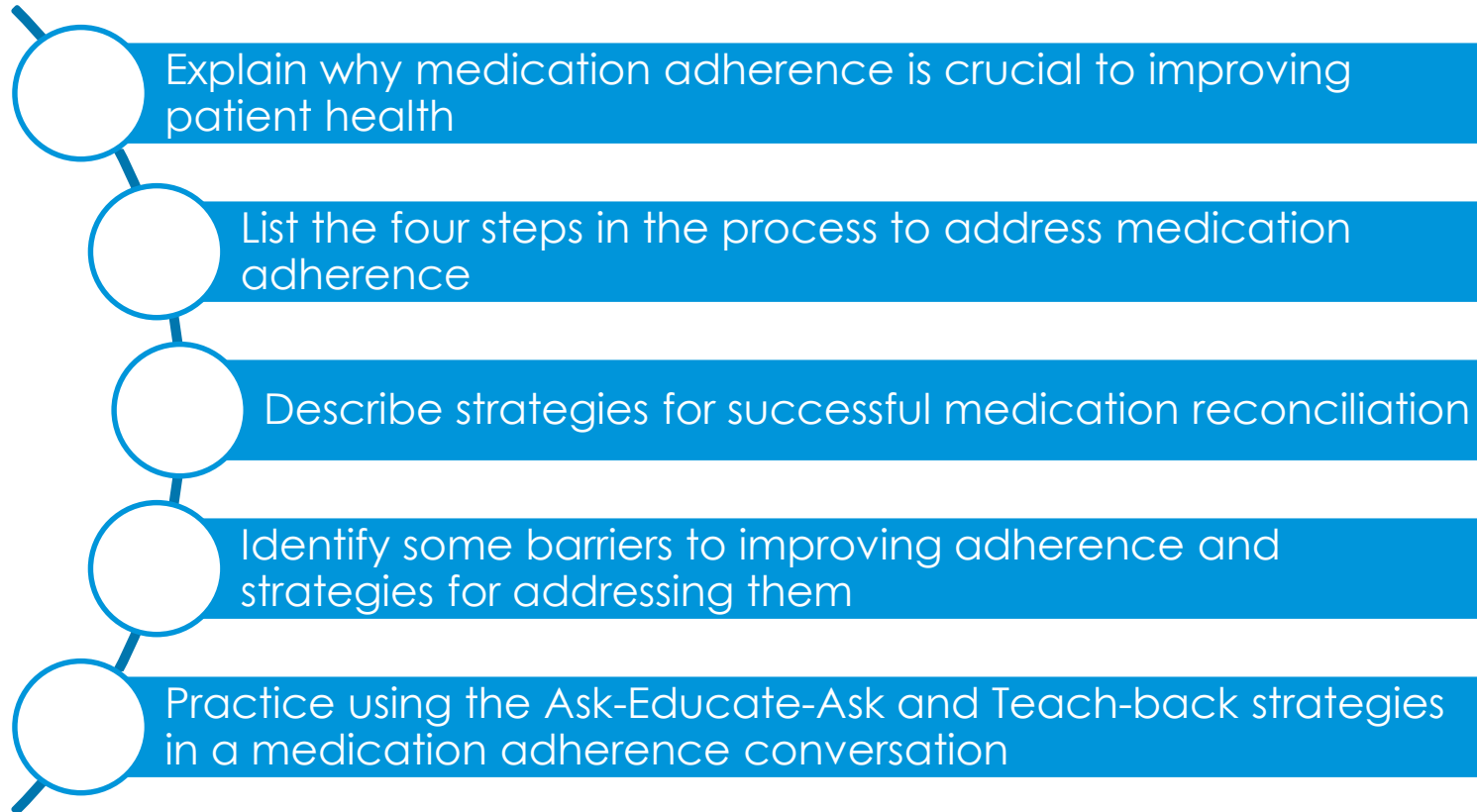


---

**Mission Possible!**  
**Simple Strategies for**  
**Achieving Medication**  
**Adherence**

# Learning objectives

- 
- 1 Explain why medication adherence is crucial to improving patient health
  - 2 List the four steps in the process to address medication adherence
  - 3 Describe strategies for successful medication reconciliation
  - 4 Identify some barriers to improving adherence and strategies for addressing them
  - 5 Practice using the Ask-Educate-Ask and Teach-back strategies in a medication adherence conversation



# Welcome from Blue Shield of California



**Amanda Calvert, MPH**  
Clinical Program Manager,  
Medicare Star Program, Clinical  
Quality, Network and Markets



**Joshua Chua, PharmD, BCPS**  
Clinical Pharmacy Operations  
Pharmacist Senior Manager



**Scott Flinn, MD**  
Regional Medical Director



# Medication Review and Adherence

- High-quality care, patient safety, keeping patients healthy and out of the hospital
- Medication review as first step

## CAHPS

23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?

- Never
- Sometimes
- Usually
- Always

## Stars

Star Measure	Weight
Med Adherence – Diabetes	3
Med Adherence – HTN	3
Med Adherence – Statin	3
Medication Reconciliation Post-Discharge	1



# Blue Shield Medication Adherence Support Program

- Adherence-related Rx quality measures with member and/or provider outreach initiatives
  - Medicare Star Part D: Diabetes, RAS antagonists, statins
  - Medicare Star Part C: Osteoporosis, rheumatoid arthritis, statins
  - Commercial Quality: Beta blocker treatment after a heart attack
- Pharmacy technicians take a high-touch, member-focused approach to resolve adherence barriers
  - Playbook of solutions for common adherence challenges
- Pharmacists collaboratively partner with providers to address adherence-related Rx care gaps
- Predictive analytics to identify members with Rx care gaps and at-risk for non-adherence



# Medication reconciliation post-discharge (MRP)\* support

## Acceptable medical records:



1. **Signed progress notes** with the member's current medication list and a notation of reconciliation of discharge medications with the current medications.

- **Use either of the following statements verbatim:**
  - *"Reconciled current and discharge medications."*
  - *"No medications were ordered upon discharge."*



2. **Medication list added to discharge summary** in the outpatient chart.

- Blue Shield supports MRPs performed by community and advanced practice pharmacists.
- The MRP summary note is faxed to the PCP to be added to the outpatient chart in order to qualify as a completed MRP.
- **Request for action:** Physician should add to the outpatient chart within 30 days of discharge.



3. **Discharge summary**

---

\* MRP is a HEDIS measure.

