

2013 Healthcare Benchmarks

Improving Medication Adherence



Note: This is an authorized excerpt from *2013 Healthcare Benchmarks: Improving Medication Adherence*.
To download the entire report, go to <http://store.hin.com/product.asp?itemid=4557> or call 888-446-3530.

2013 Healthcare Benchmarks: Improving Medication Adherence

104 healthcare organizations describe how they are improving medication adherence in their populations, including the common barriers to medication adherence, the tools and technologies used to enhance medication adherence, the individuals responsible for improving medication adherence in a population, and more.

“Empowering the patient to participate in managing their health and thus their medications [was the biggest challenge we faced related to medication adherence].”

> **Home health**

“[Our most effective tool that we have implemented to improve medication adherence] is an MTM report depicting all patient medication history in order to arrive at the best medication therapy.”

> **Independent Clinical Consultant Pharmacists**

“[We are planning a medication adherence program] that will include a nurse navigator.”

> **Hospital**

“Fitting daily adherence monitoring into the pharmacy work flow [was the biggest challenge we faced related to medication adherence].”

> **Retail pharmacy**



2013 Healthcare Benchmarks: Improving Medication Adherence

This special report is based on results from the Healthcare Intelligence Network's third annual "Medication Adherence in 2013" e-survey administered in January 2013.

Executive Editor

Melanie Matthews

HIN executive vice president and chief operating officer

Project Editors

Patricia Donovan

Jessica Fornarotto

Document Design

Jane Salmon

Table of Contents

About the Healthcare Intelligence Network	7
Executive Summary	7
Survey Highlights.....	8
Key Findings	8
Program Components	8
Results and ROI	9
Most Successful Tools for Improving MA	9
Methodology	9
Respondent Demographics	10
Using This Report	10
Responses by Sector	11
The Hospital Perspective	12
The Health Plan Perspective.....	15
Respondents in Their Own Words	17
Description of Future Program.....	18
Biggest Challenge Faced	18
Most Effective Tool, Workflow or Process.....	19
Conclusion	20
Responses to Questions	22
Figure 1: All - Have Program to Improve MA.....	23
Figure 2: All - Targeted Populations	23
Figure 3: All - Most Receptive Conditions	24
Figure 4: All - Common Barriers to MA.....	24
Figure 5: All - Program Components	25
Figure 6: All - Tools and Technologies	25
Figure 7: All - Standards to Assess and Monitor MA.....	26
Figure 8: All - Data Analytics in MA.....	26
Figure 9: All - Opportunities to Improve MA	27
Figure 10: All - Responsibility for Improving MA.....	27
Figure 11: All - Pharmacist Included on MA Team	28
Figure 12: All - Programs with Retail or Community Pharmacists.....	28
Figure 13: All - Pharmacists' MA Tasks.....	29
Figure 14: All - Pharmacist Reimbursement	29
Figure 15: All - Plan to Launch Future MA Program	30
Figure 16: All - Program Impact	30
Figure 17: All - Program ROI.....	31
Figure 18: All - Organization Type.....	31
Figure 19: Hospital - Have Program to Improve MA.....	32

Figure 20: Hospital - Targeted Populations	32
Figure 21: Hospital - Most Receptive Conditions.....	33
Figure 22: Hospital - Common Barriers to MA	33
Figure 23: Hospital - Program Components	34
Figure 24: Hospital - Tools and Technologies	34
Figure 25: Hospital - Standards to Assess and Monitor MA.....	35
Figure 26: Hospital - Data Analytics in MA.....	35
Figure 27: Hospital - Opportunities to Improve MA.....	36
Figure 28: Hospital - Responsibility for Improving MA	36
Figure 29: Hospital - Pharmacist Included on MA Team	37
Figure 30: Hospital - Programs with Retail or Community Pharmacists	37
Figure 31: Hospital - Pharmacists' MA Tasks	38
Figure 32: Hospital - Pharmacist Reimbursement.....	38
Figure 33: Hospital - Plan to Launch Future MA Program.....	39
Figure 34: Hospital - Program Impact	39
Figure 35: Hospital - Program ROI	40
Figure 36: Health Plan - Have Program to Improve MA.....	40
Figure 37: Health Plan - Targeted Populations	41
Figure 38: Health Plan - Most Receptive Conditions.....	41
Figure 39: Health Plan - Common Barriers to MA.....	42
Figure 40: Health Plan - Program Components	42
Figure 41: Health Plan - Tools and Technologies	43
Figure 42: Health Plan - Standards to Assess and Monitor MA	43
Figure 43: Health Plan - Data Analytics in MA	44
Figure 44: Health Plan - Opportunities to Improve MA.....	44
Figure 45: Health Plan - Responsibility for Improving MA	45
Figure 46: Health Plan - Pharmacist Included on MA Team.....	45
Figure 47: Health Plan - Programs with Retail or Community Pharmacists	46
Figure 48: Health Plan - Pharmacists' MA Tasks	46
Figure 49: Health Plan - Pharmacist Reimbursement	47
Figure 50: Health Plan - Plan to Launch Future MA Program	47
Figure 51: Health Plan - Program Impact.....	48
Figure 52: Health Plan - Program ROI.....	49
Appendix A: 2013 Medication Adherence Survey Tool	50

About the Healthcare Intelligence Network

The Healthcare Intelligence Network (HIN) is an electronic publishing company providing high-quality information on the business of healthcare. In one place, healthcare executives can receive exclusive, customized up-to-the-minute information in five key areas: the healthcare and managed care industry, hospital and health system management, health law and regulation, behavioral healthcare and long-term care.

