

Implementing a Medication Adherence Program Targeting Patients with T2D at Risk for CVD

#### Impact of Medication Nonadherence The Patient-Visiting Workflow

It is difficult to determine the prevalence of medication nonadherence. However, the consequences of individuals not taking their medications as prescribed are clear. Examples of greater health risks and worsening health outcomes include:



Approximately **125,000** 

deaths that could be prevented each year



By not taking their medication as prescribed, nonadherent hypertensive patients increase their risk of hospitalization, re-hospitalization, and premature death by **more than five times.** 



### Patients not taking their heart failure medications as prescribed have an

#### ncreased

amount of cardiovascular-related emergency room visits.



#### lf 70%

of those diagnosed with hypertension received necessary treatment, there would be 46,000 less related-deaths each year.



By not taking their medication as prescribed, nonadherent patients with high cholesterol increase their likelihood of a cardiovascular-related hospitalization





# Pharmacy-Based Interventions

Those working in community or health-system pharmacies can assist patients at risk for cardiovascular disease to take their medications as prescribed. This can begin with an assessment aimed at identifying any barriers to adherence. This assessment can be conducted via an interview or implementation of an assessment tool. The results of the assessment are then used to provide tailored guidance and services to the patient.



Pharmacists can also communicate with patient primary care providers or offer patient education materials. All pharmacy-based interventions can be part of a broader effort to reduce a patient's CV disease risk.



The core framework for a pharmacy-based intervention should include the following:

- A definition of the program's pharmacy service vision. Any intervention should align with the pharmacist's skills, shown to be more effective at improving medication adherence than those of other health care providers.
- Evidence-based and patient-centered communication and intervention strategies that correlate with individual patient needs and characteristics like age, gender, ethnicity, psychosocial status and values.
- Interventions must be implemented consistently and with fidelity, regardless of the pharmacist implementing them.
- Interventions must be regularly evaluated and improved as needed to optimize patient clinical outcomes.

## Using Pharmacy-Based Interventions to Implement a Medication Adherence Program for Your Patients with T2D

Both retail pharmacies and public health or health care systems can utilize pharmacy-based interventions. A successful public health pharmacy-driven intervention was conducted to improve pharmacotherapy adherence in elderly patients with diabetes and hypertension. Specific components of the program include:



- Evaluate patient outcomes relative to desired goals
- Identification of any new drug therapy problems

Educational group activities

- Conducted every 6 months
- 20 patients per group
- Topics covered: adherence, dangers of self-medication, correct medication storage
- Assessments of non-compliance
- Conversations with patients and their families regarding the role of medication in their overall health
- New drug regimen suggestions offered to patient physicians
- The promotion of 90 days supply for chronic medications, to promote adherence and minimize potential days without medication in hand due to late refill events
- Preparation of packages offering visual reminders that a medication was taken
- Development of a tailored care plan and protocols based on a patient's demographics, pharmacotherapy history, medication experience, drug-related needs, therapy problems and other clinical information
- Therapy goals determined by the pharmacist and the patient
- Verbal and written orientations addressing disease management, therapeutic and nontherapeutic treatment compliance, nutrition and correct medication use



This program is scalable and each component can be adjusted to fit the strengths and capabilities of any pharmacy.

#### References

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