

Patient Adherence: Supporting Patients to Drive Better Outcomes

When it comes to health risks, there is one condition that is doing more harm to the health of patients than poor diets, lack of exercise, or even smoking. It is failure to take prescribed medications, also known as nonadherence. According to a 2012 review in the *Annals of Internal Medicine*¹, 20 to 30 percent of prescriptions are never filled, and approximately 50 percent of medicines for chronic diseases are not taken as prescribed. In addition, most patients who fill their prescriptions typically only take about half of the doses they are prescribed.

The impact of nonadherence on both healthcare costs and outcomes is startling. A study published in the *The Annals of Pharmacotherapy*² earlier this year estimated that the annual cost of “prescription drug-related morbidity and mortality resulting from non-optimized medication therapy” was more than \$528 billion in 2016. Many of these costs come from emergency room visits and hospitalizations that result when patients stop taking their medicine.

The problem of nonadherence is not easy to solve. Many different elements contribute to the challenge ranging from medication side effects, to socioeconomic factors, to lack of education or health literacy, to mental and emotional issues.

Some patients simply stop taking their prescriptions because they don’t recognize the benefits. In a poll³ conducted by Truven Health and NPR, when patients were asked why they stopped taking their prescription without consulting their physician, 17 percent said they “didn’t need” the medicine, 16 percent said they “felt better”, and 15 percent said the medicine was “not working.”

For patients managing complex specialty diseases, adherence becomes even more challenging. Patients are frequently taking multiple medications, which can lead to confusion about when to take each prescription and when to refill. Patients with chronic diseases may also face more severe side effects, as well as depression or anxiety about their disease. It is often assumed that patients being treated for a life-threatening condition will be more motivated to take their prescriptions, but in



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fact, research has shown that adherence rates for serious conditions are the same or worse than for less serious illnesses.

The Role Pharmaceutical Companies Play in Supporting Adherence

The importance of driving better patient adherence is an issue that all healthcare stakeholders can agree on because when patients adhere to their treatment plans, healthcare costs decrease and outcomes improve. For pharmaceutical manufacturers, this is particularly relevant in a time when they are increasingly being reimbursed based on outcomes.

While physicians and pharmacists may be in the best position to influence patient behavior, pharmaceutical companies, particularly in specialty disease categories, can also play a role in supporting better adherence through patient outreach programs, typically in partnership with a patient services hub. In fact, research from Cardinal Health⁴ has shown that 86 percent of oncologists believe pharma-sponsored education and adherence programs can help improve outcomes for patients managing chronic diseases.

If you are planning to develop an adher-

ence program, a good first step is to identify an experienced patient services hub with a proven track record for delivering effective and compliant adherence programs. In addition to seeking expertise in this space, it is important to select a hub partner who understands the current regulatory landscape due to ever-changing complexities. In fact, you may want to connect your own legal or compliance team with the hub team early in the process to ensure that everyone has a clear understanding of your company’s compliance parameters and is aligned on how to develop a program that will be fully compliant.

Best Practices for Pharma Companies Developing Adherence Programs

Even with solid planning and experienced partners, the quality and effectiveness of adherence programs can vary greatly. Below are a few best practices that can help to ensure your program is delivering the optimal benefit.

1. Know your audience

Every patient is unique — and it is important to recognize differences in patients when addressing adherence. Some patients may be instinctively compliant to their therapy regimen and need very little support. Others may be struggling with a variety of different challenges, ranging from physical to emotional to financial, which could undermine their ability to stay on therapy.

By conducting validated questionnaires with patients at the beginning of their treatment journey, patient services hubs can often identify these issues early and segment patients into different groups so they can receive more individualized support.

2. Align adherence support to patient goals

Healthcare providers typically have clinical goals for patients when prescribing a treatment regimen, but patients typically have more personal goals, such as “I want to feel

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Nonadherence is a challenge without a simple fix. No single individual or company has all the answers. But by connecting with patients, understanding their goals, and taking the time to support them through the entire treatment journey, pharmaceutical companies and their patient services hubs have an opportunity to keep more patients on therapy and drive better outcomes.

good enough to go to work every day” or “I want to be able to cook dinner for my family.” Conducting motivational interviews to understand what matters most to patients allows adherence program managers to engage patients in meaningful discussions about how adhering to the treatment plan can help them to reach key milestones in their lives.

3. Take the time to educate and support

For patients who are managing chronic diseases, one of their greatest needs is sometimes education about their medicine. While a patient services hub cannot provide medical advice, they can play an important role in reinforcing instructions from physicians and providing clarification on information patients may find confusing.

Physicians may have limited resources to follow up with patients after the prescription is written, but hub teams are able to spend extra time with patients who may need to have information repeated or who could benefit extra follow-up or reminders.

In addition, hub teams can coach patients

about expected side effects to certain drug products to ensure they understand what to expect and to help minimize disruption in therapy.

4. Meet patients where they are

Connecting with patients means understanding how they want to communicate. For one patient, a weekly phone call to provide information and support might be ideal. Another might prefer a daily reminder by text. A third patient might prefer to receive emails twice a month. While personalizing your communication channels by patient may add complexity to your program, it can also lead to higher engagement.

5. Speak their language — both literally and figuratively

According to the 2016 U.S. Census, 35 million Americans or more than 15 percent of the population does not speak English at home⁵. As you analyze your patient population, consider whether you will need support services for non-English speakers — and if so, what languages you will include your program. If you expand your program to include other languages, be sure to plan it carefully with guidance from your legal and compliance team, as well as experts in multicultural communications.

In addition to multilingualism, another key barrier to medication adherence is low health literacy. Studies have shown that nearly half of all American adults — 90 million people — have difficulty understanding and acting on health information⁶. Developing patient education materials at the appropriate literacy level can be challenging.

Even if the patient materials are drafted with easy-to-understand language, once the legal and compliance teams make edits, they may become overly complex. To avoid this, make sure you are involving patient education experts, such as nurse educators (who may work for your hub partner), in the development of materials, and that you make all stakeholders aware of the need for simplified language at the onset of the program.

6. Think about the full patient journey — not just the first prescription

Adherence programs are often too focused on the beginning of the treatment journey — getting patients to fill the first prescription.

To optimize support of patients with chronic diseases, it is important to take a long-term view. Consider how you will continue to encourage adherence 6, 9 or 12 months into the therapy regimen. Also, remember that some diseases have exacerbated symptoms during certain seasons, so you may need to plan your timetable accordingly.

Your patient services hub should be able to collect data and provide insights on when patients are most at risk of falling off therapy. These analyses can help you to plan interventions at the times when they will have the greatest benefit to the patient.

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Editor's Notes:

¹ Viswanathan M, Golin CE, Jones CD, et al. Interventions to improve adherence to self-administered medications for chronic diseases in the United States: a systematic review. *Ann Intern Med.* 2012;157(11):785-95.

² Watanabe JH, Mcinnis T, Hirsch JD. Cost of prescription drug-related morbidity and mortality. *Ann Pharmacother.* 2018

³ <https://www.prnewswire.com/news-releases/truven-health-analytics-npr-health-poll-finds-cost-is-top-cause-of-unfilled-prescriptions-300516467.html>

⁴ Cardinal Health Oncology Insights, June 2017

⁵ https://www.washingtonpost.com/news/wonk/wp/2018/05/21/millions-of-u-s-citizens-dont-speak-english-to-each-other-thats-not-a-problem/?utm_term=.374f45329e1a

⁶ <https://www.nap.edu/read/10883/chapter/2>

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