Executive Summary

Medication non-adherence costs are estimated at \$290 billion in ‘otherwise avoidable medical spending’ in the United States alone each year. In its third annual Medication Adherence e-survey conducted in January 2013, the Healthcare Intelligence Network captured emerging trends in efforts to improve medication adherence (MA). More than 100 healthcare organizations described program components, key stakeholders, supporting tools and technology, and results and ROI.

Complex patients remain the most common targets of MA programs, say 75 percent of respondents. But meriting more attention this year are MA levels in those transitioning from one care site to another, when gaps in care can occur. More than half of responding MA programs (54 percent) target this vulnerable population, up from 37 percent last year. This increase may explain why the hospital discharge and the home visit —key transition points — are more popular opportunities to dispense medication adherence information for this year’s respondents than for last year’s.

The use of assessment tools such as the REALM-R, Medication Knowledge Survey and CMS OASIS Data Set has doubled and in some cases quadrupled over the last year.

While the presence of a pharmacist on the MA team remained constant from 2012 to 2013 at 65 percent, there are more retail or community pharmacists on the MA scene today — 53 percent in 2013 versus 48 percent in 2012. The use of e-prescribing also rose from 19 percent to 26 percent in the last year.

Survey Highlights

- ✓ The use of multidose blister packs has more than quadrupled in the last 12 months — from 7 to 29 percent.
- ✓ Hypertension has replaced diabetes as the condition most receptive to MA efforts, say 61 percent of this year’s respondents.

69% of survey respondents have created a program to improve MA.

“We are planning an MA program that will include home medication monitoring.”

Using This Report

This benchmarking report is intended as a resource for healthcare organizations searching for comparable data and means to measure implementation and progress. It is also a helpful planning tool for organizations readying initiatives in this area.

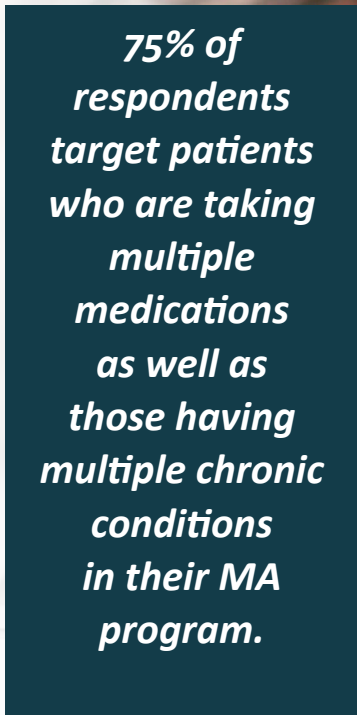
The initial charts and graphs presented represent results from all respondents; images in subsequent sections depict data from high-responding sectors. (Figure titles begin with the segment they represent; for example, All, Health Plans, Hospitals, etc.)

Often, one of the largest responding sectors is composed of respondents identifying their organization type as “Other.” In general, we do not depict results from this segment because it represents a wide range of organization types, including consultants and product vendors. However, you will always find a graph indicating the demographics of respondents.


Here are some additional tips for using this report:

- ✓ See how you measure up: Scan this report for your sector, and see how your program compares to others. Note where you are leading and where you are behind.
- ✓ Evaluate your efforts: Think about where you have been focusing your efforts in this area. Look for trends in the data in this report. Look for benchmarks set by your sector and others.
- ✓ Set new goals: Use the data in this report to set new goals for your organization, or to raise the bar on existing efforts.
- ✓ Use it as a reference book: Keep this report accessible so you can refer to it in your work. Use these data to support your efforts in this area.

If you have questions about the data in this report, or have feedback for our team, don't hesitate to contact us at info@hin.com or 732-449-4468.

