

Readmissions NEWS

What are the Most Effective Ways to Promote and Improve Medication Adherence?

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Ever since “Patient Engagement” became the buzzword du jour, healthcare organizations have struggled to articulate its value or return on their efforts. No one is opposed to the concept of engaging patients in their care – it is like apple pie. But, there are so many “patient engagement” solutions in the market that it’s hard to decipher where to start or what success looks like. In a 2015 CEO survey, The Advisory Board reported that “Implementing Patient Engagement strategies” was the fourth biggest concern¹ for hospital executives. And yet, few can specifically define what patient engagement is.

Engaging patients really is about helping people play a better role in their care – getting them to stop doing the things that jeopardize their health and undermine their outcomes and to start doing the things that improve their health. In other words, for many of the challenges our healthcare system faces, people may be the least utilized part of the solution. But, that paints too broad a brush for most organizations and having a tighter, better defined focus can return substantive results. Therefore, for most organizations, it will be more productive to think of patient engagement as a means to an end, and not an end in and of itself. Pick a specific challenge and then design strategies that mobilize patients to play a more active role in addressing that challenge.

Medication adherence (or non-adherence) presents an important example. Patients with chronic conditions adhere to only 50% of drugs prescribed.² According to the Centers for Disease Control, that medication non-adherence costs the U.S. \$100 to \$300 billion per year and is at the root of 33%–69% hospital admissions and it often is a critical factor in readmissions.³

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The issue presents a specific, meaningful challenge to the healthcare system and one in which, uniquely, patients play a primary role in the solution. Common barriers – health literacy, financial impact, confusion, lack of symptoms – all coalesce to undermine patient compliance. Care teams are often the primary “mechanism” to identify and help people overcome these barriers. When team members excel in motivational interviewing, are trained in the “teach-back” or “show-me” method or are staffed to make home visits, they can be particularly effective in assisting patients overcome non-adherence challenges.

On paper, it’s a great initiative. The strength of this as an organization’s sole approach however, quickly diminishes when one considers the size of the challenge and the limitation of resources. According to a study done by the Mayo Clinic, nearly 70% of Americans have been prescribed prescription drugs and 20% of patients are on five or more prescriptions.⁴ But, up to half of patients who are prescribed medication fail to pick up or take their medication for at least 20% of their prescribed duration.⁵ The ability for pharmacists, care managers or care teams to keep pace with the growing size of our collective need for guidance or counseling is understandably limited.

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This is where technology can play a role because achieving scale is the first challenge to an effective patient engagement strategy. Between web-based programs, digital apps aimed at medication adherence and reminders through

texting or automated calls, a variety of options can achieve the broad-based outreach that the size of the issue demands.

As an illustration, while many may be generally wary or skeptical of Interactive Voice Response (IVR) calls, the technology applied in patient care allows for mass communication and the modality allows for a bi-directional “conversation” with patients. In this case, IVR can create an opportunity to identify, not just non-adherence, but to “listen” for and report the barriers that cause non-adherence—at an individual and population level. Recently, a Wolters Kluwer customer used our EmmiPrevent® solution to reach out to almost 3,700 patients who were identified as having poor medication adherence, by using IVR.

Perhaps surprising to the skeptics, over 64% of patients interacted with those calls. To achieve that same volume of calls and level of response would have required two dedicated weeks of work by a staff member. From a scalability perspective, this is why technology solutions can be so dramatically impactful, freeing staff time to “work up to their credential.”

Keep in mind, medication adherence is also a sensitive topic. Disclosing financial challenges or confusion – key barriers to this issue – requires a patient’s willingness to be vulnerable and the confidence to risk judgment. But, technology doesn’t judge. In a Diabetes focused IVR campaign, for instance, most patients self-reported trouble socializing and said depression had gotten in the way of their ability to manage their condition. However, 83% of them also said they had not discussed these issues with a healthcare professional. This is critical and alarming. With a technology-based alternative, over half opted into additional IVR calls throughout the series that were specifically designed for emotional support.

Developing effective IVR programs that make patients feel comfortable enough to interact, even on uncomfortable topics, requires an artful approach that brings together behavioral science, clinical expertise and best practices in Voice User Interface, or VUI, design. The payoff is that, although technology based, these communications can create an emotional connection and sense of trust with patients.

In the case of our medication adherence example, nearly 23% of patients engaged identified barriers to their adherence and 60% of those then asked for follow-up from a physician to help strategize a solution and get on track.

Medication adherence provides an ideal opportunity for actual return on Patient Engagement. It is both significant (worthy of the effort) and measurable (clear on the impact.) It also offers a great example of how technology and thoughtful design of communications can extend the reach and effectiveness of care providers to drive a result.

¹ <https://www.advisory.com/daily-briefing/2016/04/07/the-5-concerns>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5878368/>

³ <https://www.cdc.gov/grand-rounds/pp/2017/20170221-presentation-medication-adherence-H.pdf>

⁴ Mayo Clinic. "Nearly 7 in 10 Americans are on prescription drugs." ScienceDaily. ScienceDaily, 19 June 2013. <www.sciencedaily.com/releases/2013/06/130619132352.htm>.

⁵ Brown, M. T., & Bussell, J. K. (2011). Medication adherence: WHO cares?. Mayo Clinic proceedings, 86(4), 304-14. doi: 10.4065/mcp.2010.0575