# Introducing Dr. Dudl



**R. James Dudl, MD**  
Diabetologist and Population Care Specialist



*You say it's impossible to get patients to take their meds? Time for ...*

# Mission ~~Im~~Possible!

## Simple Strategies for Improving Medication Adherence

---

R. JAMES DUDL, MD



*But they just don't take their pills!  
Its IMPOSSIBLE to get them to take them!*

---



You CAN  
overcome  
barriers  
some think  
impossible

---

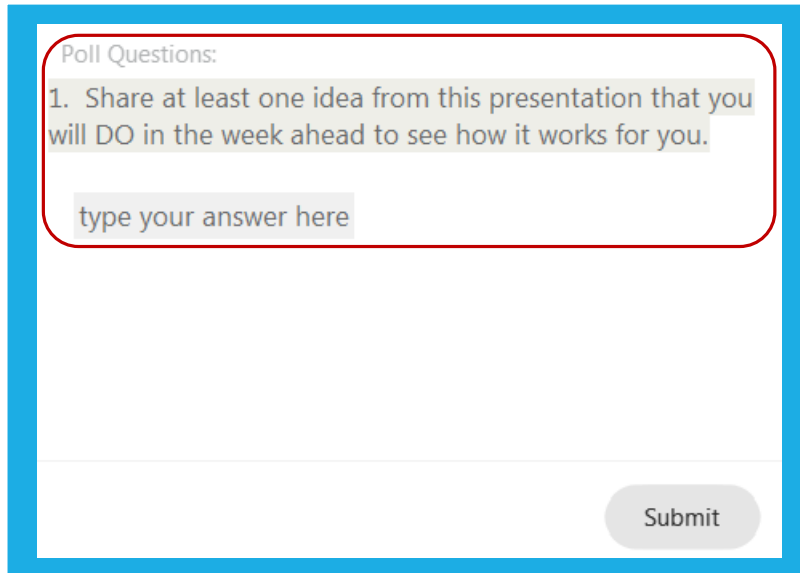


# What will you do differently?

---

As you listen today, identify at least one thing from this presentation that you will try in the week ahead...then tell us.

- Near the end of the presentation, we'll put up a poll where you can type in your commitment.



The image shows a screenshot of a poll question interface. It features a blue border around the entire content area. At the top left, the text "Poll Questions:" is displayed. Below it, a question is listed: "1. Share at least one idea from this presentation that you will DO in the week ahead to see how it works for you." The word "DO" is in all caps. Underneath the question is a large, light gray text input field with the placeholder text "type your answer here". At the bottom right of the form, there is a rounded rectangular button labeled "Submit".

# Agenda for starting and adhering to HTN Statin and DM medications: Overcoming barriers

---

## Provider/system barriers:

- I don't have staff to do this
- The patients just don't listen!

## Patient barriers:

- "I cant remember to take/get my meds."
- When no progress, try **"ASK Educate ASK"** and what to do if you find that patients ...
  - Aren't motivated
  - Think it's too complicated
  - Think it's too expensive
  - Nod yes, but you're not sure they agree – **Use Teach-back!**

## What are YOU going to DO?

Do you agree medicine today is asking you and the patient to do MORE, yet there is no more time?

---

How can we resolve that?



On the 1-3 most important things FIRST: Medication adherence is ONE of them.



## Meet Dr. Doubtful

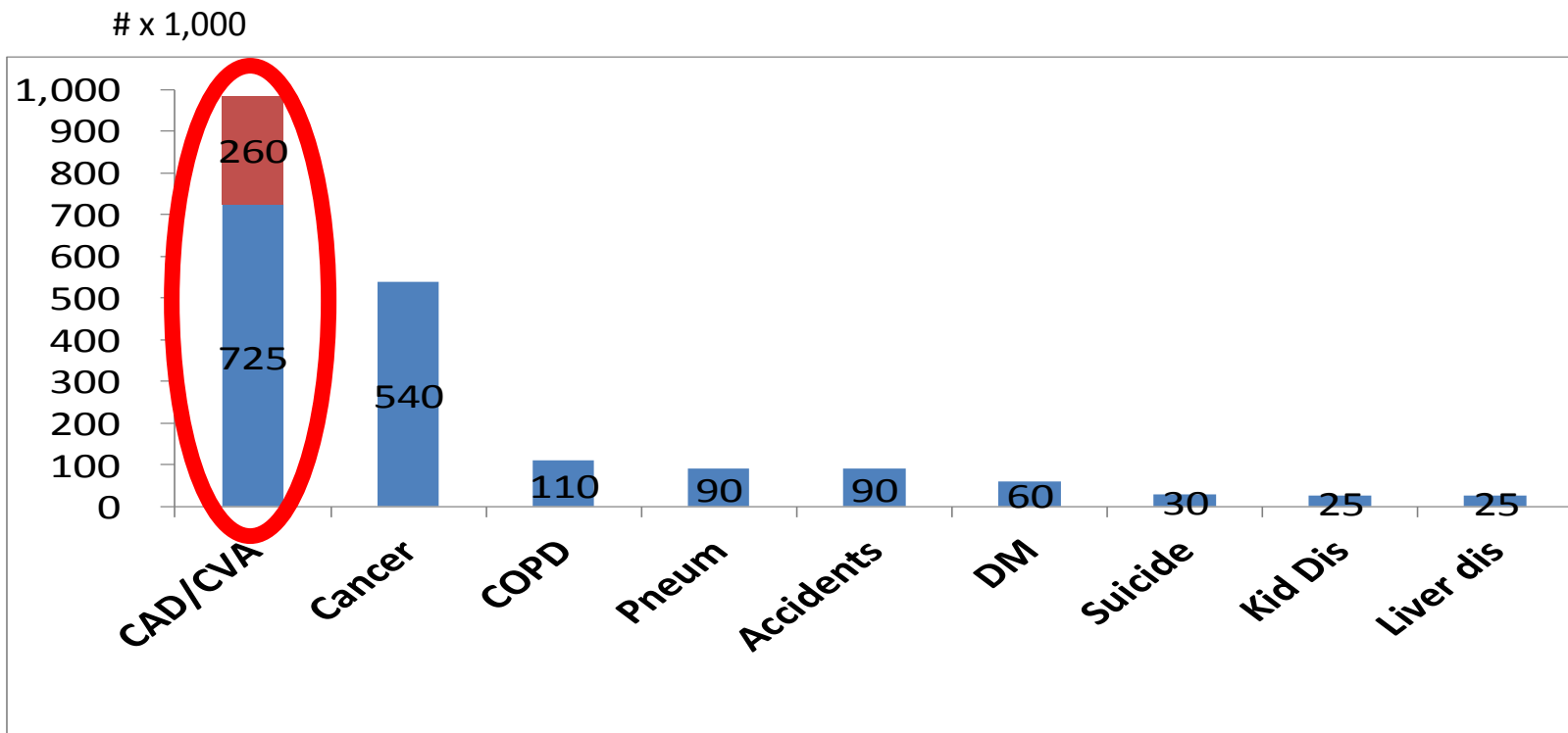
---

*Why  
bother?*



Why bother?

