

June 2019

Topic: Medication Adherence: Cholesterol, Diabetes, and Hypertension (claims based measure)

Medication Adherence defined by CIN payers

Medicare Advantage plans:

- Cholesterol (statins)
- Diabetes (“diabetes medication” means a biguanide drug, a sulfonylurea drug, a thiazolidinedione drug, a DPP-IV inhibitor, an incretin mimetic or a meglitinide drug. Plan members who take insulin are not included.
- Hypertension (e.g., angiotensin-converting enzyme [ACE] inhibitors, angiotensin receptor blockers [ARBs], direct renin inhibitors [DRIs])

Commercial plan:

- Cholesterol medications

Who is Eligible for the Medication Adherence Measure?

Members 18 years or older as of January 1 of the measurement period who meet a covered threshold of 80%

Statistics for Medication Adherence

People fail to adhere to their medications for many reasons. An article published in 2018 by USpharmacist.com indicates nonadherence can account for up to 50% of **treatment** failures, around 125,000 deaths, and up to 25% of hospitalizations each year in the United States.

Typically, **adherence rates** of 80% or more are needed for optimal therapeutic efficacy. However, it is estimated that **adherence** to chronic **medications** is around 50%.

Patient-Centered Adherence Interventions

- Electronic reminders
- Regimen simplification
- Adherence packaging
- 90-day supplies
- Automatic refills
- Minimizing adverse effects
- Reducing medication costs
- Providing incentives
- Ongoing communication

This segment was brought to you by CHI Saint Joseph Health Partners and CHI Saint Joseph Health Medical Group in partnership for quality.

For More Information

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What can we do in Kentucky to help our patients take their medications as prescribed?

Responsibility for medication adherence falls to the patient, the patient's family, and the ambulatory health care team.

1. Patient education can be emphasized even more and given in writing upon discharge from the hospital.
2. Specific questions can be asked during office visits in order to discern if the patients are taking their medication and if they are taking it properly.
3. If possible, track medication refill times for a few of your patients you suspect are not taking medication as ordered.
4. Always ask the patient if financial circumstances are keeping them from getting their medication.
5. Always ask the patient if someone is stealing/taking their medication from them.
6. All maintenance medication should be on 90-day prescriptions.
7. Ask the insurance carriers to provide you with a list of medication non-adherent patients for outreach by your office.

Impact on CIN Network Providers

CHI Saint Joseph Health Partners' payers offer quality incentives for managing their patients' health according to national standards set by CMS, CDC and Healthcare Effectiveness Data and Information Set (HEDIS) which is a tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service. There are many measures that are incentivized by many different payers such as colon cancer screenings, breast cancer screenings, diabetic eye exams and blood pressure control.

Please contact CHI Saint Joseph Health Partners' clinical team at 1.877.543.5768 for more information.

Helpful Resources:

- *Centers for Disease Control and Prevention*
- *Centers for Medicare and Medicaid Services (CMS)*
- *Kentucky.gov*
- *Partnership for a Fit Kentucky*

Sources:

Uspharmist.com

AmericasHealthStatistics.org