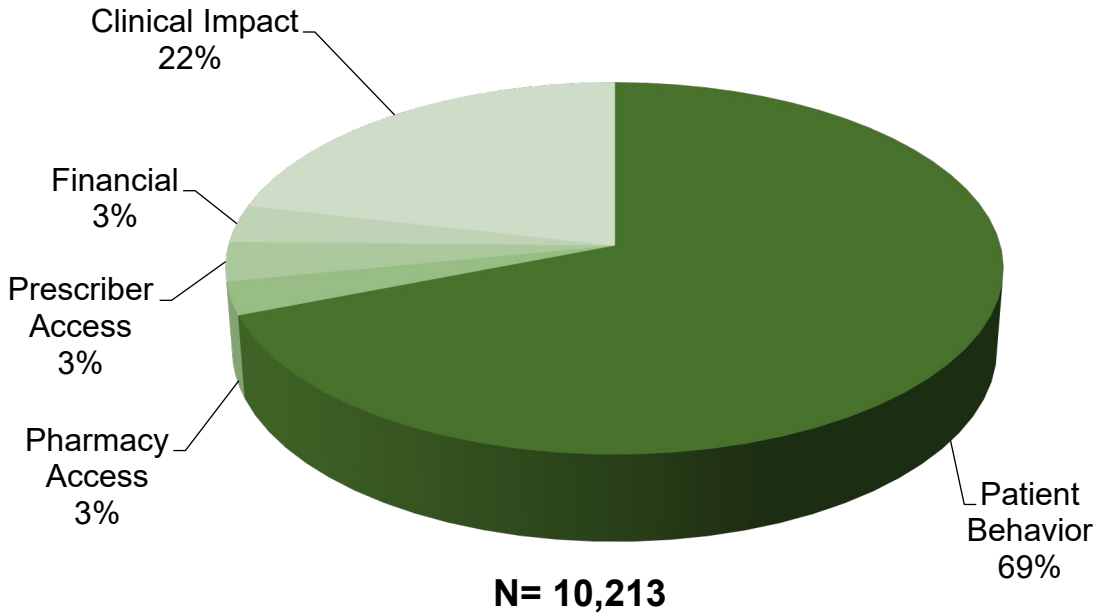
A. Cost of medications
B. Side Effects
C. Access to Provider
D. Access to Pharmacy
E. Member Behavior

Self-Report Barriers: Our Medicare Members

Understanding Member Barriers helps us:

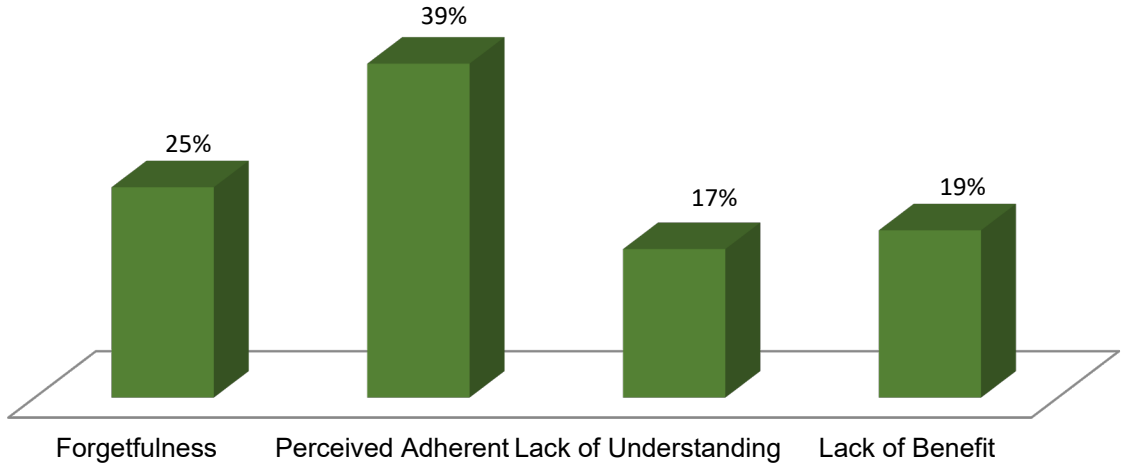
- Develop *More Impactful* Medication Adherence Initiatives
- Improve Member Outcomes

