

MEMOTEXT Notes

Volume 2 Issue 5
December 2007

Kathleen Zinck
Communications Lead
kzinck@memotext.com

Ensure Adherence Remains a Strategic Priority

Non-adherence requires a **disciplined, rigorous, traceable approach** encompassing the scope of situation, environment, demographics, medical condition, stakeholder specific requirements and **disciplined solutions** design to modify behavior, achieve outcomes and ensure economic viability and material profitability.

North America's Other Drug Problem

The National Council on Patient Information and Education (NCPIE) reports that unnecessary disease progression, disease complications, reduced functional abilities, a lower quality of life and even premature death are direct results from poor medication adherence rates.

Annual Cost? \$177 billion in direct and indirect health care costs.

For more information call:
1.877.MEMO.TXT
(636.6898)

or visit us online at:
<http://www.memotext.com>

There is no Pill for Non-Adherence

Though dangerously wide in scope and scale, non-adherence issues do not yet appear to be top priority for health organizations and stakeholders.

Much to the detriment of patients and overwhelmed health care systems, adherence continues to be viewed as a 'medical issue'.

To date, even the best efforts of care givers, administrators, and pharmaceutical companies have proven ineffective at addressing the adherence needs of the patients and the healthcare system. Medical professionals operate in vacuous silos unable to effect lasting change, while healthcare stakeholders and pharmaceutical companies chug along unable to see the forest for the trees. There are exceptions of course, but they are few and far between.

More and more is being written about the holy grail of non-adherence and the lack of solutions for this multi-billion dollar problem.

There are incentive programs, education, reminders, surveys. There are failed projects, vendors pushing their wares and managers protecting their interests.

As a health care communications and information services organization, we

come across this every day. With a background in systems development it is particularly amusing that anyone would think solutions are to be found in bullet lists and quick fixes.

Information systems design and adherence/compliance, are age-old problems with no silver bullet. Unfortunately, not enough resources have been devoted to the pursuit of adherence as a discipline.



What will it finally take to drive adherence to the forefront?

Perhaps a shift in perspective. A shift from a solutions oriented approach to an understanding and acceptance of non-

adherence as an academic discipline. It is not a science, it is not an art. It is an alchemy of disciplines including organizational management, systems oriented thinking, medical science, behavioral science, communications, demographics and economics.

In this issue we share the results of a **new study that has been published by the U.S. National Council on Patient Information and Education.**

Thank you,
Amos Adler, President

What You Need to Know

MEMOTEXT advocates:

- Patient-centered solutions: Including a patient lifecycle approach to metrics.
- Structured Approaches: Multifaceted methodological thinking is required to apply analysis and iterative solutions at various stages of the patient journey.
- Change Management: Cross organizational impact analysis. **Adherence barriers are not patient initiated, they are organizational barriers.**

The report recommends the following critical measures:

1. Elevate patient adherence as a critical health care issue.
2. Agree on a common adherence terminology that unites all stakeholders.
3. Create a public/private partnership to mount a national education campaign.
4. Establish a multidisciplinary approach to adherence education & management.
5. Immediately implement professional training and increase funding for professional education on patient medication adherence.
6. Address barriers to patient adherence for patients with low health literacy.
7. Share information about best practices in education & management.
8. Develop a curriculum on medication adherence for medical schools and allied health care institutions to use.
9. Regulatory changes to remove roadblocks for adherence assistance programs.
10. Increase federal budget & stimulate research on medication adherence.

Source: "Enhancing Prescription Medicine Adherence: A National Action Plan," U.S. National Council on Patient Information and Education, August 2007.

** If you'd prefer this newsletter by email, send us a quick note at memo@memotext.com **