Alliance for Health Reform Briefing: Medication Adherence

November 16, 2015
WHAT'S AT STAKE?

GOAL: ADHERENCE

• Patients
  • Take medications
  • As directed
  • For as long as directed

REALITY

• Some patients don’t start
• Many who start, stop
• Many start and then stop, and start and stop repeatedly

RESULTS

• Avoidable poor outcomes
• Avoidable medical spending

WHAT ADHERENCE BEHAVIOR LOOKS LIKE

FIGURE 3 Time to Discontinuation of 6 Chronic Therapy Classes, Allowing for 60-Day Treatment Gap

*Discontinuation was defined as the end of days supplied for an index medication class pharmacy claim immediately preceding a 60-day gap in therapy. A minimum of 32 months (maximum 24 months) continuous eligibility following the index date (day 0) was required. Beginning at day 360, the denominator for the calculation consisted of all remaining eligible patients with continuous enrollment through the end of the 30-day interval. Patients with continuous enrollment ending between day 360 and day 720 were censored at the time of their cessation of therapy.

**Using the 60-day gap, 6-month persistence rates were: ARBs: 87%, Statins: 56%, Biophosphonates: 59%, Oral antihypertensives: 68%, AHRBs: 57%, and OAHRBs: 30%. OAHRB: angiotensin II receptor blocker; AHRB: angiotensin receptor blocker.

CURRENT METRICS

• PDC – Proportion of Days Covered
• PDC used in the Star Ratings

FUTURE METRICS

• Electronic monitoring
• The Digital Pill

IMPACT: TOTAL COST OF CARE

Stuart et al, “Increasing Medicare Part D Enrollment in Medication Therapy Management Could Improve Health and Lower Costs,” Health Affairs, July 2013
Christopher Roebuck, “Medical Cost Offsets from Prescription Drug Utilization Among Medicare Beneficiaries,” JMCP, October 2014
WHAT TO DO NEXT?

• Policies that optimize patient medication use

• Policies that lift patient medication adherence

• Examples:
  • Medication synchronization
  • E-prescribing
  • Medication Therapy Management (MTM)

READMISSIONS: A TEST CASE

Jewish Healthcare Foundation, “Pharmacy Champions for Change,” 2009
READMISONS: A TEST CASE

RECURING HOSPITAL READMISONS THROUGH MEDICATION MANAGEMENT AND IMPROVED PATIENT ADHERENCE

- Strategy for reducing preventable hospital readmissions through improved medication management and better patient medication adherence.
- In-depth assessment of policies and practices already in use.

Please Contact Us

NEHI
One Broadway, 15th Floor
Cambridge, MA 02141
T 617-225-0857 F 617-225-9025

Thomas Hubbard
Vice President, Policy and Research
thubbard@nehi.net