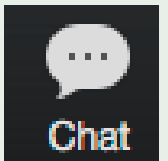
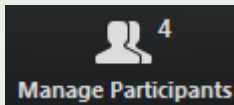


Reminders

- Please rename yourself with your name and practice location in the “Manage Participants” box.
- Please enter your name and practice location into the “Chat” to record your attendance.
- Use the “Chat” feature to ask questions and receive survey links.
- Please remember to “Mute” your microphone unless speaking.
- Call our Tech Team at 440-796-2221 if you have audio or visual problems.
- If you can’t connect to audio via computer, or you lose computer audio at anytime, you can call in to the clinic at: 646-876-9923; meeting ID: 850 112 117.



Structure of ECHO Clinics

Duration	Item
5 minutes	Introductions, roll call, announcements
10 minutes	Didactic presentation, followed by Q&A
20 minutes	Case Study 1 presentation and discussion
20 minutes	Case Study 2 presentation and discussion
5 minutes	Wrap-up/Post-Clinic Survey completion



CARDI•OH

Ohio Cardiovascular Health Collaborative



In partnership with:



Cardi-OH ECHO Reducing the Burden of Hypertension

Thursday, February 6, 2020

Disclosure Statements



The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:

- Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for forthcoming books with Springer publishing and Taylor Francis publishing.
- Brian Bachelder, MD received funds for his role as Physician Advisor at VaxCare.
- SiranM. Koroukian, PhD received grant funds for her role as a subcontractor on a study funded by Celgene.
- Christopher A. Taylor, PhD, RDN, LD, FAND reports grant funding and travel support for his role as a consultant, researcher, and presenter for Abbott Nutrition, and is also a member of the Scientific Advisory Council of Viocare, Inc.
- Jackson T. Wright, Jr., MD, PhD reports research support from the NIH and Ohio Department of Medicaid and consulting with NIH, AHA, and ACC.
- These financial relationships are outside the presented work.

All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

Strategies for promoting medication adherence



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Case Western Reserve University

Objectives

- List and describe two tools useful in assessing medication adherence.
- Describe a strategy to identify reasons for poor medication adherence.
- List and describe a minimum of two strategies to promote increased adherence.

Medication Adherence Measures



- Direct
 - Drug levels (i.e., warfarin, digoxin, opiates, benzodiazepines, stimulants)
 - Clinical response
 - Pill count
- Database Analysis
 - Medication Possession Ratio (MPR)
 - Proportion of Days Covered (PDC)
 - Claims data (sometimes available through EMR)
- Clinician Assessment
 - Patient interviews, questionnaires, scales

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Do not identify causes of nonadherence

Clinical Assessment



No “gold standard”

- Ideal assessment tool would be low cost, user friendly, easy to administer, highly reliable, and practical
- Examples of validated questionnaires include:
 - Morisky Medication Adherence Scale (8 point and 4 point)
 - Hill-Bone Compliance Scale (Hill-Bone)
 - Brief Medication Questionnaire
 - Medication Adherence Report Scale (MARS)

Morisky Medication Adherence Scale



	YES	NO
1. Do you sometimes forget to take your medication?		
2. People sometimes miss taking their medications for reasons other than forgetting. Over the past 2 weeks, were there any days when you did not take your medication?		
3. Have you ever cut back or stopped taking your medication without telling your doctor because you felt worse when you took it?		
4. When you travel or leave home, do you sometimes forget to bring your medication?		
5. Did you take all your medication yesterday?		
6. When you feel like your symptoms are under control, do you sometimes stop taking your medication?		
7. Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?		
8. How often do you have difficulty remembering to take all your medication? Never/Rarely..... Once in a while..... Sometimes..... Usually..... All the time.....		

© Morisky Medication Adherence Scale (MMAS-8-Item). Use of the ©MMAS is protected by US copyright laws. Permission for use is required. A license agreement is available from: Donald E. Morisky, ScD, ScM, MSPH, Professor, Department of Community Health Sciences, UCLA School of Public Health, 650 Charles E. Young Drive South, Los Angeles, CA 90095-1772.

Hill-Bone Compliance Scale

Hill-Bone HBP compliance scale

No.	Item	Response: 1. All of the time 2. Most of the time 3. Some of the time 4. None of the time
1	How often do you forget to take your HBP medicine?	
2	How often do you decide NOT to take your HBP medicine?	
3	How often do you eat salty food?	
4	How often do you shake salt on your food before you eat it?	
5	How often do you eat fast food?	
6	How often do you make the next appointment before you leave the doctor's office?*	
7	How often do you miss scheduled appointments?	
8	How often do you forget to get prescriptions filled?	
9	How often do you run out of HBP pills?	
10	How often do you skip your HBP medicine before you go to the doctor?	
11	How often do you miss taking your HBP pills when you feel better?	
12	How often do you miss taking your HBP pills when you feel sick?	
13	How often do you take someone else's HBP pills?	
14	How often do you miss taking your HBP pills when you are careless?	

