

Cardiovascular Health Medication Adherence

ACTION STEPS for Health Benefit Managers

Heart disease is the leading cause of death in the United States and is responsible for one of every four deaths.¹ Stroke is the fifth leading cause of death.¹ To reduce the burden of heart attack and stroke in the United States, the U.S. Department of Health and Human Services launched Million Hearts®.² The goal of this initiative is to prevent 1 million heart attacks and strokes by 2017 by putting into action proven and effective interventions in clinical settings and communities.²

High blood pressure, tobacco use, and high blood cholesterol levels are leading controllable risk factors for heart disease and stroke.^{3,4} One of every three U.S. adults (29.3%, or about 75 million) has high blood pressure, and almost half (46%, or about 34 million) do not have their condition under control.^{1,2} Of Americans who do not have their blood pressure controlled, about 11 million are not aware of their hypertension and are not taking antihypertensive medications.^{3,5}

“Drugs don’t work in people who don’t take them.”
– C. Everett Koop, Former Surgeon General

Nationally, medication nonadherence accounts for 125,000 deaths, 11% of hospitalizations, and \$100–\$300 billion in annual spending.⁶ An estimated 20%–30% of medication prescriptions are never dispensed and, on average, 50% of medications for chronic disease (including hypertension) are never taken as prescribed. This problem persists even though most of these individuals have a usual source of care (89.4%), have received medical care in the previous year (87.7%), and have health insurance (85.2%).^{7–9} Reasons for nonadherence include complex interactions among patients, health care professionals, and the health care delivery system, along with dosing regimens, poor professional–patient communication, use of hard-copy prescriptions, the out-of-pocket cost of medication,



pill appearance, and package size.^{8,9} Numerous strategies can improve adherence, but there is no single gold-standard solution.¹⁰ A combination of evidence-based strategies and emerging practices involving multiple health care personnel and processes may be the best approach to increasing medication adherence.¹⁰

The purpose of this document is to call to action health benefit, employee, and pharmacy benefit managers to implement evidence- and practice-based medication adherence strategies that improve blood pressure control, cholesterol management, and smoking cessation. Health benefit managers are uniquely positioned to influence the adoption of medical innovation and services, so they can improve access to and the quality of health care, including medication adherence. These strategies were gathered from the published scientific literature (evidence-based) or found to be effective in clinical settings (practice-based). The strategies are organized into ways to improve interactions between the patient and the health care system, the community pharmacist and the patient, and the community pharmacist and the health care system. This document provides references where more information can be found for each action step.



Strategies for Improving Medication Adherence in Partnership with Health Care Professionals

Actions	
Improve the Patient's Interaction with the Health Care System	Eliminate co-pays for chronic disease medications (e.g., antihypertensive, lipid-lowering, and smoking cessation agents). ¹¹
	Promote dispensing of 90-day supply, generic, and fixed-dosed combination medications. ^{8,9}
	Reimburse appointment-based medication synchronization pharmacist programs. ¹²
	Incentivize patients to embrace self-management of blood pressure, weight loss, and smoking cessation programs. ¹³
	Promote patient self-assessment and reporting of medication adherence. ¹³
Improve the Community Pharmacist's Interaction with the Patient	Incentivize pharmacists to adopt the Pharmacists' Patient Care Process as standard of practice for managing chronic disease. ^{14–16}
	Reimburse medication therapy management services for all patients with chronic disease. ^{14–16}
	Reimburse pharmacists for conducting medication adherence assessments and counseling. ^{14–16}
	Implement value-based payments to community pharmacists for achieving adherence and control thresholds. ^{14–16}
Improve the Community Pharmacist's Interactions with the Health Care System	Incentivize the use of e-prescribing for medications with bidirectional communication about adherence between pharmacists and prescribers. ¹⁴
	Incentivize the adoption and meaningful use of electronic health records in pharmacy practice. ^{10,11}
	Develop a personal pharmacist network by automating the processes used to notify pharmacists and physicians about patients in need of intervention (e.g., those not adhering to regimens or whose blood pressure is uncontrolled), with incentives for taking action and getting results. ¹⁷
	Incentivize pharmacists and physicians to form collaborative practice agreements to promote team-based care and protocols. ^{2,18–21}

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Million Hearts® is a U.S. Department of Health and Human Services initiative that is co-led by the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services, with the goal of preventing one million heart attacks and strokes by 2017.