

Medication Best Practices – Focus on Adherence

Medication adherence can affect quality and length of life, health outcomes, and overall healthcare costs. A 2012 [review](#) in the Annals of Internal Medicine estimated that medication non-adherence costs the healthcare system between \$100 - \$289 billion a year. Adherence rates of 80% are needed for optimal therapeutic effect, however the estimated adherence rate in patients with chronic conditions hovers around 50 percent.

The Centers for Medicare & Medicaid Services consider medication adherence to be a critical component of health plan performance, and the measure is integral to an organization's Medicare Advantage Star Rating. Eight of the 45 unique measures in the Medicare Part C and D Star Ratings framework relate in some way to medications, and the three that relate directly to medication adherence in common chronic diseases are *triple-weighted* measures. Medication adherence is critical to improving health outcomes and lowering total cost of care.

Medication Adherence Measurements		
D10: Adherence for Diabetes Medications	D11: Adherence for Hypertension (RAS Antagonists)	D12: Adherence for Cholesterol (Statins)
Target Population		
<ul style="list-style-type: none"> Are 18 years of age or older Have at least two fills in a calendar year for a diabetes (non-insulin) medication <ul style="list-style-type: none"> ➤ Biguanides ➤ DPP-IV inhibitors ➤ Incretin mimetics ➤ Meglitinides ➤ SGLT-2 inhibitors ➤ Sulfonylureas ➤ Thiazolidinediones 	<ul style="list-style-type: none"> Are 18 years of age or older Have at least two fills in a calendar year for a renin-angiotensin system antagonist <ul style="list-style-type: none"> ➤ ACE-inhibitors ➤ Angiotensin receptor blockers ➤ Direct renin inhibitors 	<ul style="list-style-type: none"> Are 18 years of age or older Have at least two fills in a calendar year for a statin medication
Exclusions		
<ul style="list-style-type: none"> Hospice enrollment ESRD diagnosis or coverage dates One or more prescriptions for insulin 	<ul style="list-style-type: none"> Hospice enrollment ESRD diagnosis or coverage dates One or more prescriptions for sacubitril/valsartan 	<ul style="list-style-type: none"> Hospice enrollment ESRD diagnosis or coverage dates
Gap Closure		
<ul style="list-style-type: none"> Patients fill their prescriptions often enough to cover 80% or more of the time they are supposed to take them 		
Tips		
<ul style="list-style-type: none"> Assess medication adherence at every patient interaction just as you do for vital signs Prioritize non-adherence in the differential for conditions not at goal Encourage patients to use tools like pill boxes, mobile apps, or multi-dose packaging as appropriate Review eligibility for 90-day prescriptions where permissible Provide a year's supply of prescriptions at each annual visit to prevent refill gaps Address concerns about medication safety, side effects, cost, or purpose Ask for patient input into their treatment plan Encourage annual comprehensive medication reviews with an aligned pharmacist 		



References:

- 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
- Neiman AB, Ruppar T, Ho M, et al. CDC Grand Rounds: Improving Medication Adherence for Chronic Disease Management — Innovations and Opportunities. MMWR Morb Mortal Wkly Rep 2017;66
- <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/Star-Ratings-Technical-Notes-Oct-10-2019.pdf>