Self-Reported Barriers



N= 10,213

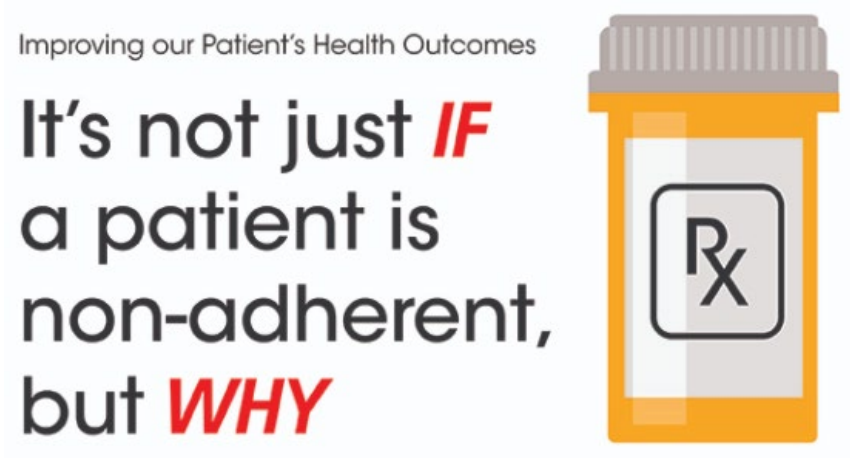
Patient Behavior Breakdown



Engaging the member

- Understand there are multiple reasons for non-adherence (e.g. forgetfulness, cost, health literacy) and the member may not believe he/she is non-adherent
  - Pharmacy claims can help corroborate the member's story and guide the conversation to identifying why the member is non-adherent

- The goal is to identify member-specific reasons for non-adherence and identify member-specific interventions
  - Motivational interviewing can help with understanding **WHY** the member is non-adherent without being abrasive
  - The goal is **NOT** simply to send refill reminders, but to identify and correct underlying adherence issues



Costs of Medications

- Tier 1, 2 and 6 medications have the lowest copay for most plans
  - 93% of all adherence medications are in Tier 1 and 6
  - $0 copay for most members

2022 Medicare Advantage Tiering Structure for Adherence Medications*

Tier	Blood Pressure			Cholesterol	Diabetes	
Tier 1, 2 and 6	○ Benazepril ○ Captopril ○ Enalapril ○ Fosinopril ○ Lisinopril ○ Quinapril ○ Ramipril ○ Trandolapril	○ Irbesartan ○ Losartan ○ Olmesartan ○ Valsartan ○ Telmisartan	○ Benazepril/HCTZ ○ Lisinopril/HCTZ ○ Enalapril/HCTZ ○ Losartan/HCTZ ○ Olmesartan/HCTZ ○ Valsartan/HCTZ ○ Amlodipine/Benazepril ○ Amlodipine/Valsartan ± HCTZ ○ Amlodipine/Olmesartan ± HCTZ	○ Atorvastatin ○ Fluvastatin & ER ○ Lovastatin ○ Pravastatin ○ Rosuvastatin ○ Simvastatin ○ Ezetimibe-simvastatin	○ Metformin ○ Metformin ER (generic Glucophage ER) ○ Glipizide & ER ○ Glipizide XL	○ Glipizide-metformin ○ Glimepiride ○ Nateglinide ○ Pioglitazone ○ Repaglinide ○ Acarbose

- Preferred branded diabetes medications on Tier 3

Preferred Mail Order Pharmacy – CVS Caremark

- Can further lower costs to members
  - Tier 1, 2, & 6 medications have $0 copay for 90 day supply for most plans
  - Tier 3 and 4* medications have 2 copays for 90 day supply (if applicable)

  * = potential cost share

- Other Mail order advantages
  - Medication delivered to mailbox—overcome any transportation barriers
  - Member can speak directly to a pharmacist—overcome education/confusion barriers
  - Can set up using phone or internet—multiple communication streams
  - Can authorize auto-fill to keep medication coming at correct intervals

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Question?

