



New England Healthcare Institute

Thinking Outside the Pillbox

A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease

Expert Roundtable Highlights

NEHI members, project sponsors and invited guests gathered on July 23 for a lively interactive expert panel discussion entitled “Thinking Outside the Pillbox: A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease.” Moderated by **Dr. Clifford Goodman**, Senior Vice President of the Lewin Group, the panel featured 14 experts representing multiple stakeholders: **Dr. Bruce Bagley**, medical director for quality at the American Academy of Family Physicians; **Dr. Douglas Bell**, research scientist at RAND; **Dr. Joshua Benner**, research director at the Engelberg Center for Health Care Reform at the Brookings Institution; **Dr. Bruce Berger**, head of pharmacy systems at Auburn University; **Dr. Troyen Brennan**, chief medical officer for CVS Caremark; **Ray Bullman**, executive vice president of the National Council on Patient Information and Education; **Chris Delaney**, CEO of Insignia Health; **Dr. John Fallon**, chief physician executive and senior vice president of Blue Cross Blue Shield of Massachusetts; **Dr. John Halamka**, chief information officer of Beth Israel Deaconess Medical Center; **Margaret Hawkins**, manager of health promotion at AARP; **Adele Pietrantoni**, regional pharmacist at CMS; **Dr. Eve Slater**, associate clinical professor of medicine at Columbia College of Physicians & Surgeons; **Dr. Michael Sokol**, corporate medical director for Merck; and **Dr. Troy Trygstad**, director of the network pharmacist program at Community Care of North Carolina.



Expert panelists and audience members listen to the presentation by NEHI Executive Director, Valerie Fleishman

The discussion began with a review of NEHI’s background research which identified ten levers to improve medication adherence. Experts noted the importance of correcting and improving drug regimens, reducing cost barriers and addressing patient behaviors to improve adherence. Following the discussion of these levers, expert panelists and audience members were asked to take a system-wide perspective and vote on how they would invest \$1 billion among the 10 levers in order to get the greatest improvement in adherence. There was surprising consensus among the two groups with support coalescing around four levers: care teams, patient engagement and education, payment reform and health information technology.

Levers to Improve Adherence	Panel	Audience
Care Teams	13%	15%
Medication Reconciliation and Regimen-setting	6%	8%
Patient Assessment	6%	8%
Patient Engagement & Education	14%	14%
Payment Reform	20%	16%
Plan Design	9%	6%
Other Employer-Sponsored Incentives	4%	4%
Redirecting Manufacturer Rebates	3%	2%
Health Information Technology	15%	16%
Technologies for Reminders and Monitoring	6%	7%
Other	4%	4%

The conversation and audience Q&A that followed focused on the linkages between patient medication adherence and national health care reform. Experts noted that many of the elements of health care reform align with efforts to improve adherence. Rather than creating the “Adherence Act of 2009,” adherence should be embedded in current efforts such as health information technology, payment reform, care coordination and comparative effectiveness research.

Health information technology serves as the background to adherence improvement by ensuring that complete and accurate patient medication data are shared among all the key players including patients, prescribing physicians, pharmacists and other care providers. Payment reform encourages providers to strive for improved patient outcomes which will be driven in large part by improvements in adherence. At the highest level, payment reform is also about fostering shared responsibility between providers and patients and ensuring that “everyone has skin in the adherence game,” as described by one panelist. Care coordination, including the use of well trained and structured care teams, is essential for maintaining high levels of adherence as patients move through the health care system. And finally, comparative effectiveness research is needed to learn more about what works to improve adherence. While much is known about the scale of the problem, more rigorous studies are needed to understand how to solve poor adherence.



Dr. John Halamka emphasizes the importance of aligning incentives between providers and payers.

As elucidated by the expert panel, improving adherence is ultimately about achieving better outcomes and better health. Indeed, adherence is the missing link between the delivery of health care services and better outcomes. High levels of patient medication adherence have proved difficult to achieve under the current health care system. However, a reformed system that embraces health information technology, payment reform, care coordination and comparative effectiveness research would provide patients, providers and other stakeholders with the right tools and incentives to greatly improve adherence.



Drs. Bruce Bagley and Eve Slater discuss the role of payment reform, including the use of direct patient incentives.

The discussion and feedback from the expert roundtable will guide NEHI’s work on patient medication adherence moving forward. NEHI looks forward to educating public and private policymakers on the scope of the adherence problem and investigating the most promising levers to improve adherence through the launch of demonstration projects.

“As chronic diseases consume more and more of our health care spending, it is critical that we help patients manage their conditions by taking their medications appropriately.”

-Valerie Fleishman
Executive Director
New England Healthcare Institute



Dr. Troyen Brennan raises the important issue of the Medicare Part D “donut hole.”

About NEHI

The New England Healthcare Institute (NEHI) is an independent, not-for-profit research and health policy organization dedicated to transforming health care for the benefit of patients and their families. Together with its membership of committed health care leaders, NEHI brings an objective, collaborative and fresh voice to health policy.

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