



The Power of Patient Activation

Designing adherence solutions around
the evolving needs of the patient

Medication adherence is a primary determinant of treatment success. Yet, only 50 percent of patients with chronic conditions take their medications as prescribed.¹ Non-adherence costs the healthcare system between \$100-\$289 billion annually and is associated with nearly 125,000 deaths and 10 percent of hospitalizations.²

The reasons for non-adherence vary widely and often change over the course of a patient's treatment journey. Causes of non-adherence include social and economic factors; patients' perceptions, motivations and levels of physical/cognitive impairment; issues related to the specific medication therapy; the medical condition being treated; and the patient's healthcare system. The vast landscape of factors contributing to non-adherence has been aggregated by the World Health Organization as shown in **Figure 1** below.³ Identifying a patient's specific adherence barriers and developing an individualized care plan with short- and long-term goals are essential to improving outcomes. The key to unlocking better outcomes is putting patients at the center of treatment and support and empowering them to be active within their own health journey.⁴

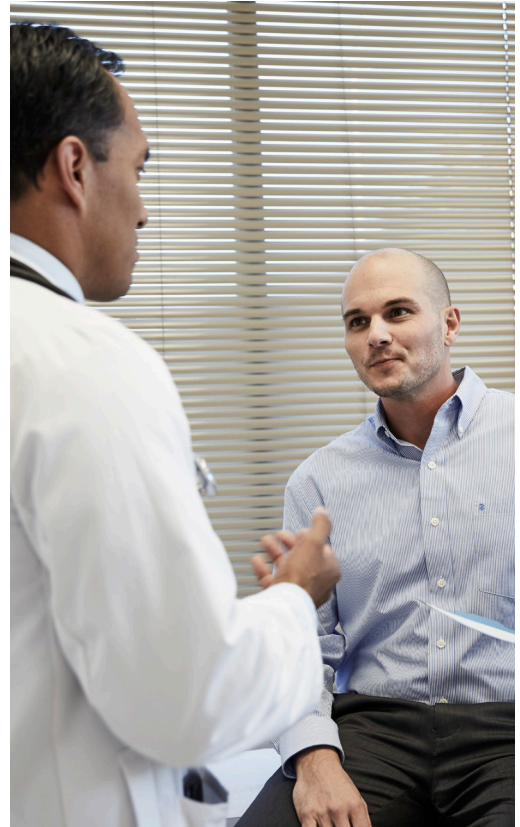
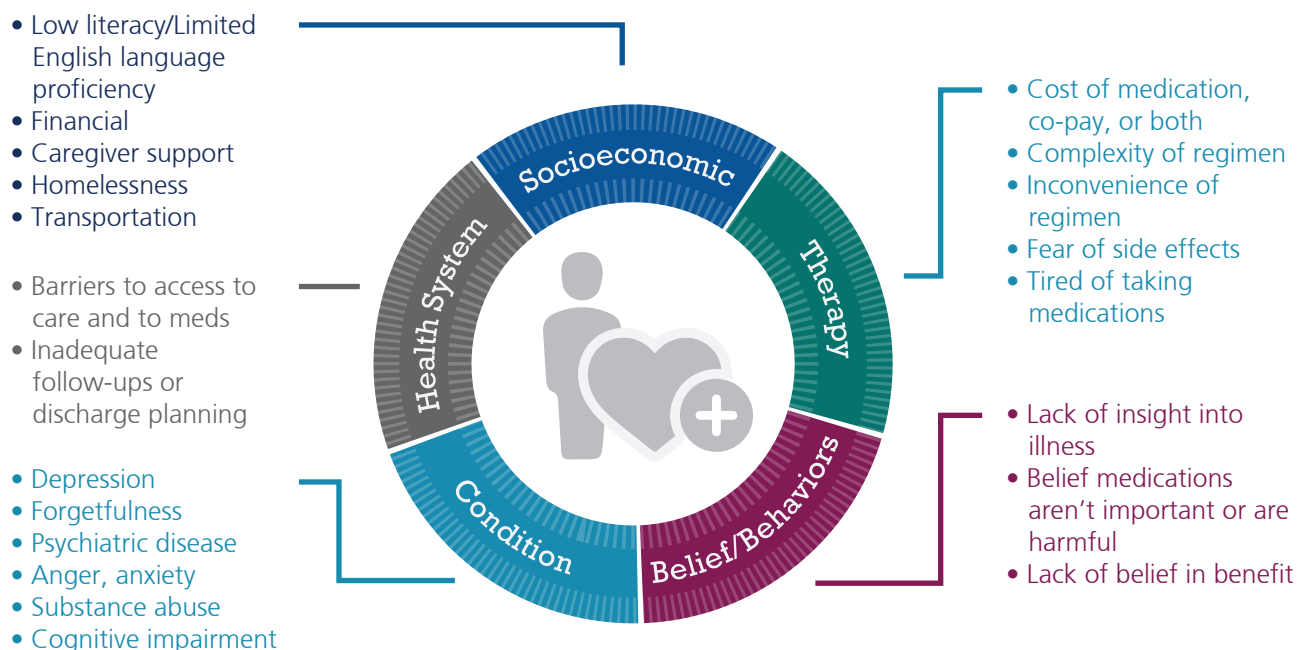