# Because cardiovascular disease is the #1 cause of morbidity and mortality

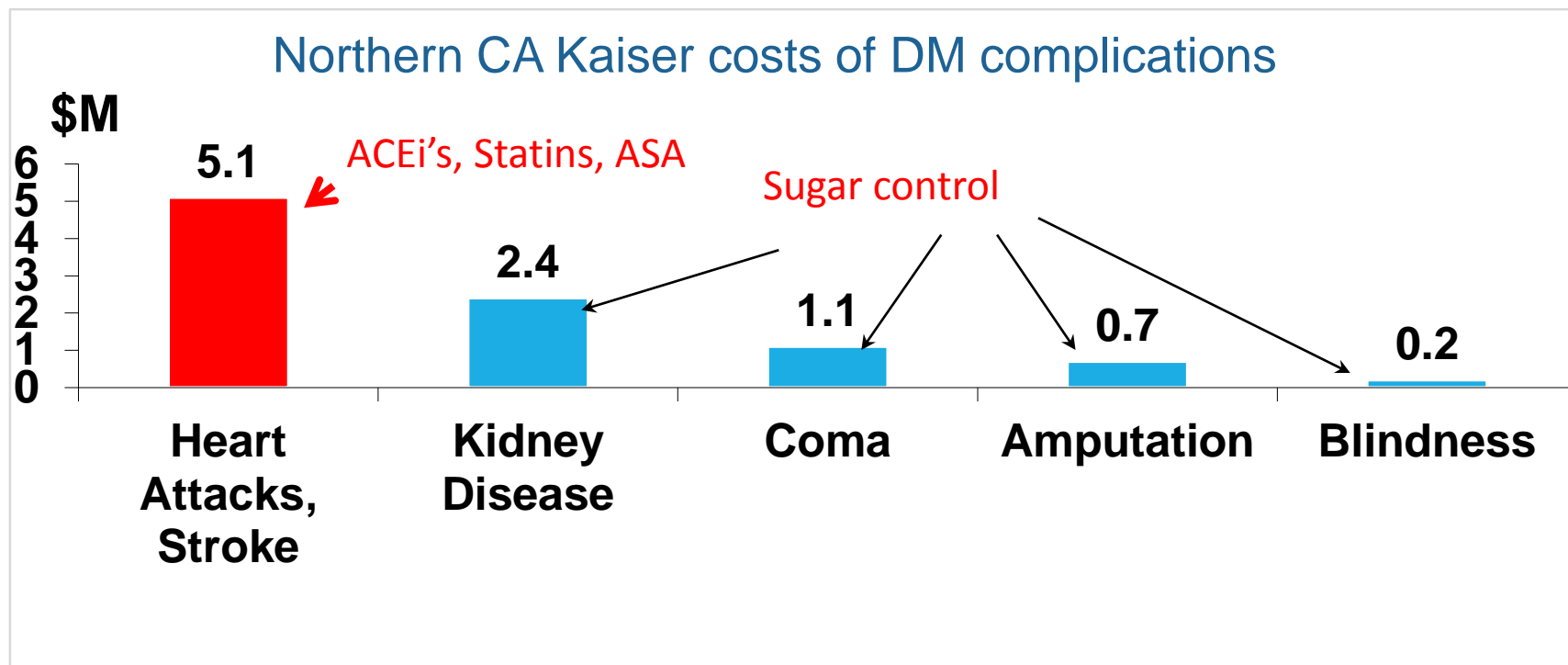


CDC estimates, 2008



Why bother?

# Because cardiovascular disease is also the #1 cost of care



- If you focus on CVD prevention, you will do the most good possible.
- If you don't, you'll miss the biggest opportunity to help your patient.

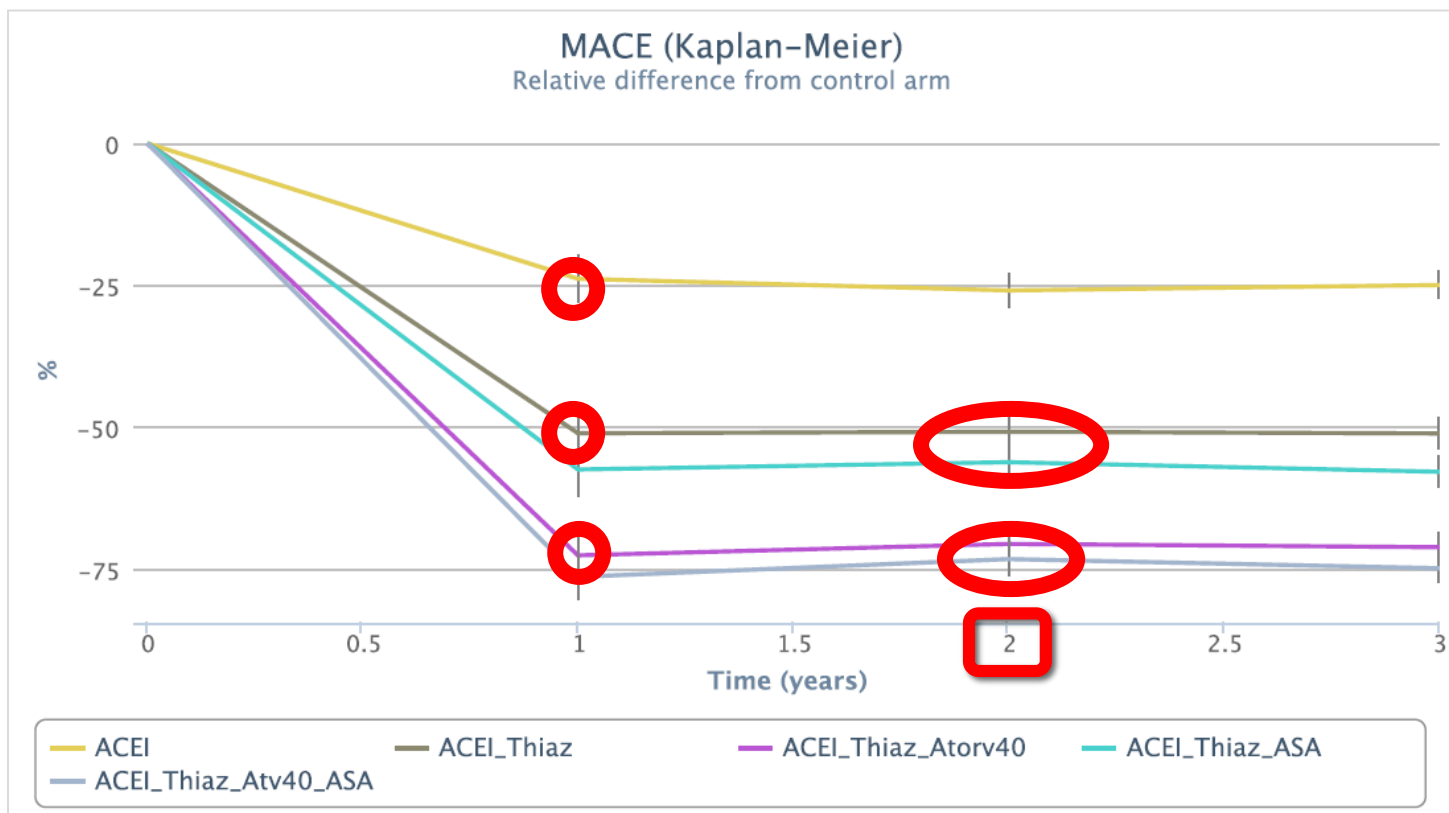




Why bother?