* Reverse coding

Multi-Measure Approach

Utilization of multiple measures

- Claims data + pill count + questionnaire

Review objective and subjective information

- Objective (i.e., claims data and clinical data)
 - How often has the medication been filled?
 - Is there improvement in signs and symptoms?

- Subjective



- Motivational Interviewing
- Creating a no-judgment/honest environment

Overcoming Medication Nonadherence

01	Adverse Effect	<ul style="list-style-type: none">• Prescribe alternative; Switch formulation; Address perceived AE
02	Cost	<ul style="list-style-type: none">• Coupons; \$4 lists/\$0 copay at specific pharmacies; Investigate insurance formulary
03	Lack of Understanding	<ul style="list-style-type: none">• Education
04	Forgetfulness	<ul style="list-style-type: none">• Set alarms; Keep pills visible; Incorporate into other routine
05	Regimen Complexity	<ul style="list-style-type: none">• Change product or formulation; Deprescribing; Medication Synchronization

Thank you!

Questions/Discussion

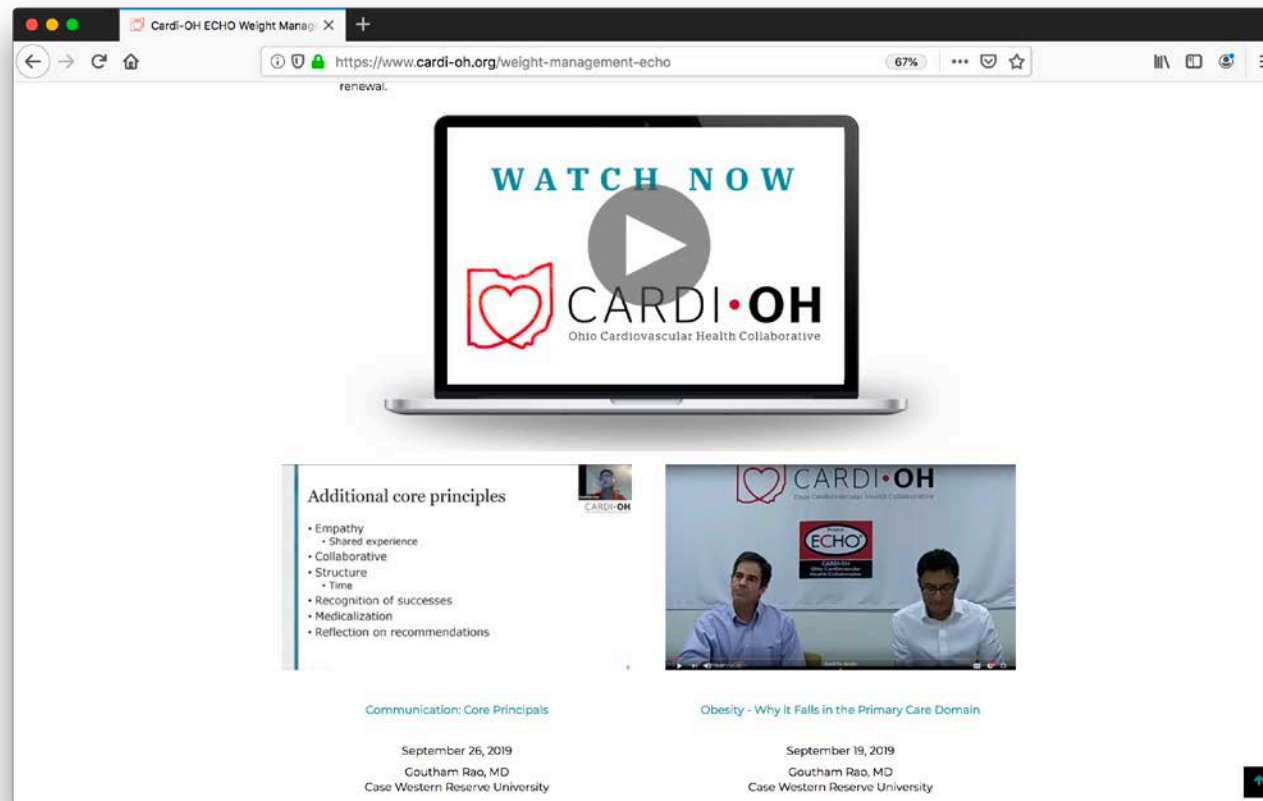
Watch Previous ECHO Clinics



Register with Cardi-OH and watch all ECHO Reducing the Burden of Hypertension clinics

<https://www.cardi-oh.org/user/register>

<https://www.cardi-oh.org/echo/hypertension-spring-2020>



Reminders

- A Post-Clinic Survey will be emailed to you. Please complete this survey as soon as possible.
- *The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians.*
- *The MetroHealth System designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.*