



The Center for Medicare and Medicaid Innovation



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NEHI Adherence Summit

A New Age for Medication Adherence



Medication Non-Adherence: A Central Public Health Problem

- Patients adhere to 50-70% of chronic essential medications
- Leads to excess morbidity, mortality and costs
- Estimated costs up to 290 billion a year in U.S. - NEHI

“Drugs do not work in patients who do not use them,”

C. Everett Koop

Barriers to Adherence: No “Magic Bullet”

Patient Level

- Understanding use & importance of Rx
- Cultural beliefs
- Affordability/ Coverage
- Complexity
- Side effects
- Family Support
- Drug cost awareness
- Transportation
- Psychiatric illness
- Cognitive limitations

Physician Level

- Communication about drug costs
- Knowledge of drug costs
- Communication about safe and appropriate use
- Knowledge about patient adherence

System Level

- Access/ coverage
- Complexity of formularies
- Administrative barriers
- Prior Auth
- Barriers to access to care
- Economy
- Doctor-patient relationship
- Health IT

Incentives are Changing

Priorities of Health Reform and the Innovation Center:

- Coordinated care (ACOs, PCMH)
- Seamless care (ACOs, PCMH, Partnership for Patients)
- Provider incentives aligned with improved quality and better outcomes (ACOs, PCMH)
- Providers at risk for overall healthcare costs (Bundles)

All These Priorities Rely on Appropriate Medication Use

Emergence of Health Information Technology

- Explosive growth in electronic prescribing
- Newfound ability to:
 - Identify patients who fail to adhere in real-time
 - Find patients who fail to initiate prescription use
 - Communicate with providers and pharmacists when patients fail to adhere
 - Predict patients at risk of non-adherence
 - Link medical and pharmacy information to target high risk patients
 - Electronic reminders for patients

Growing Evidence-Base to Guide Benefit Design

- **Value-based Insurance Design**
- **Incentives to reward adherence**
- **ACA investment**
- **Marketplace innovation**

Evidence to Enhance Communication

- Improved Health Literacy
 - Better labeling
- Shared-decision making – patient engagement
- Communication about cost
 - Broad generic availability
- Role of the **pharmacist** expanding
- Motivational interviewing

Social Networking as a Tool

Social Capital associated with better health

Great Potential

Greene, Shrank JGIM 2010

- Facebook provides diabetic patients a rich community of emotional support

Pitfalls to avoid

- Promotional activity and data collection is common, without accountability/authenticity checks

Substantial Variability

Shrank Archives of Internal Medicine 2011

The future

Everyone's Interests are Aligned

- Manufacturers
- Health Insurers
- Pharmacy Benefits Managers
- Pharmacies
- Employers
- Patients
- Doctors

The Timing is Right to Act



The Innovation Center

“The purpose of the Center is to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid and CHIP...while preserving or enhancing the quality of care furnished...”

– “Preference to models that improve coordination, quality and efficiency of health care services.”

- **Resources** - \$10 Billion in funding for FY2011 through 2019
- **Opportunity to “scale up”**: HHS Secretary authority to expand successful models to the national level