Figure 1: Dimensions of Non-Adherence



Source: World Health Organization, Adherence to Long-term Therapies: Evidence for Action

A Complex Problem

Medication non-adherence is a complex issue to solve because there is potentially a combination of many product- and patient-specific factors that can impact whether a person takes their medication as prescribed. Affordability, adverse effects and lack of education around medication regimen are widely known drivers of poor adherence. But what about the hidden factors—or combination of factors—that can only be discovered through personalized interactions?

These factors might include a combination of the patient's overall health literacy or understanding of the severity of their condition and ability to get to treatment sites on a regular basis. For example, just 53 percent of adults have intermediate health literacy (i.e., can read instructions on a prescription label and determine what time to take medication).⁵ Socioeconomic characteristics of the patient, such as gender, age, level of education and level of income, also play a role. These contributors are often more critical to address than product-centric factors.

Patient-specific Reasons for Medication Non-adherence



Only 53% of adults have intermediate health literacy⁶



Forgetfulness⁷



Perception that prescribed drug would have little effect on their disease⁸

Historic Approaches to Improving Adherence

Many adherence programs employ a one-size-fits-all approach that focuses on building product-centric engagement, with the belief that educating the patient on the drug's efficacy, safety and dosing instructions is enough to keep them adherent and address the questions they may have.

Under a product-centric adherence program, each patient might receive calls at pre-specified intervals (i.e., days 3, 10, 30, 60 and 90), and each patient is given the same information on the product, condition and side effect management. If a patient has access questions and financial challenges, outreach can be made to the patient support team to obtain clarity on benefits and financial support services. Compliance programs that take this approach might be built on the belief that access and financial barriers are the only

challenges patients face, and that by addressing these hurdles, the patient will remain adherent.

However, these product-centric programs may fail to unearth the true root causes of patient non-adherence and the social and behavioral determinants that often accompany them. Patients need more than well-intentioned, prescriptive advice. What is needed is an approach that addresses the complex interaction of motivations, health system barriers, perceptions of therapy benefits, socioeconomic and behavioral influences, and readiness to change. Taking a patient-centered approach matches a patient's medication adherence needs with specifically tailored tools and strategies.



Measuring Patient Activation Level to Predict Adherence Tendencies

Improving adherence with targeted patient support begins with understanding a patient's activation level and the unique adherence barriers the patient faces throughout the treatment journey. Such an approach will trigger proper behavioral changes and involve the patient in his or her own care.

An increasing body of research exists that examines the factors and interventions affecting patients' ability to self-manage and adhere to treatment. Patient activation is considered to be the most reliable indicator of willingness and ability to manage healthcare autonomously.⁹

Drawing on this belief, the Patient Activation Measure (PAM®) was developed. Today, the 13-item, self-reported questionnaire is used globally to measure the level of empowerment and self-management behaviors, including medication and therapy adherence. Nurses administer the validated survey over the phone, reading the questions word-for-word and capturing patients' responses on a scale ranging from

"strongly disagree" to "strongly agree." PAM yields a scaled score ranging from 0 to 100 and assigns patients to one of four incremental levels of patient activation, detailed in **Figure 2** below.

"Patients with lower activation (PAM Levels 1 and 2) are less likely to take their current prescription medications as directed and also less willing to take medications to prevent a disease that they might be at risk for in the future. Therefore, treatment and health coaching programs that focus on improving patients' health self-management behaviors—specifically related to their knowledge, skills and confidence—can directly increase PAM level over time, resulting in improved medication adherence, condition self-monitoring and goal-setting."

– Dr. Judith Hibbard
Developer of PAM

Figure 2: Increasing Levels of Activation



Source: Insignia Health

Improving Adherence with PAM and Individualized Care Planning

PAM provides the starting point for understanding a patient's knowledge, skill and confidence to self-manage his or her health. However, measurement alone is not enough to truly move the needle on improving patient outcomes. Once the clinical support team (a team that is essential for the patient-facing component of any adherence program) understands a patient's activation level, they conduct motivational interviewing to explore and resolve the resistance interfering with health decision-making. It's this approach—combining PAM with individualized care planning—that differentiates leading patient support providers.

Therapy compliance can be influenced by assessing the patient's needs and how they assess their own abilities. While traditional approaches to segmentation take a retrospective view into patient's past pharmacy behavior to determine an understanding of non-adherence, they don't solve for the underlying reasons behind why they were non-adherent. This becomes especially important when thinking about helping patients resolve their barriers through development of an individual care plan.

