

Medication Adherence - MAD, MAC, MAH

Learn how to improve your Medication Adherence rates adapted from Pharmacy Quality Alliance (PQA) by using this guide for the Medication Adherence for Diabetes (MAD), Medication Adherence for Cholesterol (MAC), and Medication Adherence for Hypertension (MAH) best practices and more resources.

Percentage of patients ages 18 or older who are adherent to their diabetes, cholesterol, or hypertension medications at least 80% of the time during the measurement period.

LOB
Medicare

Collection & Reporting Method
Part D Prescription Claims

CMS Weight
3x

Compliance

To comply with this measure, a member must have a proportion of days covered (PDC) of 80% or higher for their medication(s) in the measurement period. These classes of medications are included:

MAD	MAH	MAC
<ul style="list-style-type: none"> • Biguanides • Thiazolidinediones • DPP- 4 Inhibitors • SGLT2 inhibitors • Sulfonylureas • Meglitinides • GLP1 receptor agonists 	<ul style="list-style-type: none"> • Angiotensin II receptor blockers (ARBs) • Angiotensin-converting enzyme (ACE) inhibitors • Direct renin inhibitors 	<ul style="list-style-type: none"> • Statins

Exclusions

- Members in hospice or using hospice services any time during the measurement year
- End-stage renal disease (ESRD)
- Dialysis
- One of more prescription claim for insulin (MAD only)
- One of more prescription claim for sacubitril/valsartan (MAH only)

Learn more about EPIC workflow by following:

<https://uhcommunity.uhhospitals.org/UHAccountableCareOrganization/EPIC%20%20Quick%20Tips/Forms/AllItems.aspx>

Look Out for Population Health Efforts:

- Pharmacy team is contacting patients who are reported as non-adherent to their medication based on pharmacy claims data
- Pharmacy team is utilizing telephone note feature in epic to document outreach attempts, see example below:

Population Health Outreach Call

- Payor: Anthem MA
- Purpose of call: Assess for and address any barriers to medication adherence
- Medication: Medication: Atorvastatin 40mg daily due for refill on 4/22/23
- Outcome: Patient states she was in SNF recently, so when discharged home she still had medication left. She claims adherence and states she does not need a refill at this time.

Best Practices

- Improve health literacy: Talk with patients about why they're on their medication and how its important to take their medication as prescribed and get timely refills.
- Discuss adherence barriers: Discuss medication adherence barriers at teach visit and ask open-ended questions about concerns related to health benefits, side effects, and cost.
- Consider extended days' supply prescriptions: When clinically appropriate, consider writing a 3-month supply of prescriptions for chronic conditions to help improve adherence and minimize frequent trips to the pharmacy.
- Prescribe low-cost generics: When clinically appropriate, prescribe low-cost generic medications to help reduce out-of-pocket costs.
- Try home delivery. If getting to a pharmacy is difficult, ask patients about the possibility of filling their prescriptions through mail order pharmacy so they can get their medications delivered to their home.
- Utilize University Hospital's home delivery service or another mail order pharmacy.
- Documentation: Update prescriptions at time of dose change to limit dose confusion.

References

<https://www.cms.gov/files/document/mmpperformance-datatechnotes.pdf>
<https://www.pqaalliance.org/measures-overview>