How do prescribers quickly and objectively identify if a patient is following the medication prescription plan?

A. Using follow-up lab values (e.g. A1C, blood pressure, LDL)

B. Asking the patient if he/she is adherent to his/her medications

C. Review pharmacy claims

D. Review prescription bottles brought by the patient

Provider Practice Impact

Medication Adherence	Medication Non -Adherence
Time	
• Less visits with the same member (disease stable) • More time to see new members • Less time coordinating care • Confident & efficient therapy selection/disease management	• More visits with member to achieve health goals • More coordination with specialist/hospitalist • More transitions of care/medication reconciliations post discharge (MRP)
Member Outcome	
• Healthier/stabilized members (e.g. less ER/hospitalizations/specialist) • Members with less complex medication regimens • Higher member satisfaction (CAHPS)	• More members with disease progression (lower quality of life) • More provider visits, co-pays (e.g. medication, specialist, ER/hospital) • Lower member satisfaction
Financial	
• Maximizing financial incentives (e.g. STAR Score) • Decreasing medical utilizations (e.g. ER/hospitalizations)	• Lower bonus earnings (e.g. STAR Score) • Risk in shared savings (e.g. ER frequency)

Provider Strategies to Improve Medication Adherence

- Medication disbelief
- Expectations for improvement
- Belief/attitudes about disease state
- Complex regimens
- Cost

Identifying barriers

- Allow patients to participate in treatment decisions
- Use motivational interview techniques to promote change in behavior
- Help patients understand the importance taking the selected medication

Educating & Empowering

- Quickly and objectively understand medication fill history
- Identify patients becoming non-adherent sooner in therapy
- Leverage claims information to determine need for coordination of care (e.g. patient going to multiple prescribers/pharmacies)

Health Information & Technology

Benefits to Providers

- ✓ **Plan-sponsored QI program –** equips providers with information to improve medication use, keep control of disease states, and keep members out of the hospital

- ✓ **Healthier Patients –** Keep patients out of the hospital as they fill their maintenance medication and keep in control of their chronic conditions

- ✓ **Real Time Data –**
  - ✓ Member fill history and routine updates with pharmacy claims
  - ✓ Tracks days to non-adherence
  - ✓ Flags next fill due date

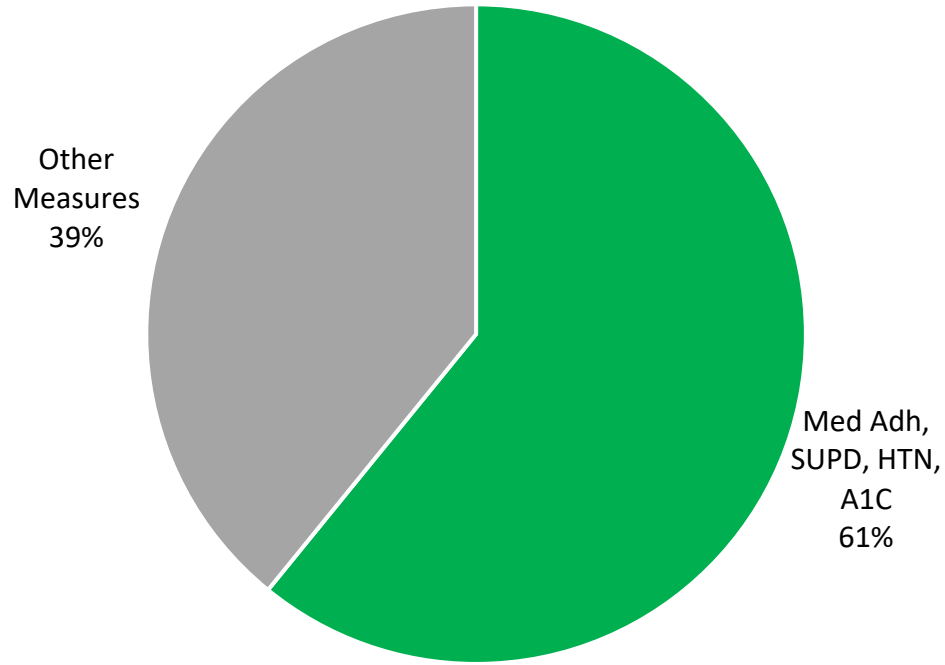
- ✓ **Optimize Staff Time –** Algorithm to prioritize patients based on their risk of non-adherence and ability to impact adherence measures for the year

