

Medication Adherence

APPLICABLE LINES OF BUSINESS

Medicare

MEASURE DESCRIPTION

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 Cholesterol¹ (Statins)

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

Medications included in each measure		
Diabetes	Hypertension	Cholesterol
<ul style="list-style-type: none"> • Biguanides • Sulfonylureas • Thiazolidinediones • Dipeptidyl Peptidase (DPP)-IV inhibitors • Glucagon-like peptide-1 (GLP-1) Receptor Agonists • Meglitinides • Sodium glucose cotransporter 2 (SGLT2) inhibitors 	<ul style="list-style-type: none"> • Renin-Angiotensin System (RAS) antagonists, defined as angiotensin converting enzyme (ACE) inhibitors • Angiotensin II Receptor Blockers (ARBs), or direct renin inhibitors 	<ul style="list-style-type: none"> • Statins and statin combinations

EXCLUSIONS

Patients are excluded if they:

- Received hospice care during the measurement year
- Have end-stage renal disease (ESRD)
- Diabetes measure only: have a prescription for insulin
- Hypertension measure only: have a prescription for sacubitril/valsartan

TIPS FOR SUCCESS

- Instruct patients to fill prescriptions using their pharmacy benefit.
 - Gap closure is dependent on pharmacy claims. Prescriptions filled using pharmacy discount programs, cash claims, and medication samples will not count.
 - Medication costs are often less when patients use their pharmacy benefits.
- Once patients are stable on regimen, write 90-day supply of maintenance medications and suggest that patients use a mail order pharmacy.
- Encourage patients to enroll in auto-refill programs at their pharmacy.
- Provide short and clear instructions for all prescriptions.
- Write prescriptions with refills for patients who are stable on their medications to reduce the risk of any time lapse between fills.
- Schedule a follow-up visit within 30 days of prescribing a new medication to assess how the medication is working. Schedule this visit while your patient is still in the office.
- Emphasize the benefits of taking the medication and the risks of not taking the medication. The benefits should outweigh the risks.
- At each visit, ask patients about their medication habits, including the average number of doses they may miss each week. Continue with open-ended questions to identify barriers to taking medications:
 - What side effects do you believe you've had from the medication, if any?
 - Do you ever forget to take your medication?
 - What things have made it difficult to pay for your medication?
 - What issues prevent you from refilling your prescription?
- Offer recommendations for improvement:
 - Recommend weekly or monthly pillboxes, smart phone apps with medication reminder alerts, and placing medications in a visible area (but in properly closed containers and safely out of reach of children or pets) for patients who forget to take their medications.
 - Encourage patients to call your office if they experience side effects to discuss alternative medications.
 - Refer patients to their health plan to learn about mail-order options for their prescription(s).
- Identify patients who are at risk for missing refills and set a reminder to reach out to them before their next fill date.
- Since statin intolerance and statin associated muscle symptoms can be barriers to statin therapy:
 - Gain a thorough symptom history and determine if the patient is truly statin intolerant.
 - Walk through the steps of treating and managing a patient who reports muscle symptoms, including cycles of statin discontinuation and rechallenge to identify a tolerated statin and dose.
 - Consider using this helpful tool to assess, treat, and manage patients with possible statin intolerance: tools.acc.org/StatinIntolerance