Because the model suggests a decrease in heart attacks, strokes, or death from them (MACE)\* by 75% ...

... using Thiazide Aspirin Lipid lowering and Lisinopril (TALL)



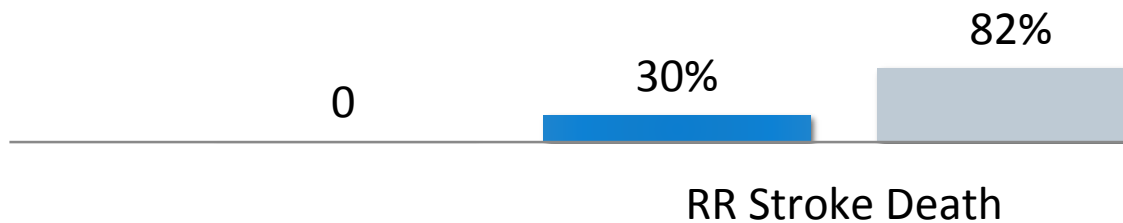
\* Population: SBP > 140 and age > 55yo major adverse coronary events



Why bother?

# Because the % of relative risk of death from stroke if non-adherent: BP or statins

■ adherent   ■ non-adh BP   ■ non-adh Statin



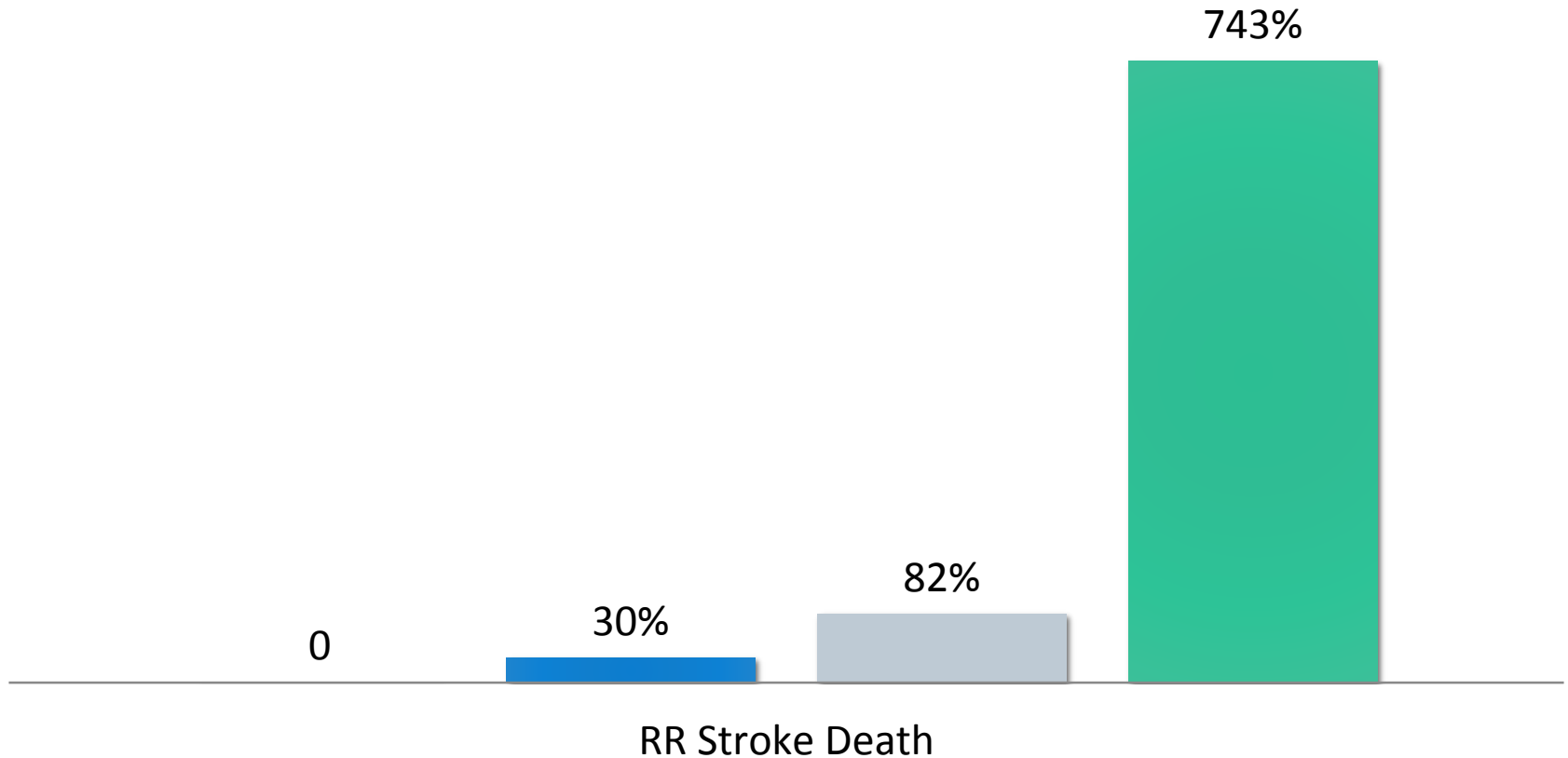
*J Am Coll Cardiol. 2016;67(13):1507-1515*



Why bother?

# Because the % of relative risk of death from stroke if non-adherent: BP and statins

■ adherent   ■ non-adh BP   ■ non-adh Statin   ■ non-adh BP & Statin



*J Am Coll Cardiol. 2016;67(13):1507-1515*



# Patient engagement process

---

1. Medication reconciliation
2. Identify and address barriers
3. “Ask-Educate-Ask”
4. Teach-back



## Step 1: Medication reconciliation

---

Helps you keep a patient's medication list accurate and up-to-date.