- ✓ **Focused on behavior change –** Presents medication-related context to enable behavior-changing conversations

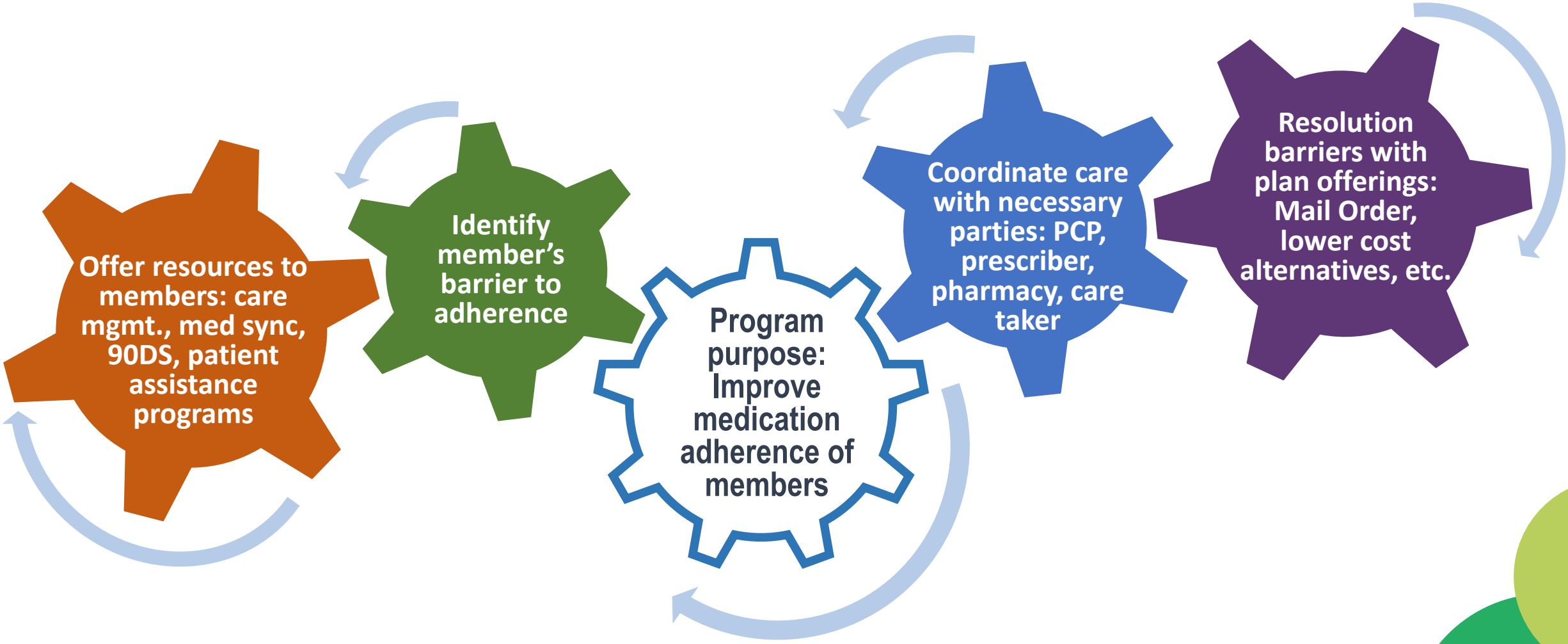
What Makes-up a Provider's 2021 STAR Score

