

Achieving Wellness and Excellence  
with Staying on Meds Education  
**A.W.E.S.O.M.E.**

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Among patients with chronic illness

**50%** do not take  
medications as prescribed

## Consequences of Medication Nonadherence

- ❑ 125,000 deaths<sup>1</sup>
- ❑ 10% of all hospitalization<sup>1</sup>
- ❑ 23% of all nursing home admissions
- ❑ \$100 billion in direct and indirect medical costs<sup>2</sup>



<sup>1</sup>American Heart Association: Statistics you need to know. Available from [URL: http://www.americanheart.org/presenter.jhtml?identifier=107](http://www.americanheart.org/presenter.jhtml?identifier=107) (Assessed 7/20/09)

<sup>2</sup>Osterberg L, Blaschke T. *N Engl J Med* 2005;353:487-97

## Improving Patient Medication Adherence:

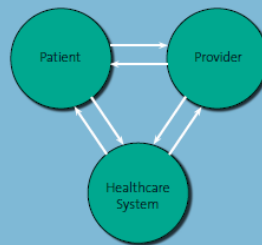
A \$100+ Billion Opportunity



## Causes of Poor Medication Adherence

### Poor provider – patient communication

Patient has a poor understanding of the disease  
Patient has a poor understanding of the benefits and risks of treatment  
Patient has a poor understanding of the proper use of the medication  
Physician prescribes overly complex regimen



### Patient's interaction with the healthcare system

Poor access or missed clinic appointments  
Poor treatment by clinic staff  
Poor access to medications  
Switching to a different formulary  
Inability of patient to access pharmacy  
High medication costs

### Physician's interaction with the healthcare system

Poor knowledge of drug costs  
Poor knowledge of insurance coverage of different formularies  
Low level of job satisfaction

## The Doctor-Patient Relationship

- Effective physician communication is critical to proper use of drug therapy and to patient adherence
- Engaging the patient in the medical decision making process improve physician-patient relationship



## Project Rationale

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- ❑ Medication adherence programs have been typically focused on a specific patient population or disease
- ❑ Interventions provided by one group of health providers
- ❑ Literatures show current methods are mostly complex and not very effect\*
- ❑ Physicians lack the time, tools, and training to manage medication adherence issues
- ❑ There is a lack of a patient-centered, team approach

*\*Cochrane Database of Syst Rev 2008;(2): CD000011*

## The Project

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- ❑ Provide physicians the education and tools needed to improve medication adherence
- ❑ Integrating the practice of screening, assessing, and monitoring medication nonadherence into daily patient encounter



12:15-1:00 p.m.	Lunch
1:00-2:00 p.m.	Motivational Interviewing Gretchen Clerk Hammond, PhD and Thomas Houston, MD
2:00-3:00 p.m.	Workshop 4: Small Group Standardized Patients Motivational Interviewing Techniques
3:00-3:15 p.m.	Break
3:15-4:15 p.m.	Workshop 5: Small Group Standardized Patients Developing an Individualized Intervention Plan
4:15-4:45 p.m.	Implementing a Medication Adherence Program Kristen Rundell, MD and Miriam Chan, PharmD
4:45 p.m.	Adjourn

## The Next Phase: Building The Patient-Centered Medication Adherence Program



## Going the Extra Mile

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- Review your office medication adherence gaps
- Design a practice improvement project with provided tools
- Request support from Dr. Chan and Dr. Rundell
- Attend follow up and presentation lecture
- May 4, 2012

## If You Build It You Will Learn

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- Thank you OhioPACE & Pfizer for supporting this project