### Make it simple

- Ask patients to bring a list of drug names with how they identify and take them
  - § *“Little blue pill for blood pressure = Prinzide, 1/day”*

# How incorrect is your last list?\*

---

85 patients, 225 errors, 2.7 errors per patient\*

- 70% “not taking it now”
- 15% “started” meds not on list
- About 1 in 5 were patient-generated

## Collection assisted methods

- Phone: effective but time consuming\*\*
- Electronic secure messaging: too complex\*\*\*
- Teamlet: medical assistant collects data and MD confirms\*\*\*\*

\* [jmcp.org/doi/10.18553/jmcp.2008.14.7.626](http://jmcp.org/doi/10.18553/jmcp.2008.14.7.626)

\*\* <https://doi.org/10.1016/j.sapharm.2017.10.011> Get rights and content

\*\*\* VA study: [thieme-connect.com/products/ejournals/html/10.1055/s-0038-1660521](http://thieme-connect.com/products/ejournals/html/10.1055/s-0038-1660521)

\*\*\*\* Bodenheimer Ann Fam Med 2007;5:457-461: [annfammed.org/content/5/5/457.full](http://annfammed.org/content/5/5/457.full)

## Step 2: Uncover and address barriers



### Patient-related

- **Forgetfulness\***
- **Lack of knowledge\***
- Value of therapy
- Cultural/ethnic
- **Depression\***
- **Financial\***
- **Health literacy\***
- Social support



### Medication-related

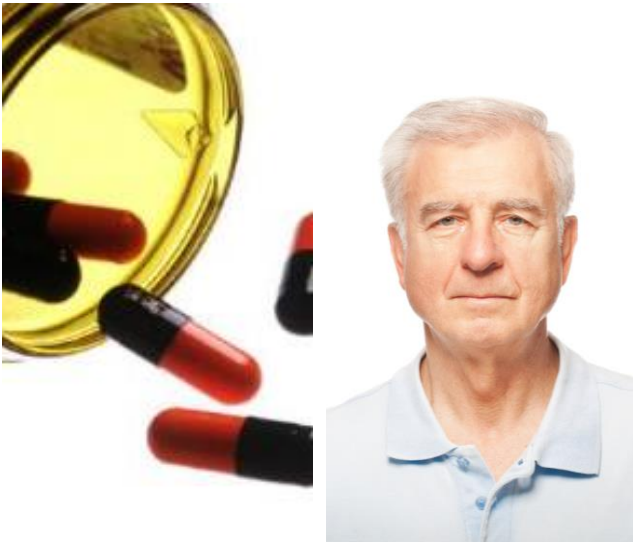
- **Complex regimens\***
- Side effects
- **Multiple medications\***
- Length of therapy



### Provider-related

- **Poor communication with provider\***
- Cultural/religious disparities between patient & provider
- **Lack of ongoing reinforcement and feedback by provider\***
- Provider emphasizing negative aspects (side effects with minimal solutions) vs. benefits

\* Elderly Poor Adherence Meta Analysis: [clinicaltherapeutics.com/article/S0149-2918\(98\)80139-2/pdf](https://clinicaltherapeutics.com/article/S0149-2918(98)80139-2/pdf)  
Systematic reviews: [scencedirect.com/science/article/abs/pii/S1543594611000080?via%3Dihub](https://scencedirect.com/science/article/abs/pii/S1543594611000080?via%3Dihub)



50% of the barriers  
are not in the top 10

---

There may be **THREE**  
barriers per person ...

... but treating any **ONE**  
may be enough







Why  
bother?

*“I don’t have staff or electronic support to start these meds.”*

- 2005 data from a large medical group – not on an EMR – showed that using:
  - Registry and manual alerts to MDs +
  - Pre-printed Rx’s for a “bundle of statins/ACE’s” =
- Decreased MIs over 60%.\*
- What worked for FQHC’s with manual charts
  - Focusing each AM chart review to find those not on appropriate meds +
  - Flagging them +
  - Appending patient materials and a Rx ready-to-be-signed +
  - Reviewing and changing systems until all are participating.

\* *Am J Manag Care. 2009;15(10):e88-e94*

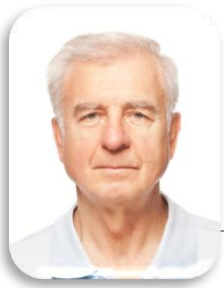


Why  
bother?

*“I’ve told them over six times to take the meds, but they don’t listen!”*

---

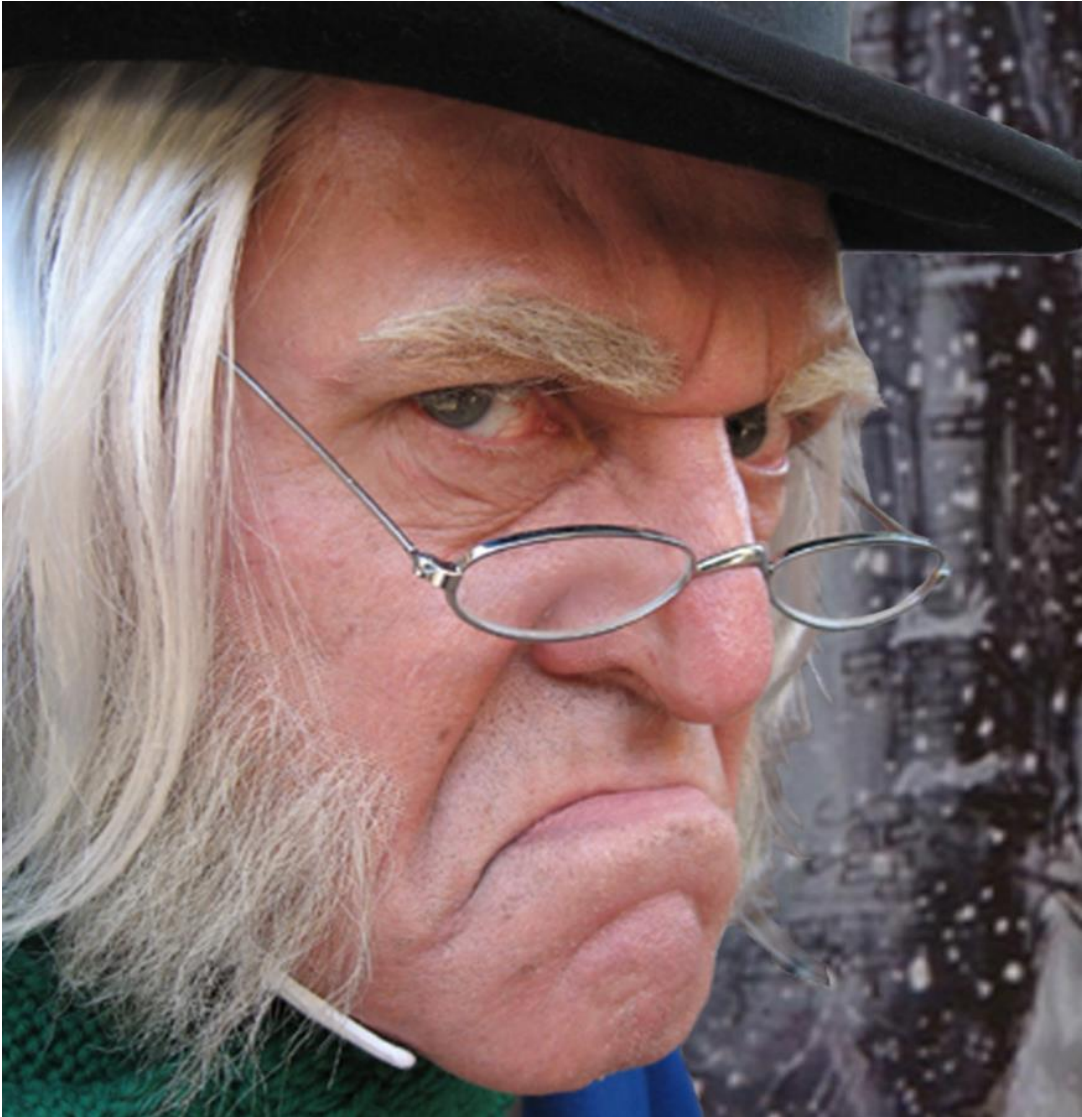
- Population principle: to move the population requires doing simple things **with >50% of the patients.**
  - Stop repeating. Move to the next patient not yet contacted.