As an alternative to segmentation tools, patient-reported outcome (PRO) assessments can help shed light on and address patients' specific needs. PRO tools allow for an enhanced approach to patient segmentation as they capture key measurements like attitude, behavior and skills, providing a deeper understanding of lifestyle and daily activity impact.

These tools help nurses appropriately engage and empower patients as they quantify the burden of illness and impact of treatment. The clinical support team works with patients to develop short- and long-term goals to address the medication adherence barriers specific to that patient. As activation improves over time, the team modifies intervention strategies and tailors services to help support patient growth and self-management. Services become "right-sized" to patients—delivering the right support at the right time.

"Using PAM as a foundation, clinical support teams can target goals and action steps that move patients incrementally toward more complex guideline behaviors. By coupling PAM and care planning tailored to a patient's specific adherence barriers, we're able to drive improvements in medication adherence and clinical outcomes."

— Dawn Herren

Vice President of Clinical Services at Lash Group, an AmerisourceBergen company

For manufacturers, understanding key adherence barriers with specific populations unlocks important insights. Identifying short- and long-term goals that helped improve adherence for a group of patients provides deeper understanding into the treatment journey. These insights can help manufacturers optimize program design and improve outcomes. For example, if transportation to doctor appointments surfaces as a barrier, a manufacturer may consider incorporating transportation as part of the wraparound offering.





Real-world Results

A group of patients suffering from a chronic condition was prescribed an injectable medication to treat the condition. The product manufacturer partnered with Lash Group to provide manufacturer-sponsored patient support services to these patients.



The Challenge

Move Patients from PAM® Level 2 to 3

When the patients first began receiving adherence support services from Lash Group, these patients measured at PAM level 2 with an average PAM score of 41.7. To reach a suitable level of activation, the program focused on moving patients from PAM level 2 to 3.

To move patients to the next PAM level, the clinical support team needed to address the following barriers:

- More than 1/3 of patients had a therapy-related barrier (technique of self-injection, impact to daily lifestyle, duration of treatment regimen)
- Approximately 1 in 6 patients had condition-related barriers (understanding and management, severity of symptoms, challenges with depression or stress)
- 1 in 7 had a behavior-related barrier (lack of understanding of importance of long-term medication use when condition being treated is asymptomatic)
- 1 in 8 had a socioeconomic barrier (low income, health literacy)



The Approach

Improve Activation with Patient-centered Support

To resolve these barriers and move patients forward, the Lash Group clinical support team had access to the following types of interventions:

- Discussing solutions for administration
- Educating family members about how to support the patient
- Introducing reminder strategies, such as calendars, phone reminders and pill boxes, to stay adherent
- Exploration of patient's understanding of condition and product
- Coaching patient through gaps in knowledge or literacy
- Providing financial assistance as identified through assessment



The Results

Improved Activation

Upon reassessment, patients improved their PAM score by 15.5 points, on average, and moved from PAM level 2 to 3.



Empowering Patients to Make Long-term Behavior Changes

The development and deployment of a successful medication adherence strategy is critical to driving better outcomes. A program design that couples PAM with care planning and PRO enables engagement that addresses patient-specific adherence barriers. This patient-centric approach empowers patients to take an active role in their own health, while ensuring that they receive the maximum benefit from their prescribed medications.

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- 3 NEJM Catalyst. Engaging Patients to Optimize Medication Adherence. May 2017. Accessed July 2018. Available online at: <https://catalyst.nejm.org/optimize-patients-medication-adherence/>
- 4 Ibid 1.
- 5 U.S. Department of Education. The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy. 2003. Accessed 9 July 2018. Available online at: <https://nces.ed.gov/pubs2006/2006483.pdf>
- 6 Ibid.
- 7 Boskovic J, Leppee M, Culig J, Eric M. Patient self-reported adherence for the most common chronic medication therapy. Scand J Public Health. 2013;41(4):333–335. [PubMed]
- 8 Boston Consulting Group. The hidden epidemic: finding a cure for unfilled prescriptions and missed doses. 2003. [Accessed September 10, 2013]. Available from: <http://www.bcg.com/documents/file14265.pdf>.
- 9 Greene J, Hibbard JH, Sacks R, Overton V, Parrotta CD. When patient activation levels change, health outcomes and costs change, too. Health Aff (Millwood) [Internet]. 2015 Mar 1 [cited 2015 Nov 16];34(3):431–7. Available online at: <http://www.scopus.com/inward/record.url?eid=2-s2.0-84924629092&partnerID=tZOtx3y1>

Lash Group, the leader in patient support services and an AmerisourceBergen company, develops solutions tailored to the goals of your product and the evolving needs of your patients. With a patient-centric approach and focus on technology innovation, Lash Group delivers patient access, affordability and engagement services across all disease states and provides scalable programs for the entire patient journey.

Learn more at lashgroup.com