

Quality

Measures

Tracking adherence rates for hypertension, oral diabetes medication and cholesterol

by Lisa Schwartz, PharmD; Daire Reese, PharmD; and Annie Rogers, PharmD

For health care providers, one of the key objectives in treating patients who are taking prescription medications is to try and eliminate—or at least minimize—gaps where patients do not have their medications, or have them but are not taking them consistently. There are quality measures that can help calculate the specific adherence percentage of a plan's members in different areas, including hypertension, oral diabetes medication, and cholesterol. For diabetes patients, it covers oral medications. For diabetes patients with hypertension, it measures adherence to ACE inhibitors and ARBs. For patients with high cholesterol, the measurement relates to statin drugs. A patient is considered adherent in all of these categories if the "proportion of days covered" (PDC) is greater than 80 percent for an individual.

$$\text{PDC} = \frac{\text{Days Supply of Medication Dispensed to the Patient}}{\text{Total number of days}}$$

To calculate the percentage of days covered, take the total number of days covered by refills in a measurement period, and divide by the number of days between the first fill and the end of the measurement period.

As an example, "J.D." fills a prescription of 30 tablets 11 times between Jan. 1 and Dec. 31. The first fill was Jan. 9. This spans 330 days covered by refills out of a total of 356 days from the period Jan. 9 – Dec. 31. This results in 93 percent of days covered.

A more detailed analysis on PDC and its role in adherence can be found at <http://bit.ly/PDCanalysis>.



WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?

These adherence measures can affect the star rating of plans that include your pharmacy in their network. Should your non-adherent patient population reduce the plan's star rating instead of improve it, your pharmacy may not be included in their network in the future. Moving a patient from a PDC score of 75 percent to 85 percent is a difference of more than 30 days, which means one additional refill per year.

WHAT CAN I DO TO IMPROVE PERFORMANCE IN MY PHARMACY?

For diabetes, run a report of all refills of oral diabetes medications for the past 6-12 months. If that is daunting, start with metformin and metformin combination products. Do the same with statin drugs. Next, target patients with diabetes and hypertension – see if your software can run a report of patients taking an oral diabetes medication or insulin plus an ACE inhibitor or ARB.

If you can sort the data by patient name, you can easily eliminate the patients who get regular refills. From the remaining patients, start with Medicare Part D beneficiaries and call them. A pharmacist, intern or technician can ask if the patient still takes the medication and needs a refill or if the prescriber discontinued it. This is also a good time to ask if they experienced any side effects.

For statin drugs, first-fill counseling is critical. Adherence suffers when patients don't experience a relief of symp-

toms or when the drug makes them feel worse. Explain that the drug is unlikely to make the patient feel better, that the drug should be taken every day for 2-3 refills before cholesterol labs improve, and review common and serious side effects. Adverse effects, particularly myalgia, can create a huge barrier to medication adherence. Counsel patients who experience muscle pain on signs of rhabdomyolysis and refer them back to the prescriber for alternative therapy when appropriate.

Also, every oral diabetes medication has at least one side effect that is a barrier to adherence if patients aren't warned or are harmed. Metformin is notorious for GI side effects. First-fill counseling should explain hypoglycemia, GI side effects and how to manage them.

Medication refill synchronization is helpful for many patients and helps pharmacies manage workflow and inventory. Programs such as NCPA's "Simplify My Meds®" are available resources for pharmacists. It is also important to be sure that patients are not only refilling and picking up their medications, but that they are also taking them. First-fill counseling and education is one of the best ways to teach patients how important it is to take their medications correctly. ■

Lisa Schwartz, PharmD, RPh, is NCPA senior director, management affairs. Daire Reese, PharmD, is a 2014 graduate of the Wingate University School of Pharmacy. Annie Rogers is a 2014 PharmD graduate of the St. Louis College of Pharmacy.