*“I can’t remember to take (or refill) my pills.”*

---

- Start with “automatic tools”
  - **Alarms** on phone, clock, etc. for taking meds
  - **Pill boxes** to take the work out of it
  - Mail reminders, text messages/email/robo-calls **to pick up meds** and for positive reinforcement
- All work 10-20%. Why so little?
  - Other barriers still in place, so find them!!



Dr. Doubtful, you will not likely improve their medication use until you remove YOUR barrier ...

**TELLING** them  
what to do



*“Nothings  
working! I  
need a tool  
that works.”*

## **Stop Telling! LISTEN...**

- Ask
- Then Educate &
- Ask Again!

## Step 3: ASK up to 5 questions

---

ASK

In order to start taking your pills regularly tomorrow, what problems, questions or concerns do you need to deal with now?

---

EDUCATE

For some, \_\_\_\_\_ works, but I'm curious.

---

ASK

What would work for you?

---

ASK

What are you going to do to make that happen?

---

ASK

What else?

---

ASK

So I can write it down correctly, what are you going to DO?

---

# WHY ask 5 questions?

---

## Ask-Educate-Ask

ASK

In order to start taking your pills regularly tomorrow, what problems, questions or concerns do you need to deal with now?

**Ask about barriers because you aren't likely to guess correctly.**

EDUCATE

For some, \_\_\_\_\_ works, but I'm curious.

**This is NOT to tell them what to do, but to teach them how to PROBLEM SOLVE.**

ASK

What would work for you?

**You want them to USE THEIR SOLUTION.**

ASK

What are you going to do to make that happen?

**This is the ACTION PLAN, without which > 50% don't do anything.**

ASK

What else?

**There can be THREE BARRIERS per person.**

ASK

So I can write it down correctly, what are you going to DO?

**TEACH-BACK (i.e., statin/BP/DM pills?)**

# Model conversation: They aren't motivated!

---

- **ASK:** To start taking your statin regularly what problems questions or concerns do you have to get answered now?
  - **Patient:** "I'm not sure I need it."
- **EDUCATE:** (What matters to them?)
  - "Do you know anyone with DM or HTN that has had a stroke or heart attack?"
  - **The bad news** is your age and DM [or HTN or CVD] puts you at a **high risk** for MI's & strokes.
    - Are heart attack and stroke things you would like to avoid?
  - **The good news** is that taking both HTN and statin meds can drop that risk up to 75%.



## Model conversation: They aren't motivated! (continued)

---

- **ASK:** That's important for some but I'm curious, what's important to YOU?
  - **Patient:** "I fear a stroke more than anything else."
- **EDUCATE:** Now, to remember to take them daily some do it when doing something they already do every day.
- **ASK:** What could you do to make that happen?
  - **Patient:** "I'll put the pills with my crossword puzzle."
- **ASK:** What else gets in the way?
  - **Patient:** "Nothing."
- **ASK:** In order for me to be sure to write it down correctly, what will you DO about the meds?

