Organizational Practices and Policies to Support Medication Adherence

Dr. Tony Salerno, Ph.D. and Maura Gaswirth, LICSW
Today’s Presenters

Tony Salerno, Ph.D.
Consultant,
National Council for Behavioral Health;
NYU Faculty

Maura Gaswirth, LICSW
Director, Training and Technical Assistance,
National Council for Behavioral Health
Today’s Agenda

• Discuss the role of leadership in promoting change and establishing new policies
• Share organizational strategies to improve medication adherence
• Review data-driven policy making
• Look at *Beyond Medication Adherence: the Chronic Care Model* as an organizing quality improvement framework
Medication Adherence Review
Why Focus on Medication Adherence

- Non-adherence to anti-psychotic medications is prevalent and leads to poor outcomes
- For clients with a diagnosis of schizophrenia, non-adherence prevalence rate is: **50%-61%**
- For clients diagnosed with bipolar disorders, the average rate of non-adherence is: **40%**
- Poor client outcomes can include:
  - Relapse
  - Delays in achieving remission
  - Violence, such as reported aggression and arrests
  - Suicide
  - Premature death
Negative Outcomes Associated with Non-Adherence

**Client Burden**

Individuals diagnosed with psychotic disorders (schizophrenia, schizoaffective and bi-polar disorders) who are non-adherent to pharmacologic treatment experience:

- Higher rates of relapse
- More emergency department visits
- Higher rates of psychiatric hospitalization
- Longer hospital stays
- Higher rates of involuntary retention

Negative Outcomes Associated with Non-Adherence

Monetary Burden

Cost of care related to schizophrenia is **high**:

- **1-2%** of adults will suffer with schizophrenia in their lifetime
- **1.5-3%** of all healthcare costs
- **22%** of mental healthcare costs
- U.S. annual costs for schizophrenia = **$32.5 billion for 2 million persons**
- U.S. annual costs for MDD = **$30 billion for 19 million persons**
- **Up to ½** of relapses are due to non-adherence

What Have We Reviewed?

- Reviewed the importance of the focus on medication adherence
- Learned strategies to engage clients in the medication adherence conversation
- Discussion on why adherence remains such a common challenge
- Have learned some new strategies on ways to improve adherence rates within your client population
Poll: Who is on the line today?

• What is your current role in your organization?
  • Administrator
  • Clinician
  • Prescriber
  • Nurse / nurse practitioner
  • Other
Organizational Change
Policy Development: First Law of Organizational Level Quality Improvement

“Every system is perfectly designed to achieve exactly the results it gets.”*

Your current system is perfectly designed to get exactly the results/outcomes you currently get related to the safe and effective use of medication among your clients.

*2002 Institute for Healthcare Improvement ©
Second Law of Quality Improvement

To change the *RESULTS related to medication adherence,* you must change your current medication management *SYSTEM!*

- Working harder won’t do it!
- Getting rid of poor performers won’t do it!
- Throwing more money at the existing system won’t do it!
- **Trying something new in the current system may do it!**
Organizational Policy Making: Beyond regulations, accreditations, payers, professional prerogatives

**Strategic Planning:** Deciding the degree to which medication adherence (safe and effective use of medication) is an integral and critical part of the mission of a physical and/or behavioral health organization.

- **Step 1:** Self appraisal to educate oneself about the nature, scope and impact of the problem – *this was the purpose of the OSA.*
- **Step 2:** Select a goal and go for it! You have choices, any one of which advances safety and effectiveness.
Establishing New Organizational Policies: Practical Strategies for Practical Leaders

“People change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their feelings.”

Leadership
Steps Associated with Successful Change

1. Increase Urgency
2. Build the Guiding Team
3. Get the Vision Right
4. Communicate for Buy-In
5. Empower Action
6. Create Short-Term Wins
7. Don’t Let Up
8. Make the Changes Stick

Reviewing and Updating Policies and Procedures
Domain 1: Workforce Development

Ask yourself: *Do we have expectations (policies) that:*

- Provide prescribers and other behavioral health providers training on the prevalence, importance, and factors contributing to medication non-adherence?
- Provide training on approaches to effectively engage patients in exploring medication decisions?
- Expand the workforce to include peers as recovery coaches that include supporting the safe and effective use of medication?
- Recruit and retain staff who represent the diversity of the patient population? One approach to strengthening provider-client trust.
- Explore opportunities to develop a team-based care approach to promoting medication adherence?
Domain 2: Assessment, Treatment Planning, and Monitoring

