



COVID-19 Medication Adherence Best Practices



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Medication Adherence and COVID-19

MEDICATION ADHERENCE AT A GLANCE

Medication adherence has long been a rising public health issue, impacting overall population health, outcomes, hospitalizations and healthcare spend at a growing rate.



Under normal circumstances, only 50% of consumers¹ are adherent



125,000 deaths⁴ associated with medication non-adherence annually



~117 million Americans² live with 1 or more chronic conditions



\$500 billion⁵ and counting in avoidable costs each year



10% of nationwide³ hospitalizations due to medication non-adherence

New challenges to medication adherence brought on by COVID-19:

- Pharmacy access has been disrupted for many, as highest-risk consumers are advised to continue self-isolation and may no longer have safe access to their usual sources of transportation or even caregivers.
- The swift rise in unemployment has exacerbated the influence of social determinants of health (SDOH), like where a person works, access to food and stable housing, and health literacy.

Medication Adherence and COVID-19 (cont.)

THE IMPACT OF COVID-19 ON MEDICATION ADHERENCE

Medication adherence is more important than ever in light of COVID-19. The population most at risk throughout the pandemic includes people with chronic conditions and people over the age of 50—in other words, **the consumers whose health most often relies on medication adherence.**

90%

of patients⁶ hospitalized with COVID-19 have at least 1 underlying condition such as hypertension, diabetes or cardiovascular disease

75%

of patients⁷ hospitalized with COVID-19 are over the age of 50

Medication adherence is a complex issue that requires innovative solutions with a focus on resolving SDOH challenges as well as pharmacy access. In the following pages, we'll outline:

- The importance of tech-enabled outreach for medication adherence throughout COVID-19
- A range of pharmacy resources health plans should have in place for consumers of various risk levels
- Changes to 2021 CMS Medicare Advantage (MA) Star Ratings that place a greater emphasis on medication adherence-related measures
- The full list of MA Star Ratings measures affected this year

Making a Difference with Tech-Enabled Outreach

An effective medication adherence strategy focuses first on addressing the underlying social determinants of health (SDOH) challenges that prevent adherence—such as financial instability, low health literacy or transportation barriers—and then working directly on medication adherence. This SDOH-first approach is especially vital in response to the COVID-19 pandemic, as consumers are facing more obstacles to medication adherence than ever.

Technology is the most effective way to identify, prioritize and continuously engage with at-risk consumers. In the next few pages, we'll share the key features of an effective medication adherence technology platform.

At-Risk Identification Tech

When a consumer has difficulty accessing their basic needs, medication adherence drops in priority.

A record **20.5 million** American jobs were lost in April 2020 alone⁸, leaving many people facing new SDOH limitations like food and housing insecurity.

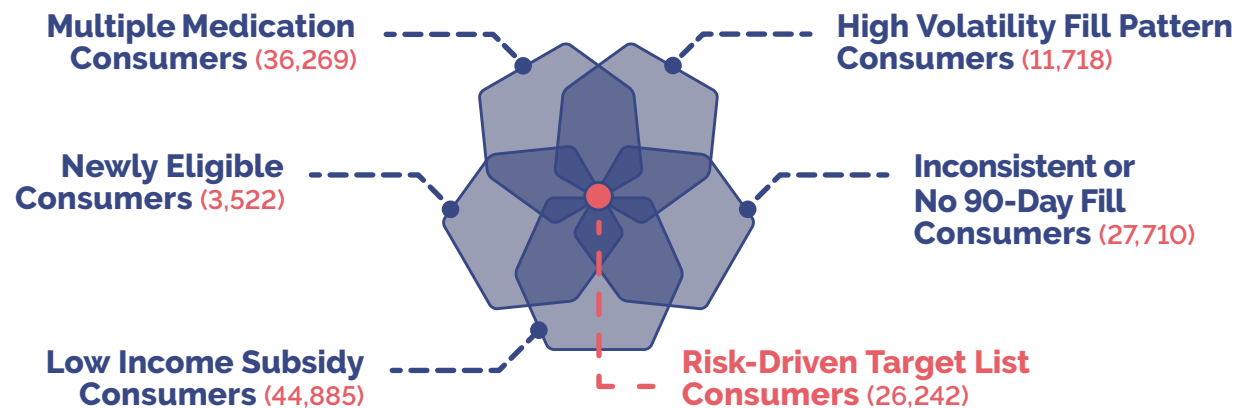
A tech platform built to address SDOH issues should be equipped with customizable algorithms for identification of at-risk consumers. The next page includes a sample algorithm built for high-risk consumer identification throughout COVID-19.

Making a Difference with Tech-Enabled Outreach (cont.)

An algorithm built for effective COVID-19 outreach should target consumers with the following risk factors:

- *Low-income subsidy*
- *Multiple medications*
- *Inconsistent fill patterns*
- *A compromised immune system*
- *Over the age of 50*

There are often community resources or health plan benefits in place to help consumers overcome SDOH obstacles, but many consumers are unaware of their options. With targeted, SDOH-focused outreach and embedded health plan benefit information, a clinician can begin to connect the consumer with specific resources available to them and ensure the consumer has continuous access to their medications.



