

Medication Adherence Guide

The Importance of Medicare Adherence

Most patients say they take the medications you prescribe, but half do not.¹ Nonadherence crosses all levels of society, all types of medicines, and all types of problems.²

The CDC estimates that non-adherence causes 30 to 50% of chronic disease treatment failures and 125,000 deaths each year in the United States. In addition to poor patient outcomes, medication non-adherence can lead to hospital readmissions and expensive treatments that drive higher downstream healthcare costs.³

Concerns around medication non-adherence are particularly relevant to older adults, who are more likely to be on regular medication. 89% of adults age 65 and older take at least one prescription medication, and 54% take four or more.⁴

Medications Included in Each Measure

Percentage of patients 18 years of age and older with a prescription for diabetes, hypertension, or cholesterol medications who fill their prescription often enough to cover 80% or more of the time they're supposed to be taking the medication. The three measures are:

- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension (RAS Antagonists)
- Medication Adherence for Cholesterol (Statins)

Medications Included in Each Measure

Measure	Medication
Diabetes	 Biguanides Sulfonylureas Thiazolidinediones Dipeptidyl Peptidase (DPP)-IV inhibitors Glucagon-like peptide-1 (GLP-1) Receptor Agonists Meglitinides Sodium glucose cotransporter 2 (SGLT2) inhibitors
Hypertension	 Renin-Angiotensin System (RAS) antagonists, defined as angiotensin converting enzyme (ACE) inhibitors Angiotensin II Receptor Blockers (ARBs), or direct renin inhibitors
Cholestrol	Statins and statin combinations

Note: Patients qualify for the measure on the second medication fill date, but the measurement period begins on the date of the first dispense.



Medication Adherence



Exclusions

- In hospice or using hospice services (G9709 or G9992)
- Have end stage renal disease (G9231)
- Diabetes only: Have a prescription for insulin
- Hypertension only: Have a prescription for sacubitril/valsartan

Questions to Understand Your Patients Adherence:

- 1. Do you sometimes forget to take your pills?
- 2. Do you understand why you are taking them?
- 3. Over the past 2 weeks, were there any days when you did not take your medicine?
- 4. Have you ever cut back or stopped taking your medication because you felt worse when you took it?
- 5. When you travel or leave home, do you sometimes forget to bring along your medications?
- 6. Did you take your medicine yesterday?
- 7. If you feel better, do you stop taking them?
- 8. Taking medication everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your medication plan?

Other Tips for Success

- 1. Move your patients' prescriptions to 90 days and/or mail order if possible. Going to the pharmacy is often an obstacle and these avenues can be less expensive.
- 2. Be aware of the tendency to use medical jargon. Instead of saying, "This will treat your hypertension," say, "Let's try this for your high blood pressure."
- 3. Don't judge. Instead of, "Why aren't you taking your metformin?" say, "I'm curious to know what happens when you take your metformin."
- 4. Be aware of costs. Most patients are hesitant to say they can't afford medication, so ask the patient to get back to you if the copayment or cost is too high.

Disclaimer: This information is not intended to dictate or substitute your professional judgment in a particular patient.

References

- 1. World Health Organization, Adherence to Long-term Therapies: Evidence for Action (2003)
- 2. World Health Organization, Interventional Tools to Improve Medication Adherence (2015)
- 3. Georgetown University, Improving Medication Adherence in Older Adults
- KFF, Data Note: Prescription Drugs and Older Adults
 Arkansas Blue Cross and Blue Shield, Medication Adherence (2023)
 Humana, Quality Indicator Reference for Physicians (2023)

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