Medication non-adherence is a major disruptor and financial burden in our health care system. Many statistics are available on prevalence of medication non-adherence, however, we don’t have many solutions. This session will present practice based tried and true solutions that you can implement in your practice immediately. Covering concepts such as Medication Burden and the Medication Experience, we will look at medication non-adherence with a new lens and apply new strategies.

The concept of medication burden will be examined in the context of patient workload and capacity. Especially for patients with diabetes there are many health related activities we ask of our patients to effectively manage their health. Medications are another layer of complexity. Most of our patients have other chronic conditions and multiple medications. Each patient being unique, how can we reduce the frequency of medication dosing and reduce number of administration methods?

We must recognize that taking medications is perhaps the single biggest reminder of chronic illness. For most patients, they have subjective thoughts and feelings about their medications that influence their decisions to take, or not take, their medications. This Medication Experience is the behavioral health aspect of medication adherence. How do we identify these as health care providers and then effectively work with patients to honor this Experience and overcome negative medication experiences.

First we will cover concepts, then engage in audience discussion. Be sure to bring your difficult examples.

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Medication Adherence: What Do We Know and What Do We Need to Know?

Molly J Ekstrand, RPh, BCACP, AE-C
Park Nicollet Health Services, Minneapolis, MN
Medication Management Pharmacist and Program Lead

American Diabetes Association, 64th Advanced Postgraduate Course
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The elephant in the room...

Evidence Based Medicine and Treatment Guidelines vs.
The Patient’s Adherence Barriers

Horrible Adherence Statistics...

• 31.3% of the 37,506 prescriptions were never filled within 9 months of being prescribed!
  • Ann Intern Med. 2014 Apr 1;160(7):441-50

• Persistence Rates drop after just 6 months
  • Oral Diabetes Meds: 62% for Commercial and Medicare, 44% for Medicaid
  • Statins: 58% Medicare, 52% Commercial, 35% Medicaid
  • Source: HealthPartners Plan 2013-2016 data, Commercial and Government Programs

Rates of adherence have not changed much in the last 3 decades, despite WHO and Institute of Medicine (IOM) improvement goals

Medication Adherence Visually

Two Concepts

✓ Medication Burden
✓ Medication Experience
How often do you engage your patients in a conversation about their medication?

• How many times a day are your patients taking their medicines?
• How many different ways are your patients administering their medication?
• Are there other things they must do to decide dosing? (SMBG or CHO counting)
• What are their beliefs about taking medicines?

A story about Viola

Meds: 7x per day
Health Activities: 11x per day

Heath Care Capacity & Burden

Minimally Disruptive Medicine (MDM)
• Seeks to advance patient goals for health, health care, and life
• Designed and implemented in a manner that respects the capacity of patients and caregivers and minimizes the burden of treatment
• Is particularly appropriate for patients who are at risk of being overwhelmed by the demands of life, illness, and health care.
• Is context sensitive, addresses the whole person
• Is careful and kind care

MDM Framework

Identify the right care
- Acknowledge the work
- Acknowledge the capacity
- Acknowledge the complexity
- Integrate the inputs (cumulative complexity model)

Make the right care happen
- Prioritize feasibility
- Make sense of it all
- Use available resources
- Monitor and respond

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https://minimallydisruptivemedicine.org/

A story about Carol

14 medication allergies
3 markers out of goal
5 active medicines

The Medication Experience

• Patient’s subjective experience of taking medication in daily life
• Gained expertise with medication in his own body
• Influence of Peers, Family, Culture
• May include positive or negative bodily effects
• Alter the way they take their own medication

Uncovering, understanding and utilizing these experiences in practice represent an effective way to improve the medication outcomes of patients.

Overcoming Medication Experience Strategies

- **HONOR THEIR EXPERIENCE**
  - “Can you share your thoughts on taking medicines?”
- **SHARED DECISION MAKING**
  - Avoid the ‘Righting Reflex’
  - Give the name of an alternative, give time for consideration
  - Provide rationale for treatment
  - Share both immediate and long-term benefits
  - Acknowledge that adverse drug reactions are not acceptable
  - Share willingness to stop therapy if an adverse reaction occurs

Patient Experience is positively linked to

- Self rated and objective health outcomes
- Adherence to recommended medication and treatments

For Patients, it’s about the confidence to manage their health and well-being

What is Medication Therapy Management?

- For 88% of chronic and complex diseases, drugs are a first choice for medical intervention
- MTM or comprehensive medication management
  - Direct patient care: Usually a 60-30 minute appointment
  - Optimize medication management of health conditions
    - Indicated, Effective, Safe, Convenient (IESC)
  - Comprehensive review of medications and health conditions
  - Medication Management of specific health conditions

Before

But, really it’s this simple...

Create a friendly, beneficial relationship between the patient and their medication

After

Two Concepts

- Medication Burden
- Medication Experience

Engage your patients in a conversation about their medicines

Questions & Discussion