



Thinking Outside the Pillbox

Medication Adherence and Care Teams: A Call for Demonstration Projects

IMPROVING MEDICATION ADHERENCE THROUGH TEAMWORK

Poor adherence to treatment regimens is exacting a heavy toll on the U.S. health care system in the form of unnecessary illness, disability and premature mortality, particularly among the burgeoning number of chronically ill patients. Non-adherence in all its manifestations costs \$290 billion per year in unnecessary health care spending.

With the U.S. health care system poised to embrace system-changing innovations through health care IT and health reform, it is a good time to target poor adherence with strategies delivered by patient care teams. If patient medication adherence is to improve, many experts believe that care teams will play a major role.



Study in Brief:

Thinking Outside the Pillbox is a continuing series of reports stemming from NEHI's research into improving medication adherence for patients with chronic disease. This report, *Medication Adherence and Care Teams: A Call for Demonstration Projects*, is the third in the series and examines the role of care teams and improved patient medication adherence. The first two in the series, *A System-wide Approach to Improving Medication Adherence for Chronic Disease* followed by *A System-wide Approach to Improving Medication Adherence for Chronic Disease: Roundtable Highlights*, were published in 2009.

CARE TEAMS: AN INNOVATIVE WAY TO ADDRESS THE ADHERENCE CRISIS

Evidence suggests that discrete, "rifle shot" adherence interventions have a limited impact on improving adherence across broad populations. Care teams, on the other hand, include both physician and non-physician care givers and bring more than one set of hands to bear on the complex challenge of improving patients' capability and willingness to adhere to their prescription regimens.

Existing medical evidence also supports the idea that team-based care can provide superior treatment of chronic conditions. Care teams are integral to the patient-centered medical home, and to other models of improved patient care that are designed to improve efficiency, affordability and, ultimately, patient outcomes.

BOLSTERING THE EVIDENCE FOR CARE TEAMS

Despite the evidence that care teams provide overall superior treatment for the chronically ill, the evidence base specifically supporting the use of care teams in deploying adherence strategies is limited. As revealed in NEHI's 2009 report *Thinking Outside the Pill Box: A System-wide Approach to Improving Medication Adherence for Chronic Disease*, several leading health care organizations are now actively experimenting with adherence improvement through the use of care teams, but these efforts remain at an early stage. Many are not designed explicitly to measure adherence improvement and very few findings available from experience in the field lend themselves to broad application. This gap in evidence should be remedied by a robust series of demonstration projects that will show how care teams can be deployed to improve patient medication adherence in a wide variety of practice settings throughout the country.

A CALL FOR DEMONSTRATION PROJECTS

About NEHI

NEHI is a national health policy institute focused on enabling innovation to improve health care quality and lower health care costs. In partnership with members from all across the health care system, NEHI conducts evidence-based research and stimulates policy change to improve the quality and the value of health care. Together with this unparalleled network of committed health care leaders, NEHI brings an objective, collaborative and fresh voice to health policy. For more information, visit www.nehi.net.



Given the enormous impact of poor medication adherence on patient outcomes and the health care system, there is a significant opportunity for health care stakeholders to create a broad portfolio of new demonstration projects showcasing the use of care teams to improve adherence in different practice settings.

NEHI recommends that this new portfolio of demonstration projects should take under consideration:

- **Multi-component strategies.** Non-adherence has multiple causes and providers need to be prepared to coordinate multiple services in order to change behavior of individual patients.
- **Adaptability of medication adherence strategies to diverse care settings.**
- **Integration of medication adherence strategies with other elements of health reform,** such as the deployment of electronic medical records, standard performance metrics, and payment reform.

The new set of projects should also leverage existing evidence by:

- **Encompassing core elements that have shown promise.** Some of these include techniques for patient identification and screening; medication review, reconciliation and optimization of each patient's medication regime; reducing cost barriers; and patient education and engagement techniques.
- **Overcoming limitations** through the use of adequate sample sizes, rigorous performance metrics, and identifying key barriers (e.g. organizational, processes, regulatory) to the adoption of care teams and the use of medication adherence strategies.

Potential funding vehicles for these projects could come from private investments, as well as from complementary programs created by the Patient Protection and Affordable Care Act, such as the ones promoting medical homes, chronic care coordination, and the use of health care information technology.

“ Failing to take medications as prescribed represents a substantial roadblock to achieving better outcomes for patients. Care teams have the potential to help us break through this barrier. ”

-Wendy Everett, ScD
President
NEHI