- **Ask yourself: Do we have expectations (policies) that:**
  - Establish and reinforce the expectation (policy) across practitioners that all patients are to be engaged in identifying challenges to their safe and effective use of medication?
  - Establish and reinforce the expectations (policy) that the treatment plan includes strategies to address the needs of patients for whom medication adherence is a significant concern
  - Establish and reinforce the expectation (policy) that practitioners will monitor the safe and effective use of medication
    - Support the monitoring of medication adherence
  - Modify the health record prompts to ensure medication adherence is addressed
  - Ensure that performance reviews include this standard of practice
  - Provide education, training and supervision to increase knowledge and skills
Ask yourself: *Do we have expectations (policies) that:*

- Implement a system to reconcile medications following discharges and/or transitions?
- Establish a partnership with in-house or local pharmacies?
- Provide staff and patients/families information related to the safe and effective use of Clozapine?
- Provide training and encourage practitioners to consider the use of long-acting medications to improve adherence?
- Require the use Health Information Technology (HIT) to support medication adherence?
- Require us to have a system in place to coordinate care with multiple prescribers?
Domain 4: Patient and Family Education

Ask yourself: *Do we have expectations (policies) that:*

- Patients are to be engaged in exploring their interest in engaging a member of their social network who can support them in the safe and effective use of medication?
- Patients and their family members are provided informational resources about the safe and effective use of medication, benefits, side effects, and practical steps to improve adherence?
- Ensure that educational resources take into account the patient and family members cultural, religious and familial values and beliefs.
Domain 5: Data Collection and Performance Measurement

Ask yourself: *Do we have expectations (policies) that:

• We regularly collect, analyze and monitors data related to medication adherence risks and the impact of interventions to improve adherence?

• We implement a process to receive feedback on our patient’s experience of care, especially related to making decisions about medication?

• Leadership will regularly review our patients experience of care and medication adherence data.
What’s a Really Good Improvement Strategy Designed to Establish New Policies?

- Not expensive
- Can tell if the idea is working or not
- Affects many
- Can be done in a reasonable timeframe
- Is in the control of the organization
- Aligns with regulations, fiscal requirements and law
- Unlikely to cause other problems (unintended consequences dilemma)
- Practical in light of other organizational priorities
- Reasonable in light of staff demands on time and energy
- Tools and resources available
Data-Driven Policy Making

Use and meaning of data and information:

Catalyst for policy and practice change?

What is good enough?
How Change Usually Happens: The Deviation Approach

Relapse rates, hospitalization and emergency visits, missed appointments, poor health measures, measures of medication non-adherence

Our Program
Quality Improvement: Deviation-Based Approaches

Relapse rates, hospitalization and emergency visits, missed appointments, poor health outcomes, measures of medication non-adherence

Study Problem

Time
Quality Improvement: Reduce/Eliminate Deviation

Relapse rates, hospitalization and emergency visits, missed appointments, poor health outcomes, measures of medication non-adherence

Fix the Problem
How Change Happens: The Benchmarking Approach

Relapse rates, hospitalization and emergency visits, missed appointments, poor health outcomes, measures of medication non-adherence
How Change Happens: The Benchmarking Approach

Relapse rates, hospitalization and emergency visits, missed appointments, poor health outcomes, measures of medication non-adherence
How Continuous Quality Improvement Happens: The Proactive Approach

Measures of Medication Non-Adherence

Study the Process

Time
Continuous Quality Improvement: The Proactive Approach for Excellence

Measures of Medication Non-Compliance

Redesign the Process
Stages of Coping with Data

Stage 1
- The data are wrong

Stage 2
- The data are right, but it’s not a problem

Stage 3
- The data are right, it’s a problem, but it’s not my problem

Stage 4
- The data are right, it’s a problem, and it’s my problem
Clinical Quality Measures

Adherence to antipsychotic medications (PDC) for people with schizophrenia (%)

Adherence to mood stabilizers for people with bipolar I disorder (%)
Your organization and your patients are embedded within a larger multi-faceted community system

**Policies that reach beyond the walls of your organization, including:**

- The impact of transitions across settings on the individual’s adherence to treatment: outpatient ➔ inpatient and other transitions (residential, family, shelters, jail)
- In what way does our organization keep an eye on the impact of transitions on medication adherence?
- The degree of communication between behavioral and primary/specialty healthcare
It’s Not Just About Medication!

