



## **Transcript Details**

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/medical-industry-feature/keys-to-helping-improve-medication-adherence-understanding-the-problem/10640/

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Keys to Helping Improve Medication Adherence: Understanding the Problem

Podcast 1 Script: Keys to Helping Improve Medication Adherence: Understanding the Problem





References:	There are 2 basic types of nonadherence:
<ol> <li>Wroe AL. J Behav Med. 2002;25:355–372.</li> <li>Lowry KP et al. Ann Pharmacother. 2005;39:1198– 1203.</li> </ol>	<ul> <li>Intentional nonadherence—which occurs when patients actively decide not to take their medications<sup>1</sup> and</li> <li>Unintentional nonadherence—which is a passive process in which patients do not take their medication as instructed because they forget, because they don't understand the instructions, or because of some other reason.<sup>2</sup></li> <li>It is important to recognize the difference between these 2 types of nonadherence because they may require different types of interventions.<sup>1</sup></li> <li>For example, for patients who simply forget to take their medication, it may be helpful to give them special pill packing to help remind them to take their medication.</li> <li>For patients who are purposely choosing not to take their medication, a discussion of both pros and cons of their medication may be helpful in consultation with their doctor.</li> </ul>
Reference:	You may be surprised at how big a problem nonadherence to medication is.
National Association of Chain Drug Stores, Pharmacies:     Improving health, reducing costs, July 2010. Based on IMS Health Data. Extracted from Medication adherence – improving health outcomes: a resource from the American College of Preventive Medicine. 2011.	According to 2010 IMS Health Data published by the National Association of Chain Drug Stores, for every 100 prescriptions written, only 50 to 70 go to the pharmacy, 48 to 66 are actually picked up, only 25 to 30 are taken properly, and then only 15 to 20 are refilled as prescribed.   Clearly this shows us that patients are vulnerable to gaps or discontinuation at many points along the way.
Reference:	Remember to make medication adherence part of your
Haskard Zolnierek KB et al. <i>Med</i> Care. 2009;47:826–834.	routine conversation with patients, <sup>1</sup>
Reference:	as nonadherence may contribute to a higher risk of

treatment goals. 1

1. World Health Organization

Action. WHO; 2003

(WHO). Adherence to Long-Term Therapies: Evidence for mortality, hospitalizations, and failure to reach





<ol> <li>References:</li> <li>Rosenbaum L et al. <i>N Engl J Med</i>. 2013;369:694–695.</li> <li>Stefanacci RG et al. <i>Manag Care</i>. 2013;22:37–39.</li> </ol>	Because medication adherence is so important to public health as well as health care costs, it's not surprising that many of the provisions of the Affordable Care Act lay the foundation for improving medication adherence. <sup>1,2</sup>
Reference:  1. Centers for Medicare & Medicaid Services (CMS). <i>2017 Star Ratings</i> . Fact Sheet 2016- 10- 12. CMS; 2017.	Health care systems, organizations, practices, and insurers across the country are also taking an active interest in medication adherence and are focusing their efforts on improving it.  For example, the Centers for Medicare & Medicaid Services has introduced the Five-Star Quality Rating System to help Medicare beneficiaries choose between Medicare Advantage plans. 1
	Medicare Advantage plans are now rated on a 1- to 5-star scale, with 1 star indicating poor performance, 3 stars indicating average performance, and 5 stars indicating excellent performance. Several of the star measures rely on medication adherence in patients with chronic conditions such as diabetes, high blood pressure, and hypercholesterolemia. <sup>1</sup>
Reference:  1. McHorney CA. <i>Curr Med Res Opin.</i> 2009;25:215–238.	Communication is the key to understanding patients' medication-taking behaviors. It is helpful to discuss with patients the importance of taking medications, gauge their willingness and understanding, and then ensure their commitment to doing so. <sup>1</sup>





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- Goldberg Al et al. Soc Sci Med. 1998;47:1873–1876.
- 2. Lapane KL et al. *Am J Manag Care*. 2007;13:613–618.
- 3. Traynor K. *Am J Health Syst Pharm.* 2009;66:1515–1516.
- 4. Piette JD et al. *Arch Intern Med.* 2005;165:1749–1755.

Interestingly, almost 3 out of every 4 doctors assume their patients are taking their medicines as prescribed. However, patients typically don't convey their adherence intentions to their doctors. For example, in a survey of 1,100 adult patients in 6 states, 83% of patients said they would never tell their doctor that they did not plan on picking up the prescription just written for them. Additionally, 68% said they would never tell their doctor that they did not want a medication.

Studies have shown that patients who give their doctors high marks in communication are more likely to fill their prescriptions. A doctor's communication style—which includes active listening, providing emotional support, giving clear and thorough information, involving the patient in treatment decisions, and allowing adequate time for questions—is the strongest predictor of patients' trust in their physicians and also directly correlates with better medication adherence.<sup>4</sup>

All of this shows that it may be possible to improve medication adherence if providers take the time to understand its complexities and address it with their patients.

Thank you for your time and attention today.

Announcer Wraps:

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