# Patient reply: “It’s too complicated!”

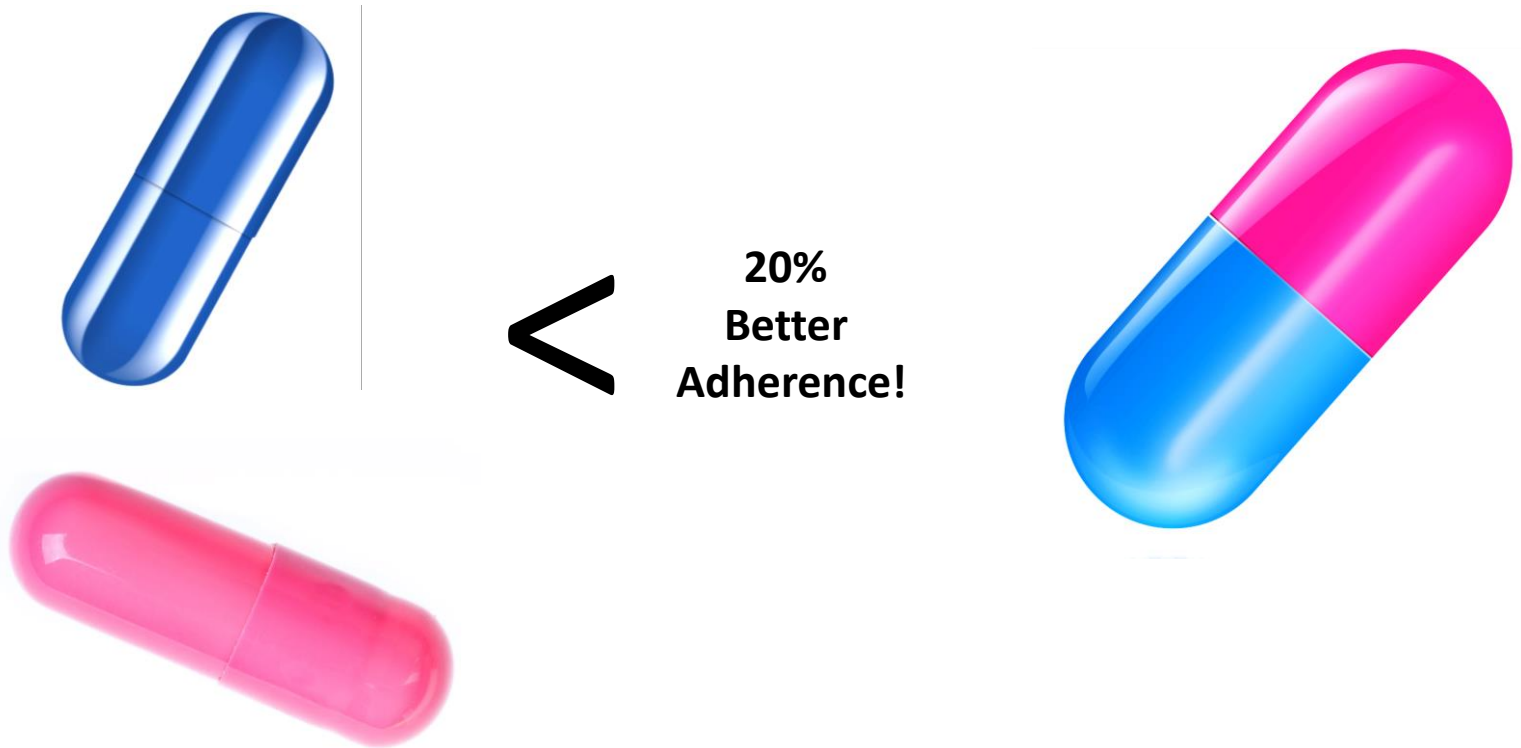
---

**Simplicity is key:** see if you can make it simpler

- Combination (bundling) works
- Eliminate visits, minimize titrations, write the “bundle” all at one visit

# Evidence that 1 pill is 20% better adherence than two pills of the same content: ACE and Thiazide\*

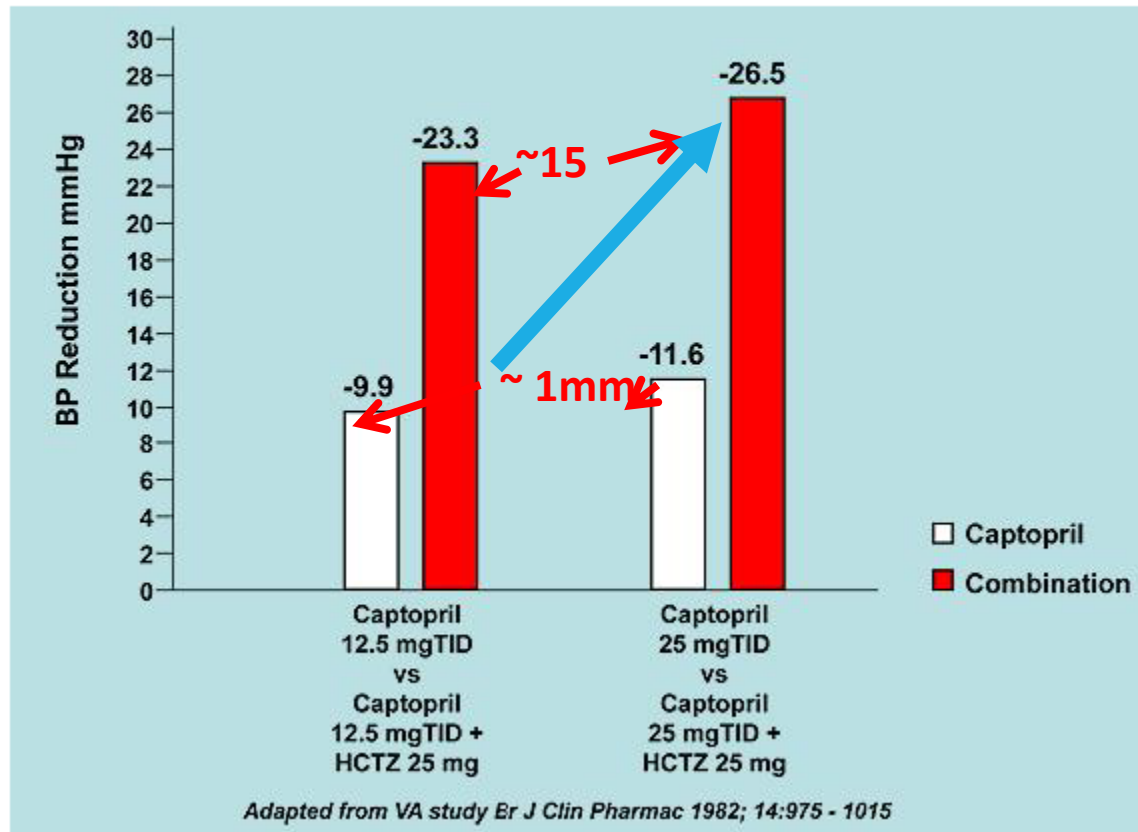
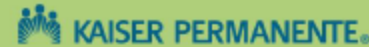
---



\* *Managed Care 2000 Sept 9 Suppl 2-6*

# ACEI/Thiazide is more than **twice as effective** on BP targets as ACEI alone

## SBP Reduction: Monotherapy ACEI Vs Combination therapy with HCTZ



- Start with half of combo, then go to 1/d in 1 call/visit
- If starting SBP <165 you may need nothing more.

*The American Journal of Medicine* (2009) 122, 290-300

## Patient reply: “It’s too expensive!”

---

- Over \$10 copay is a barrier
- Help the patient by using generics
  - **NOT** ... I use the "newest, best" drug out there for the job
  - **USE** ... What is “**more than good enough**” medically and meets other needs like affordability



Step 4: **Teach-back** (can be done anywhere!)

---



---

More than 50% of patients don't understand what you are asking them to do with the medication!

