Improving Adherence

Presented by: Tsan You, PharmD, BCMTMS
Objective

• Identify the Adherence populations and caveats.

• Identify timing expectations for adherence opportunities.

• Identify steps for behavior change and provider benefits.
Agenda

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

mHealth: Improving adherence & lowering costs among chronic patients

$300 BILLION in direct medical costs

$106 BILLION from just 3 chronic conditions

HIGH CHOLESTEROL
74 million people
2x risk for heart disease

HIGH BLOOD PRESSURE
78 million people
4x more likely to die from stroke

DIABETES
29 million people
50% higher risk of death

Medisafe adherence increases across the 3 most expensive chronic conditions

10.7% High Cholesterol
5.4% High Blood Pressure
7.7% Diabetes

Hospitalization risk is significantly reduced for people who take their medication:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medication Adherence</th>
<th>Non-Adherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Cholesterol</td>
<td>45%</td>
<td>80%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>39%</td>
<td>75%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>38%</td>
<td>70%</td>
</tr>
</tbody>
</table>

125,000 PREMATURE DEATHS in the U.S. each year result from NON-ADHERENCE

145 MILLION Americans suffer from CHRONIC DISEASES

2/3 of Americans with prescriptions ARE NON-ADHERENT

$300 BILLION in avoidable costs to the U.S. health care system ANNually

$637 BILLION in annual cost to the pharma industry GLOBALLY

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Medication Adherence Stats

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


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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
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

- Clinical Impact: 22%
- Financial: 3%
- Prescriber Access: 3%
- Pharmacy Access: 3%
- Patient Behavior: 69%

N= 10,213

Patient Behavior Breakdown

- Forgetfulness: 25%
- Perceived Adherent Lack of Understanding: 39%
- Lack of Benefit: 17%
- Lack of Benefit: 19%
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*

<table>
<thead>
<tr>
<th>Tier 1, 2 and 6</th>
<th>Blood Pressure</th>
<th>Cholesterol</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benazepril</td>
<td>Benazepril/HCTZ</td>
<td>Atorvastatin</td>
<td>Metformin</td>
</tr>
<tr>
<td>Captopril</td>
<td>Lisinopril/HCTZ</td>
<td>Fluvastatin &amp; ER</td>
<td>Metformin ER (generic Glucophage ER)</td>
</tr>
<tr>
<td>Enalapril</td>
<td>Enalapril/HCTZ</td>
<td>Lovastatin</td>
<td>Glipizide &amp; ER</td>
</tr>
<tr>
<td>Lisinopril</td>
<td>Losartan/HCTZ</td>
<td>Pravastatin</td>
<td>Glipizide XL</td>
</tr>
<tr>
<td>Losartan</td>
<td>Olmesartan/HCTZ</td>
<td>Rosuvastatin</td>
<td>o</td>
</tr>
<tr>
<td>Valsartan</td>
<td>Valsartan/HCTZ</td>
<td>Simvastatin</td>
<td>o</td>
</tr>
<tr>
<td>Telmisartan</td>
<td>Amlodipine/Benazepril</td>
<td>Ezetimibe-simvastatin</td>
<td>o</td>
</tr>
<tr>
<td></td>
<td>Amlodipine/Valsartan HCTZ</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td></td>
<td>Amlodipine/Olmesartan ± HCTZ</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

- 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
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

- Less visits with the same member (disease stable)
- More time to see new members
- Less time coordinating care
- Confident & efficient therapy selection/disease management

### Medication Non-Adherence

- More visits with member to achieve health goals
- More coordination with specialist/hospitalist
- More transitions of care/medication reconciliations post discharge (MRP)

### Time

#### 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 of 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

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

*The 4 triple-weighted measures account for 52.2% of Provider STAR Score*
Medication Adherence Care Coordinator Program

Offer resources to members: care mgmt., med sync, 90DS, patient assistance programs

Identify member’s barrier to adherence

Program purpose: Improve medication adherence of members

Coordinate care with necessary parties: PCP, prescriber, pharmacy, care taker

Resolution barriers with plan offerings: Mail Order, lower cost alternatives, etc.
Adherence Specs

• Measuring Medication Adherence

• Understanding Medication Adherence Performance
Which member(s) are considered adherent to their medication?

<table>
<thead>
<tr>
<th>Member</th>
<th>Adherence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>PDC = 53%</td>
</tr>
<tr>
<td>2.</td>
<td>PDC = 81%</td>
</tr>
<tr>
<td>3.</td>
<td>PDC = 75%</td>
</tr>
<tr>
<td>4.</td>
<td>PDC = 96%</td>
</tr>
<tr>
<td>5.</td>
<td>PDC = 79%</td>
</tr>
</tbody>
</table>
How Adherence **Performance** is Measured

- Adherence measures description (diabetes, hypertension, and cholesterol)
  - % of members who fill their target medication(s), as a whole, \( \geq 80\% \) (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 1\textsuperscript{st} through December 31\textsuperscript{st}
  - 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

\[
PDC = \frac{\text{Total Days’ Supplied}}{\text{Days in the Reporting Interval}}
\]

- Adherent VS Non-Adherent
  - PDC $\geq$ 80\% = Adherent, “Gap Closed”
  - PDC $<$ 80\% = Non-adherent, “Gap Open”

**PDC calculation:**
- Accumulates daily
- Index date: Date of 1\textsuperscript{st} Fill
- **Lost days cannot be recovered**
- Accounts for changes in drug therapy
Med Adherence Calculation: Member Examples

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

### January 1st fills 30 day RX

- **Denominator = 365**
- **Days Late to fill = 78**
- **Days of therapy for adherence = 288**
- **Final Status: Non-Adherent**
- **PDC Rate: 288/365 = 79%**

### February 15th fills 90 day RX

- **(15 days late)**

### March 1st fills 30 day RX

- **Denominator= 305**
- **Days Late to Fill = 59**
- **Days of therapy for adherence = 246**
- **Final status: Adherent**
- **PDC Rate: 246/305 = 81%**

### April 15th fills 90 day RX

- **(15 days late)**

### May 1st fills 30 day RX

- **Denominator= 244**
- **Days Late to Fill = 47**
- **Days of therapy for needed = 197**
- **Final status: Adherent**
- **PDC Rate: 197/244 = 81%**

### June 15th fills for 90 days

- **(15 days late)**

### October 15th fills for 90 day RX

- **(32 days late)**

### August 15th fills 90 day Rx

- **(32 days late)**

### October 15th fills Rx for 90 days

- **(32 days late)**

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**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

- Improved Office Efficiency: Less “Fires/Chaos”
- Prevention of Disease Complications
- Less Hospital Re-Admissions
- Improved Patient Outcomes
- Higher Financial Compensation
- Higher Patient Satisfaction/CAHPS
- Reduced Medical Expenses
- Higher Star-Ratings

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Questions and Feedback

“Drugs don’t work if people don’t take them”
- C. Everett Coop
former US Surgeon General