Measure	STAR Weight	% Impact
COA - Medication List and Review	1	4.3%
COA - Pain Screening	1	4.3%
Colorectal Cancer Screen	1	4.3%
Diabetes - Dilated Eye Exam	1	4.3%
Diabetes HbA1c <= 9	3	13.0%
Diabetes Monitor Nephropathy	1	4.3%
Hypertension	1	4.3%
Mammogram	1	4.3%
Med Adherence - Diabetic	3	13.0%
Med Adherence - RAS	3	13.0%
Med Adherence - Statins	3	13.0%
OMW - Osteoporosis Management	1	4.3%
SPC - Statin Therapy for Patients with CVD	1	4.3%
Statin Use in Persons With Diabetes	1	4.3%
TRC - Med Reconciliation Post Discharge	1	4.3%
Total	**23**	**100.0%**

*The 4 triple-weighted measures account for 52.2% of Provider STAR Score



Medication Adherence Care Coordinator Program



Adherence Specs

- Measuring Medication Adherence
- Understanding Medication Adherence Performance

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Question?

Which member(s) are considered adherent to their medication?

	Member	Adherence Rate
1.		PDC = 53%
2.		PDC = 81%
3.		PDC = 75%
4.		PDC = 96%
5.		PDC = 79%

How Adherence Performance is Measured

- Adherence measures description (diabetes, hypertension, and cholesterol)
  - % of members who fill their target medication(s), as a whole, **≥ 80% (adherent)** by the end of the plan year
    - Members are included in the measure when he/she has **TWO** fills of the target medication(s) on unique dates of service during the measurement period

Diabetes

- Non-insulin diabetes medications
  - Examples:
    - Metformin
    - Januvia
    - Victoza

Hypertension

- Angiotensin II receptor blockers (ARB)
  - Example: Losartan
- Angiotensin-converting enzyme inhibitor (ACEi)
  - Example: Lisinopril

Cholesterol

- Stain
  - Example:
    - Atorvastatin (generic Lipitor)
    - Rosuvastatin (generic Crestor)

How Medication Adherence is Measured

- Adherence (also known as proportion of days covered; PDC) is calculated daily for each member/adherence measure
  - Measurement period: January 1st through December 31st
  - Adherence is counted as a whole for the group of measured medications
    - Adherence rates account for switching therapy
  - Missed days are accumulated when the member is late to refill

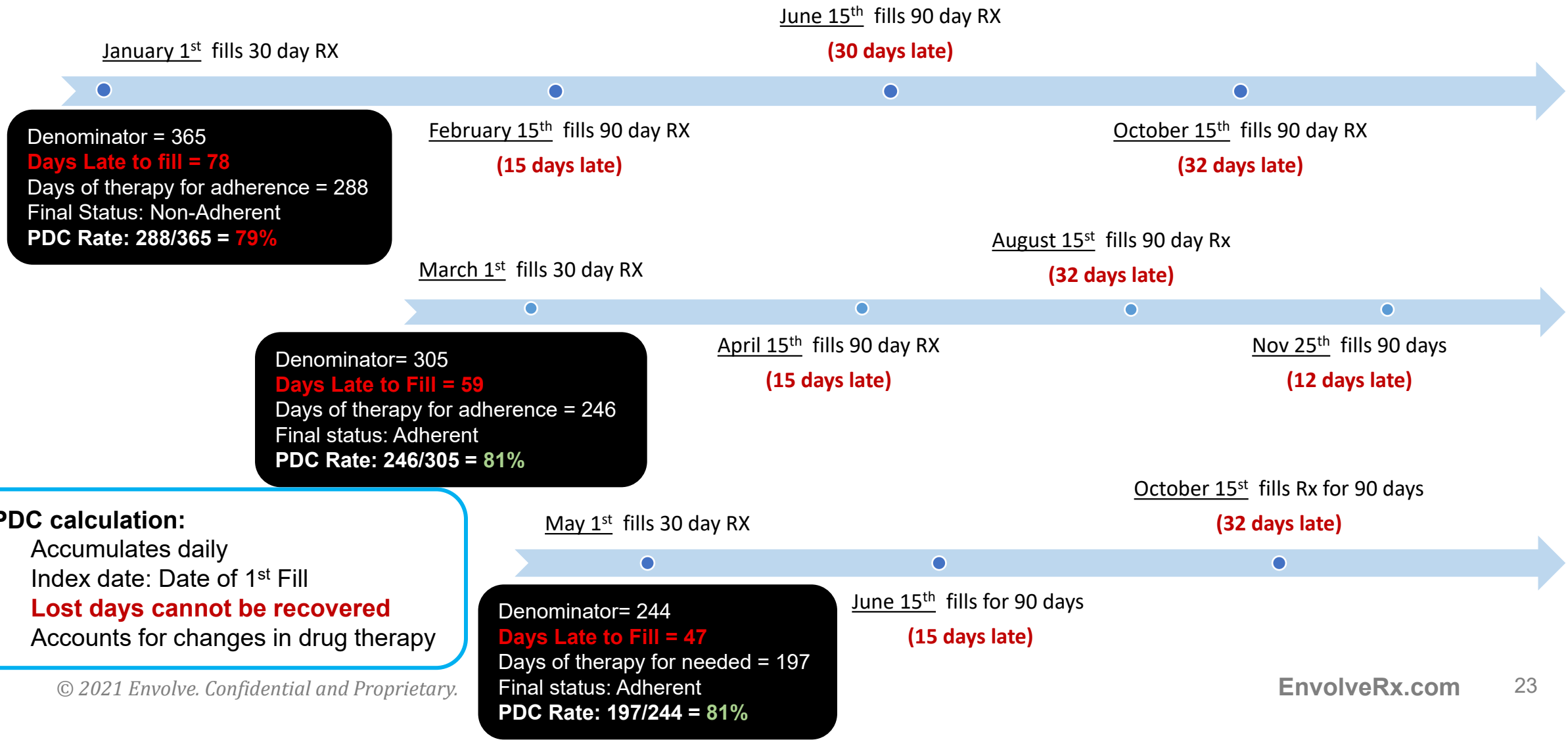
$$\text{PDC} = \frac{\text{Total Days' Supplied}}{\text{Days in the Reporting Interval}}$$