- It is everyone’s job to support the safe and effective use of medication (recovery coaches, behavioral health practitioners, case/care managers, intake coordinators, reception, utilization review)

- The individual’s participation in care and activation to self-manage is affected by the person’s overall trust in and experience of care beyond the role of medication to address symptoms.

- The chronic care model offers us a framework to maximize quality and outcomes for individuals challenged by persisting conditions requiring long-term treatment, including medication.
Informed, Activated Patient

Productive Interactions

Improved Outcomes

Community
- Resources and Policies
- Self-Management Support

Health System
- Health Care Organization
- Delivery System Design
- Decision Support
- Clinical Information Systems

Improved Outcomes

Prepared, Proactive Practice Team

Care Transitions Network for People with Serious Mental Illness
Essential Elements of Good Chronic Illness Care

- Informed, Activated Patient
- Productive Interactions
- Prepared Practice Team
What Characterizes a “Prepared” Practice Team?

At the time of the visit, your team has the:

- Relevant patient information
- Decision support information
- People
- Equipment
- Time

required to fully engage the patient in addressing challenges and barriers to the safe and effective use of medication as one component of an overall treatment approach.
What Characterizes an “Informed, Activated” Patient?

• Patient has the information and understanding of the role of medication in supporting their health and recovery
• Patient realizes his/her role as the daily self-manager of medication
• Family and caregivers are engaged in the patient’s self-management of medication
• The provider is viewed as a guide on the side, not the sage on the stage!
How Would I Recognize a Productive Interaction?

- Assessment of medication self-management skills
- Tailoring of clinical management by stepped protocol to assess, plan, and intervene to improve medication adherence
- Collaborative goal-setting and problem-solving resulting in a shared care plan
- Active, sustained follow-up by all members of the treatment team
Self-Management Support

Emphasize the patient's central role: What knowledge, skills and supports does the client need to self-manage?

Organize informational and concrete aids to support medication use.

Use effective self-management support strategies that include assessment, goal-setting, action planning, problem-solving and follow-up.

Offer and encourage patients to participate in effective programs (e.g., Illness Management and Recovery, Wellness Self-management).
Policies Related to the Care Delivery System

• Define roles and distribute tasks amongst team members in relation to medication adherence
• Use planned interactions to support best practices in medication management
• Engage care managers
• Program in ongoing follow-up
• Align the delivery of services with the client’s cultural values and preferences
Policies Related to the Role of Care/Care Management

- Regularly assess adherence and self-management status
- Provide self-management support
- Provide more intense follow-up
- Provide navigation through the health care process
Embed medication adherence guidelines into daily clinical practice.

Practitioners have easy access to best practices information to make informed decisions.

Share guidelines and information with patients so they can make informed decisions.
Clinical Information System

• Provide reminders for providers and patients related to the safe and effective use of medication
• Identify relevant patient subpopulations (at risk populations) for proactive care
• Use of claims data to identify high-risk clients and to monitor adherence
• Facilitate individual patient care planning
• Share information with providers and patients
• Monitor performance of team and system
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<td><strong>Seek</strong></td>
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Community Resources and Policies

• Form partnerships with community resources to support or develop programs.

• Advocate for policies to improve care (licensing, accreditation, credentialing, training of behavioral health professionals)
Next Steps: Questions to Ask

- **Discuss with your team:**
  - What has worked and what hasn’t?
  - What have you tried?
  - What else would you like to try?

- **What have you done differently with one or more clients after participating in this community?**

- **Reflect with your team before our next call:**
  - To what degree do you have access to / comfort with engaging leadership?
  - Has your team identified this as an important organizational goal?
  - Do you feel empowered enough or activated enough to now take this forward to your clinic’s administration?
Questions?
# Upcoming Events

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<tr>
<td>Round Table Discussion #3: Monitoring Patient Medication Adherence and Organizational Progress</td>
<td>Wednesday, 7/10, 12:00-1:00pm</td>
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<td>Wrap-Up Webinar: Participant Report-Out</td>
<td>Thursday, 7/25, 12:00-1:00pm</td>
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Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

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