Medication Adherence for Providers

What is Medication Adherence?
The FDA defines medication adherence (taking medications correctly) as “the extent to which patients take medications as prescribed by their doctors. This involves factors such as getting prescriptions filled, remembering to take medication on time, and understanding the directions.”

How do I Ensure Adherence?
As a provider or provider agency, you can ensure adherence by:

1. Identifying potential adherence concerns & tailor interventions accordingly.
   a. Pharmacy refill data – some pharmacies are proactive.
   b. Obtain access to claims data through portals (EPIC, Medicaid) or insurers.
   c. Communication with patients, i.e., no means no.
   d. Tell-tale behaviors: procrastination, forgetfulness, confusion caused by multiple medications.

2. Incorporating adherence assessment tools at each visit.
   a. “Start the conversation” with each new prescription. One easy tool is the Adherence Estimator.
   b. An adherence tool validated in schizophrenia is the BARS (Brief Adherence Rating scale). (The site requires registration, which is free, to view this).

What are the Barriers to Medication Adherence?
The most common barriers to medication adherence include:

- Ability to pay for medications.
- Disbelief that the treatment is necessary or helping.
- Difficulty keeping up with multiple medication and complex dosing schedules.
- Confusion about how and when to take medications.

Why is Medication Adherence Important?
If medications are not taken as prescribed, the desired treatment will not be accomplished. Not getting intended treatment may lead to more complications.

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3. Providing pharmacy support.
   Some pharmacies offer enhanced services. North Carolina has a [Community Pharmacy Enhanced Services Network (CPESN)](https://cpesn.org), which allows you to search for pharmacies by desired service, patient zip code or county. Among the 40+ enhanced pharmacy services to target patients’ issues impacting adherence are:
      • Boosts adherence 13% in 1300 M-care recipients on 2-6 (avg 4.5) Rxs/month.
      • Arkansas data – 2.57X more likely to be adherent.
      • Prolong transition from adherent to non-adherent (145-182 increased to 181-222 days).
   b. Reminder calls (memory).
   c. Home delivery (transportation).
   d. Various forms of adherence packaging (memory).
   e. Setting up accounts for copays (financial); per Medicaid can release med w/o copay.
   f. Counseling/reinforcement.
4. Long-acting antipsychotic medications (LAAM): start early, instead of treating LAAMs as last resort or punishment for poor adherence, i.e. in forgetful patients.
5. Technology (top rated shown).
   a. [Best for patients](https://www.alliancemed.com).
      1. Patient education and specific medication calendars.
   c. Help patient set up reminder apps.
   d. Send text message or email reminders.
      1. [Upland Software](https://www.uplandsoftware.com).
      2. [Televox](https://www.televox.com).

The information presented by Alliance Health above is for informational purposes only. It is not intended for use in lieu of state guidelines or service definitions nor is it to be used to guide individualized treatment. Please refer to your Medicaid contract for additional details.