



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 		

If you have additional questions, please contact the SoNE HEALTH Pharmacy Team at: Maria.Summa@sfhcp.org



References:

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- Neiman AB, Ruppert 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
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