

Spectrum of Health

Dear Colleague:

Adherence rates for ACE/ARB, Statins, and oral hypoglycemic agents for Healthfirst® Medicare Advantage members remains less than 80%. Many of our Healthfirst members are losing the benefits of the evidence-based care they receive because they do not understand, fill, or take the medications prescribed.

What does this mean for you?

At Healthfirst, we avoid the term “compliance,” because it suggests that patients take one giant step from prescription to taking a pill. A patient’s medication adherence to a recommended plan of care is a complex process. It begins with a physician or practitioner’s decision to initiate, maintain or change a patient’s prescriptions. The process is completed when the patient takes the medication as prescribed and continues on that medicine until the physician or practitioner discontinues it.

In recent studies ⁱⁱⁱ, patient self-efficacy is a key factor in predicting the likelihood of a patient’s adherence. Self-efficacy means the likelihood that a person can understand and complete an assigned task with confidence. A prescriber can invoke three basic strategies to affect self-efficacy:

1. Providing written and verbal information about what the patient can anticipate in terms of the task
2. Providing training that is tailored to what you know about the patient’s actual abilities and how they can promote completion of the task. When appropriate, allow the patient to be an active participant in the decision making process
3. Providing the patient with specific strategies to overcome obstacles and even fear associated with completion of the task through motivation and persuasion ⁱⁱⁱ

To ensure that your practice has care pathways in place to address and to track the likelihood of medication adherence, Healthfirst recommends the following:

- Use a simple tool, like the Moritsky 4^{iv}, at every visit to identify patients most at risk for missing medication fills and doses
- Carefully monitor patients older than age 65, who are at greater risk for nonadherence
- Screen all patients for depression, using a simple tool like the PHQ-2^v. Depression is an important risk factor for nonadherence
- Embed strategies for assessing and addressing your patients’ feeling of self-efficacy

Contact me if I can be of assistance as you promote optimal health outcomes for your patients.

Warm regards,



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Dear Practice and Quality Administrator:

When it comes to encouraging patients to take their prescribed medications, practice staff can be of very real assistance to physicians and practitioners. Patients have many concerns when they come into your office: work, children, housing, as well as difficulty understanding all they must do for their health. Many patients do not understand the instructions given with their prescriptions or even why they're taking certain medications—but filling prescriptions less than 80% of the time can lead to emergency department visits and hospitalizations. **Too many Healthfirst members are losing the benefits of the care they receive from providers at your office because they do not understand, fill, or take the medications prescribed.**

What does this mean for you?

Patients are more likely to adhere to their prescription plans if they:

1. Agree with their doctors and PCPs that the medicines are important to take—even when they don't have symptoms
2. Know that you have confidence that they can successfully fill and take their prescribed medicines
3. Receive education about their illness and how the medicines will control the condition
4. Have a 60- or 90-day supply for their chronic condition rather than a 30-day supply
5. Are reminded to fill and adhere to their medicines

This Healthfirst Spectrum of Health Bulletin contains:

1. A summary of Medication Adherence Technical Specifications
2. Links to tips and tools for patient education

Your Network Management representative can assist you with these standards and help you locate resources to further your practice's understanding of the Healthfirst prescription benefits. I look forward to working with you to improve upon your patients' adherence to prescribed medications.

Best wishes,



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MEDICATION ADHERENCE AND USE MEASURES

Medication Adherence Technical Specifications

The percentage of members with a prescription for a medication in any of the three medication classes, who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Members must have at least two unique fills within the medication class in order to be included in the measure. Adherence will be measured for the following three medication classes:

- **Oral Diabetes Medications:** Biguanides, Sulfonylureas, Thiazolidinediones, or DiPeptidyl Peptidase (DPP) -IV Inhibitors. Beneficiaries with one or more fills for insulin in the measurement period are excluded
- **Cholesterol Medications:** Statins
- **Hypertension Medications:** ACEIs / ARBs and RAS Antagonists

The Medication Adherence measure is adapted from the Medication Adherence-Proportion of Days Covered (PDC) measure that was developed and endorsed by the Pharmacy Quality Alliance (PQA). The PDC is the percentage of days in the measurement period "covered" by prescription claims for the same medication or medications in its medication class.