PDC calculation:
- Accumulates daily
- Index date: Date of 1st Fill
- **Lost days cannot be recovered**
- Accounts for changes in drug therapy

- Adherent VS Non-Adherent
  - PDC ≥ 80% = Adherent, "Gap Closed"
  - PDC < 80% = Non-adherent, "Gap Open"

Med Adherence Calculation: Member Examples

Goal (adherence): Medication on hand for 80% of the days expected



PDC calculation:

- Accumulates daily
- Index date: Date of 1st Fill
- **Lost days cannot be recovered**
- Accounts for changes in drug therapy

Medication Adherence Source Data

Only Medicare prescription claims count towards gap closure for the measures

- Prescription claims can be captured through any pharmacy within the Wellcare network
- Data source for the medication adherence measures is Health and Drug Plan

No supplemental/hybrid data can be utilized for these measures

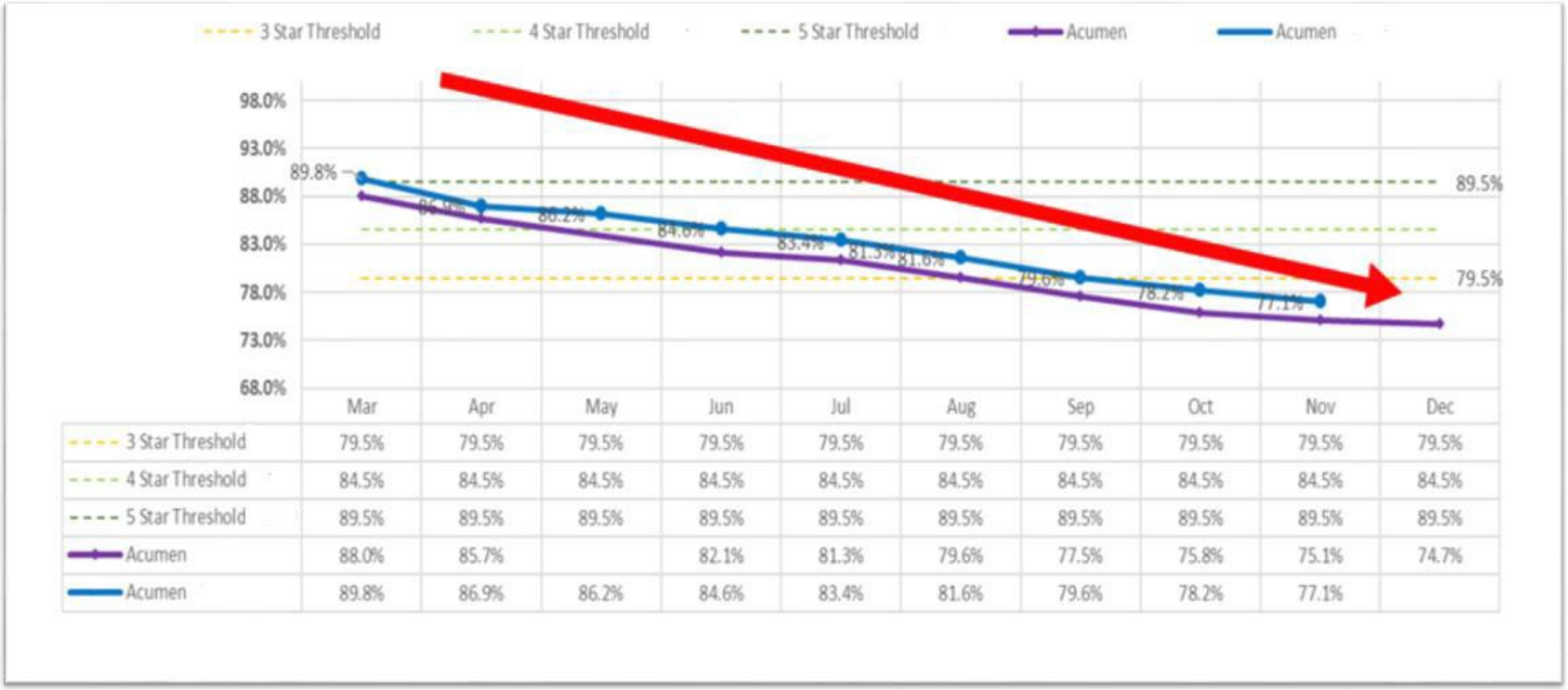
- ***No chart note submission*** *demonstrating contraindications or treatment failure*
- ***No dx codes submission*** *demonstrating contraindications or treatment failure*

Non-Medicare claims do not count

- Cash Pay
- Retail Discount Programs (e.g. Walmart)
- Medication Samples

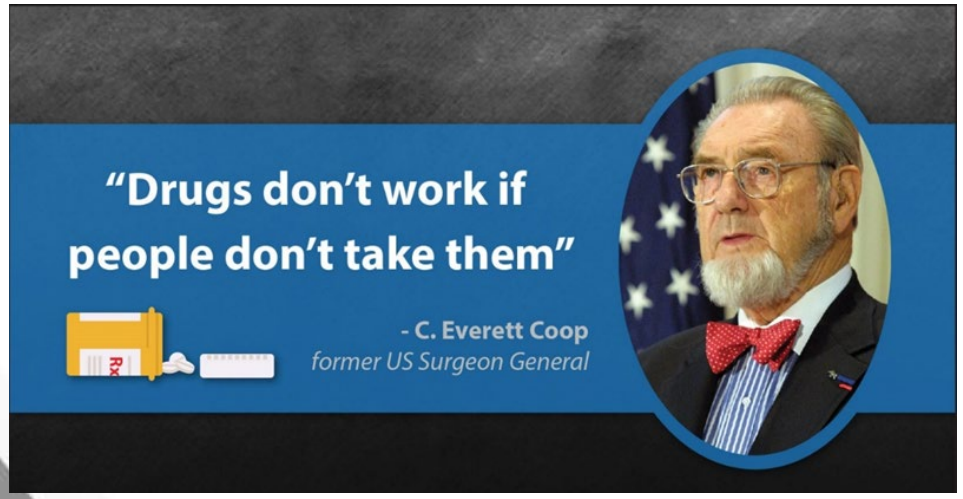
Adherence Measure – Annual Trend

The percentage of adherent members declines as the year progresses



Improved Medication Adherence: Provider Benefits

Questions and Feedback



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