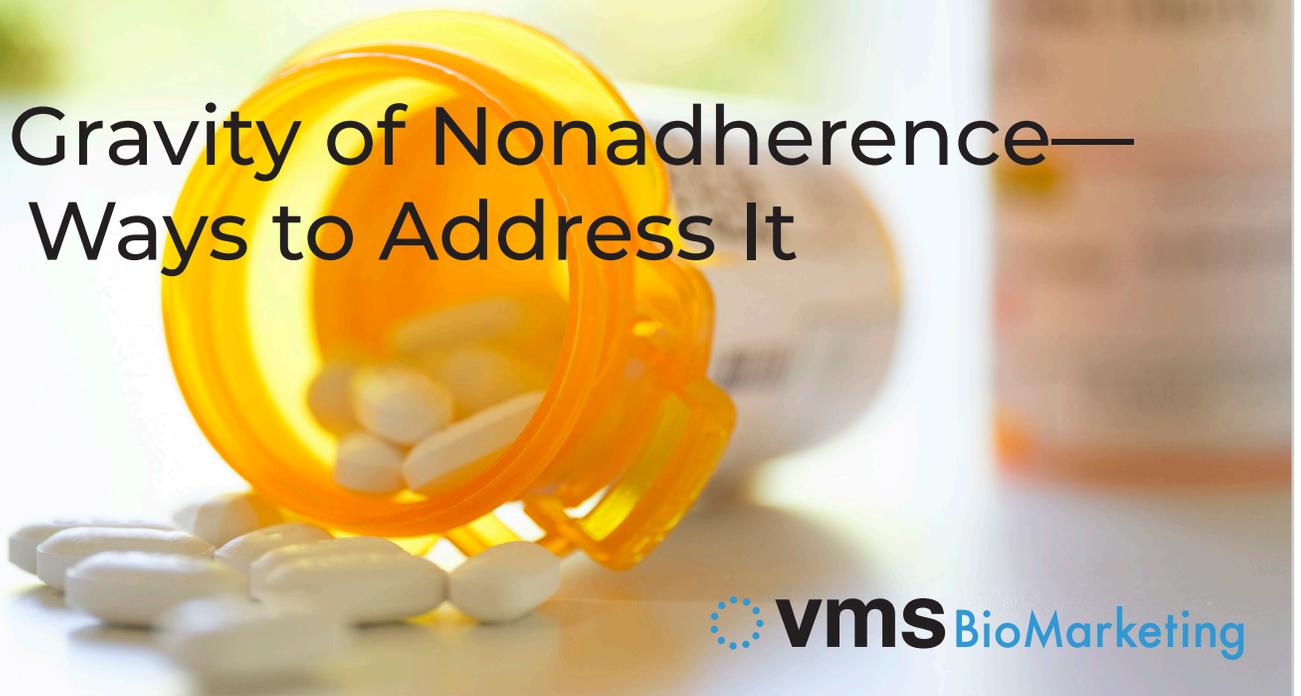


# The Gravity of Nonadherence— And Ways to Address It



 vms BioMarketing

Did you know that your chances of dying from medication nonadherence are about 10 times greater than dying of homicide? And that number grows to about 30 times greater for someone who is over the age of 50. Thanks to Pillsy for pointing out those startlingly statistics in the 2018 article, “15 Frightening Stats on Medication Adherence.” That is frightening and a bit shocking—and it is not easy to shock people who work in the life sciences with statistics about adherence.

Because if you work in this industry then you have probably heard that up to 30% of prescriptions are never filled. And somewhere between 20% to 80% of patients who do fill their first prescription stop taking it within the year, depending on which study you read. And if you do keep up on your adherence studies, then you know that not all of them agree on the causes behind nonadherence.

In 2015, the AMA released an article, “8 Reasons Patients Don’t Take Their Medications,” and all eight of them were intentional, including fear of side effects, cost, misunderstanding about the need for medicine or the time it takes to see results, too many medications to take, a lack of symptoms, concern over becoming dependent on medication, depression, and mistrust over a physician’s choice of prescribed medication.

*Multiple touchpoints build trust and a strong relationship that may lead to behavior change and better adherence.*

*—Abigail Mallon, VMS BioMarketing*

Meanwhile, in 2011, Express Scripts did a pilot with 600,000 of its members and found that nearly two-thirds of nonadherence was due to unintentional reasons such as inattention and procrastination. The breakdown, which was published in its 2011 Drug Trend Report, was: 39% of nonadherent patients simply forgot to take their medications, 10% procrastinated on getting their refills, and 20% did not renew their prescriptions on time.

## **What Can Be Done to Address Adherence?**

“Traditional adherence approaches such as a refill reminder or patient brochure can only take your brand so far,” says Andi Weiss, Lead Behaviorist, Partnerships & Advocacy at MicroMass Communications, Inc. “The most effective adherence solution should be based on a behavioral science framework that identifies evidence and support for each specific situation. Patient barriers need

to be understood and analyzed from the patient perspective and used as the foundation for the solution, rather than basing decisions solely on brand challenges.”

Abigail Mallon, SVP of Innovation and Chief Compliance Officer, VMS BioMarketing, agrees and says that one way companies can accomplish that is to work to personalize patient engagement through

tactics such as a welcome call, patient assessment, and motivational interviewing. Then they can offer services like two-way text messaging or video chat based on each patient’s preferences. “Multiple touchpoints build trust and a strong relationship that may lead to behavior change and better adherence,” she adds.

## Three Key Questions About Adherence/Compliance in 2019

PM360 asked those with expertise in improving adherence/compliance what the keys to a successful program are, the impact of new tech, and examples to emulate. Specifically, we asked them to address:

- » What are the best ways to design adherence programs to ensure you are addressing the biggest barriers to adherence for your target audience? What strategies are you using to determine what will be the most effective solution?
- » How can pharma best use data, technology, and patient insights to more effectively measure adherence and/or gain insights into the best methods of interventions for individual patients or specific patient populations?
- » What strategies, solutions, or programs have you seen or used that have been the most effective in improving adherence? Or do you have any new ideas for a solution you would like to see that you think could be effective?



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The most successful solutions use a holistic omni-channel approach that balances essential human-to-human connection with the right technology for the right patient at the right time. I believe setting expectations up front is necessary for adherence. It’s important to conduct a patient assessment, which helps to identify adherence risks, individual needs, communication preferences, and readiness to change through a personal, relationship-based approach.

For instance, we ask open-ended questions to stimulate discussion, use reflective listening, and present options for education based on preference or need. It’s important to make interventions simple, timely, and easy to incorporate into a patient’s routine. Program opt-in should be low friction—simple, easy, or automated. Proactively reach out to the patient within the first week of the prescription being written. Break down the information into manageable, bite-size chunks. Provide automated text, email reminders, and motivational encouragement messages at the right time.

All of these techniques are designed to support and encourage patients to better manage their therapy. In a pre- and post-education survey, we have seen patients who received education from one of our VMS Clinical Educators were 73% more likely to continue therapy.