Use of High Risk Medication Technical Specifications

The percentage of members 65 and older who received two or more prescription fills for the same high-risk medication. These medications are high risk as they have the potential for serious side effects in the elderly. The list of medications is based upon the new American Geriatrics Society (AGS) recommendations and is available on the Healthfirst website at www.healthfirst.org/hrm.

Please be aware this measure is calculated using the Centers for Medicare and Medicaid Services (CMS) specifications and not the Healthcare Effectiveness Data and Information Set (HEDIS) specifications.

To learn more about your practice's current performance for this or other measures, contact **Laisha Washington, AVP, Clinical Quality**, (212) 801-6186 or LaWashington@healthfirst.org



Web Links for Improving Medical Adherence

- NYC Department of Health Toolkit to promote medication adherence: Useful tips for improving your practice protocols for reminding patients to stick with their medicines. Numerous handouts, posters, and tools for patients in English and Spanish. www.nyc.gov/html/doh/downloads/pdf/cardio/cardio-map-tools-manual.pdf (Accessed on July 31, 2013).
- MedlinePlus: Health Information in multiple languages; “Medicines—Multiple Languages.” Patient handouts in several languages. www.nlm.nih.gov/medlineplus/languages/medicines.html
- Morisky 4 Assessment Tool. www.ncbi.nlm.nih.gov/pubmed/3945130
- PHQ-2 Depression Screening Tool. www.ncbi.nlm.nih.gov/pubmed/14583691
- Encouraging Self-Efficacy
 - www.ncbi.nlm.nih.gov/pubmed/18232619
 - dx.doi.org/10.4258/hir.2013.19.1.33
 - goo.gl/6S0Aps



Frequently Asked Questions

1. **How can I help my patients prepare for having to take medications for their chronic conditions?**
 Speak honestly and compassionately about the reality that your patient and their family will face now that they have to take daily medication.
2. **What’s the best way to provide information about what the patient can anticipate in terms of taking their medications every day?**
 During the visit, move the conversation with the member and caregiver to the practical things that have to happen in order for their medications to be filled and taken in accordance with the treatment plan (daily routines have to be changed to incorporate specific medicines that the patient must take; refilling medication has to occur on time; outreach to the practice office and / or the physician if problems arise).
3. **What can help me address a specific patient’s circumstances to make sure that they can fill the prescriptions and take all of their medicines just as prescribed?**
 Before the patient or caregiver leaves the office, a simple formal assessment or set of questions about concerns the patient may have concerning taking their medications will ensure that no issues have been missed. If barriers are found, provide the patient with specific strategies to overcome obstacles and even fears associated with taking their meds. Persuade and encourage the patient that based on what you know about them, they have the ability to complete the task of taking their medicines each day.

- i. *Risser J, Jacobson TA, Kripalani S. Development and psychometric evaluation of the Self-efficacy for Appropriate Medication Use Scale (SEAMS) in low-literacy patients with chronic disease. J Nurs Meas. 2007;15:203–19.*
- ii. *Lee SK, Kang B, Kim H and Son Y. Predictors of Medication Adherence in Elderly Patients with Chronic Diseases Using Support Vector Machine Models. Healthc Inform Res. 2013 Mar;19(1):33-41.*
- iii. *Gist ME, Mitchell TR. Self-Efficacy: A Theoretical Analysis of Its Determinants and Malleability, The Academy of Management Review, Vol. 17, No. 2 (Apr., 1992), pp. 183-211.*
- iv. *Morisky DE, Green LW, Levine DM. Concurrent and predictive validity of a self-reported measure of medication adherence and long-term predictive validity of blood pressure control. Med Care. 1986;24:67–74.*
- v. *Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Med Care. 2003 Nov;41(11):1284-92.*