# Use teach-back!

---

**Teach-back:** Ask the person to tell you back what they **agree** to **DO**.

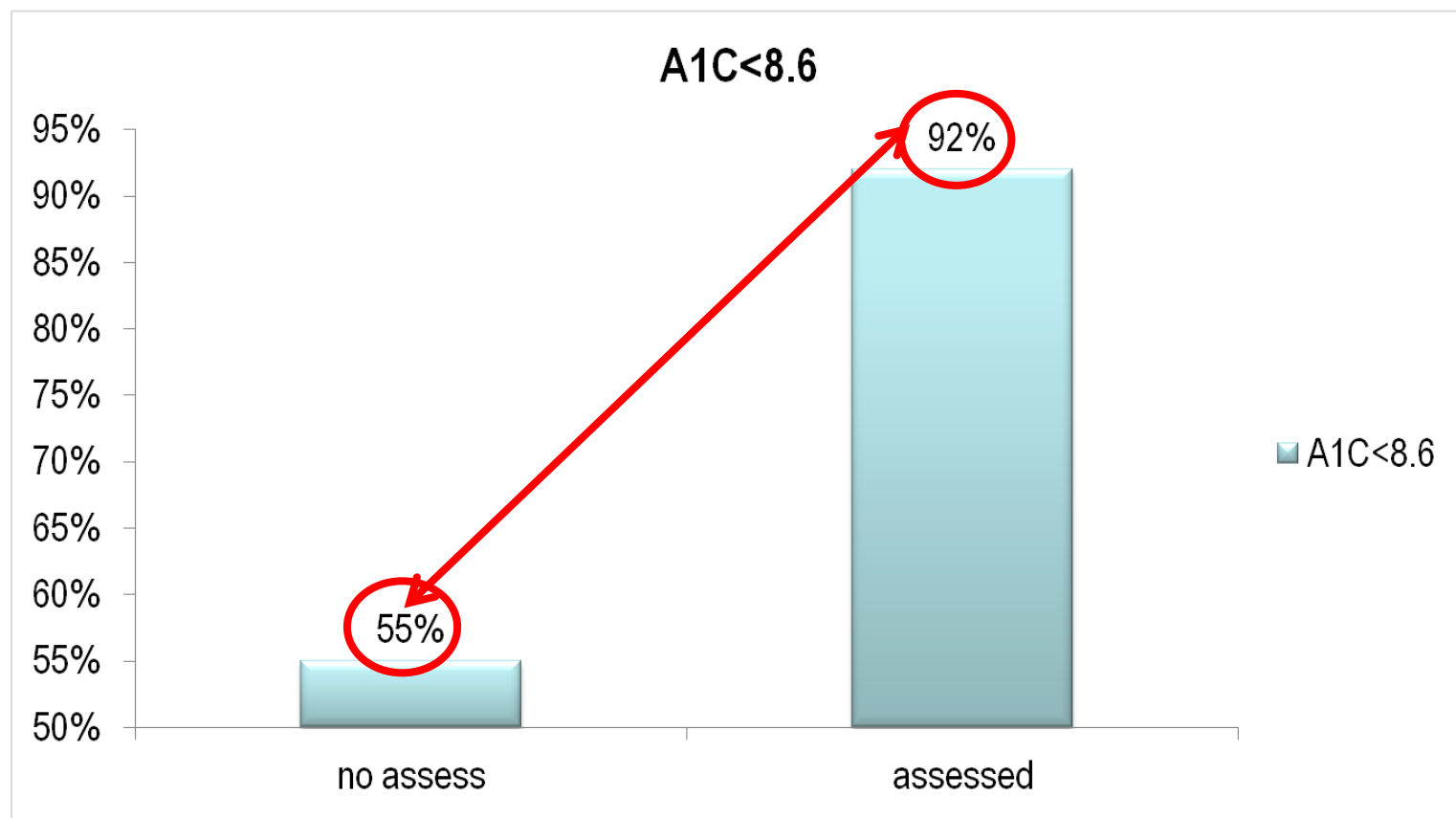
- **ASK:** So I can write it down correctly what is it you will DO regarding your (statin BP or DM) med?
  - **Why is this critical?** It insures all three things happened:
    - heard,
    - understood and
    - **agreed** to what you suggested!

**What evidence** is there that it works?

- A randomized study about improving A1C.
  - One group left the office after usual care.
  - Second group with the same care were asked what they were going to do.
    - Only 1/3 correctly repeated what the provider asked on first attempt
    - Only 2/3 after a second repeat
    - 1/3 took three or more repeats
  - What happened to the A1C of each group?

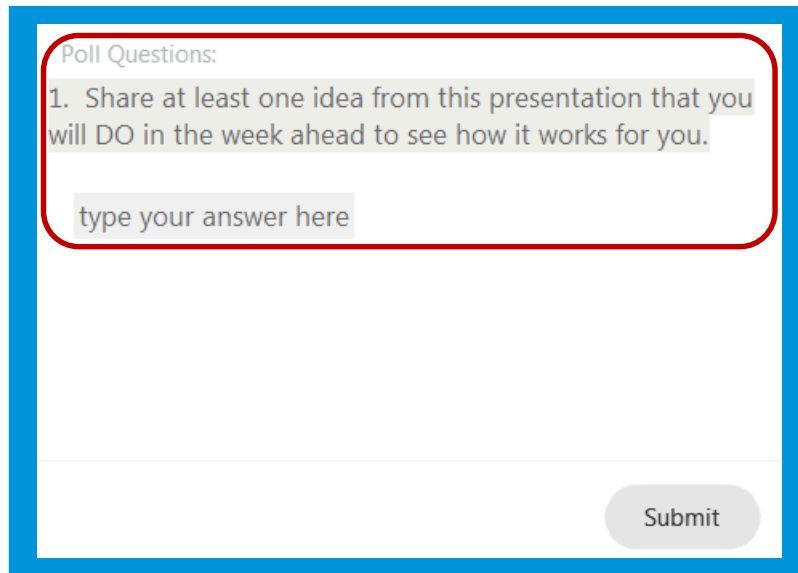


## % A1C <8.6 [mean] with teach-back



*Arch Intern Med.* 2003;163:83-90

# What will you do differently?



Poll Questions:

1. Share at least one idea from this presentation that you will DO in the week ahead to see how it works for you.

type your answer here

Submit

Take a minute to complete the poll question – tell us at least one presentation take-away you will DO this coming week to see how it works for you.





# Summary

---

- The most good you can do for your panel of patients with HTN or DM over 65 years old is prevent heart attacks and strokes by:
  - § Starting and adhering to statins, HTN and DM meds
- Physician/med barriers have solutions, use them!
- Patient barriers are:
  - § Uncoverable with “**Ask Educate Ask**” +
  - § Movable with follow up questions +
  - § Insured with “**Teach-back**”

# Provider education on Provider Connection

The [News & Education](#) section houses information to help you work most effectively with Blue Shield and our members.

Click this tab to ...

1. Learn about and [register for webinars](#) like this one.
2. Access [training and support](#) for the AuthAccel online authorization tool.
3. View [tools and tutorials](#) on topics related to you, your patients, and Blue Shield.
4. Read Blue Shield [news announcements](#) of interest.

The screenshot shows the Blue Shield of California Provider Connection website. The top navigation bar includes links for Eligibility & benefits, Authorizations, Claims, Guidelines & resources, and News & education (highlighted with a red box). Below the navigation bar is a blue header with links for Overview, Register for webinars, AuthAccel online authorization training, Tools and tutorials, and News and announcements. The main content area features a large image of a person holding a tablet, followed by the heading 'News and education' and a sub-heading 'Attend live webinars, view recorded webinars and tutorials, and access other educational materials and news on topics important to you and your organization.' Below this are several links: Provider webinars, Using this website, Tools and tutorials - Working with Blue Shield, Tools and tutorials - Patient care and programs, and News and announcements. The page is divided into two main sections: 'Provider webinars' and 'Using this website'. The 'Provider webinars' section includes a description and two blue buttons: 'Register for webinars' (with a calendar icon) and 'Register for BlueCard webinars' (with a laptop icon). The 'Using this website' section includes a description and two blue buttons: 'Register for a Provider Connection account' (with a person icon) and 'Provider Connection Reference Guide' (with a document icon).

[blueshieldca.com/provider.com](https://blueshieldca.com/provider.com)