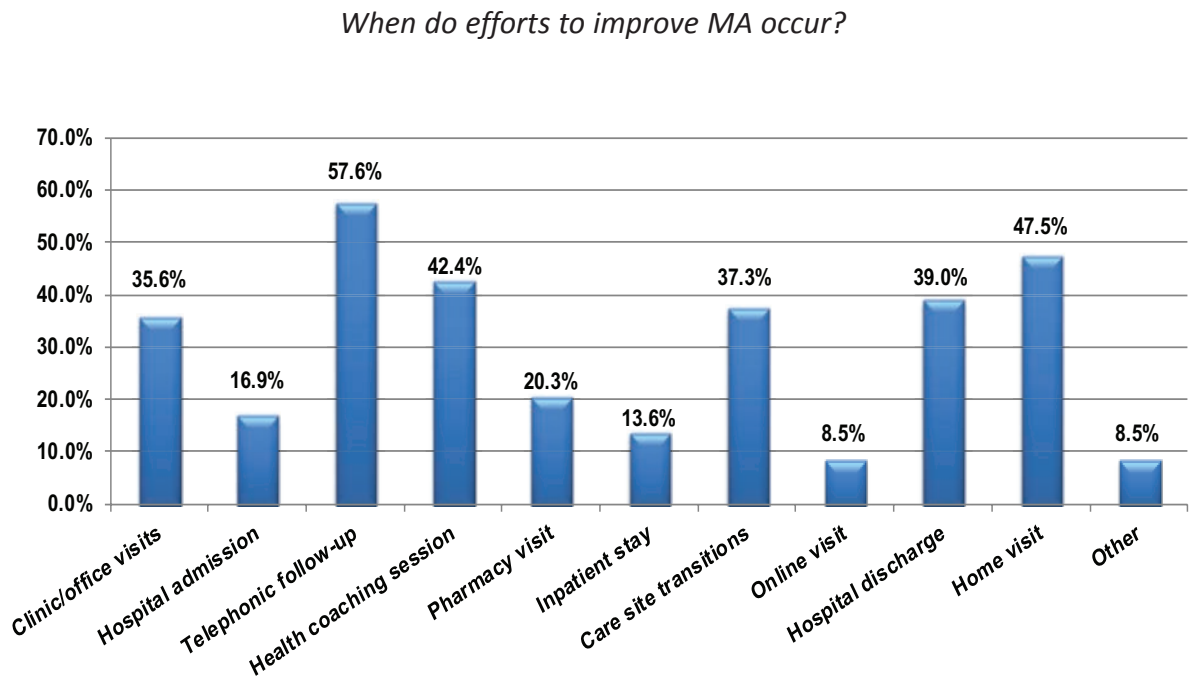


75% of respondents target patients who are taking multiple medications as well as those having multiple chronic conditions in their MA program.



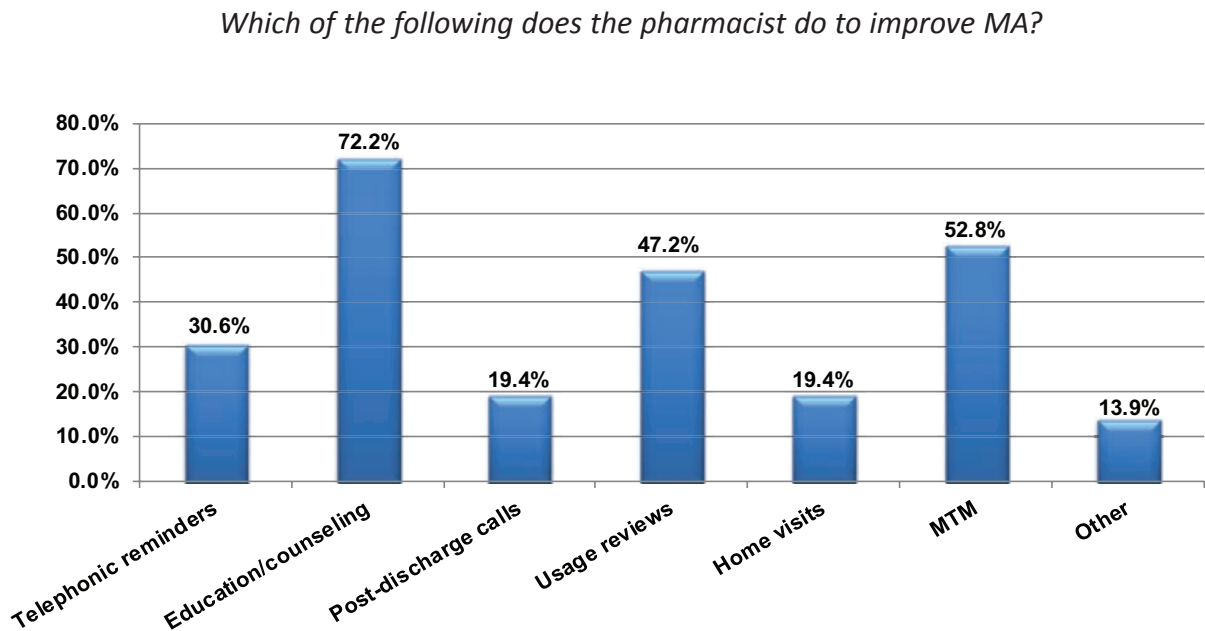
“The most effective tool in our MA program is targeted health coaching.”

Figure 3: All - Opportunities to Improve MA



*HIN Medication Adherence in 2013 Survey
January, 2013*

Figure 4: All - Pharmacists' MA Tasks



*HIN Medication Adherence in 2013 Survey
January, 2013*