A sample risk-driven algorithm modeled after a DSNP plan with a population of ~50,000 members

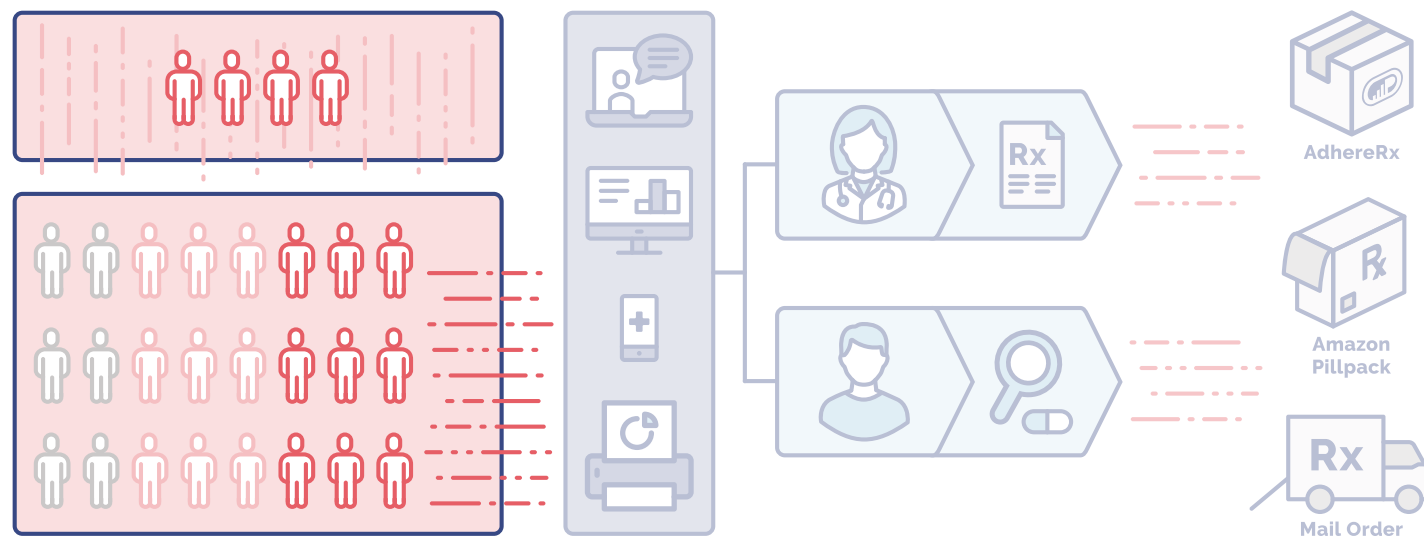
Making a Difference with Tech-Enabled Outreach (cont.)

The next four pages walk through four key components of Resolve, our more powerful version of a Client Relationship Manager (CRM) built for adherence, as an example of a successful medication adherence platform.

Tech-Enabled Outreach

Along with targeted outreach based on risk factors, a medication adherence tech platform should be able to analyze a comprehensive set of pharmacy and medical claims data in real time to begin outreach as soon as a consumer first skips a refill or is flagged for a drug therapy problem.

- *Use real-time data to feed predictive analytics*
- *Stratify consumers based on risk*
- *Create a prioritized outreach queue*
- *Monitor data for continued outreach needs after the initial engagement*

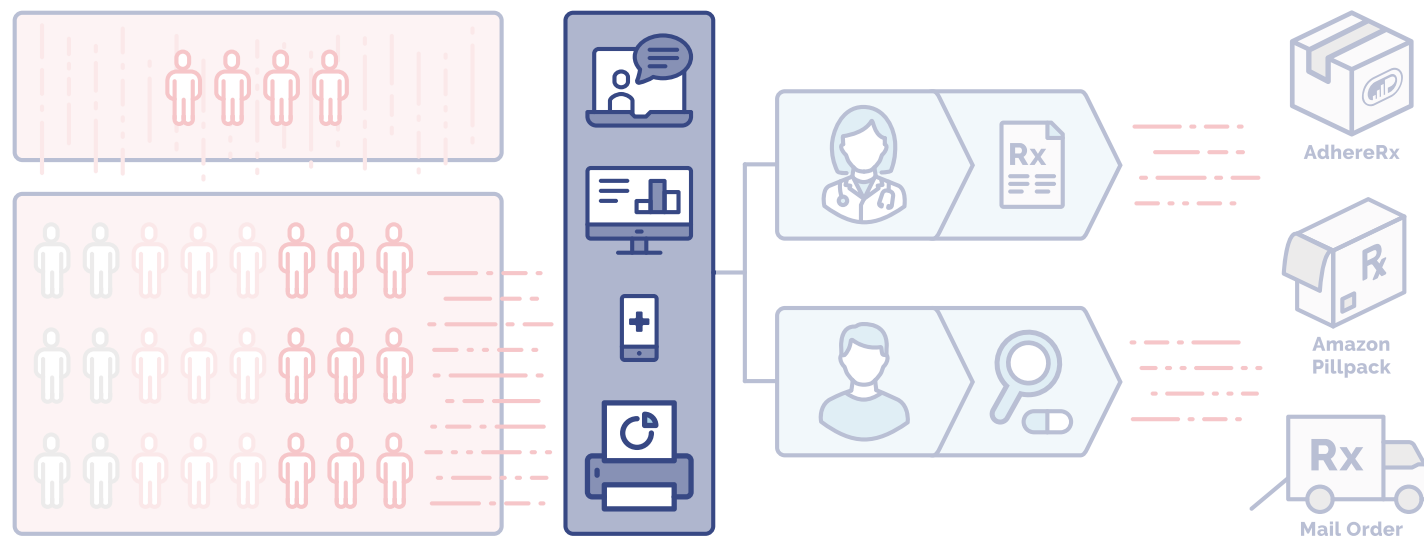


Making a Difference with Tech-Enabled Outreach (cont.)

Clinical Outreach Workflow

A consumer experiencing SDOH issues will most likely require multiple engagements to solve those barriers. A streamlined workflow is crucial to equipping clinicians to smoothly perform this kind of meaningful engagement. Each consumer has their own barriers, and a workflow should be built so that clinicians can adapt their approach according to the individual consumer's needs.

- *Expect 4 or 5 outreach calls before achieving adherence*
- *Offer COVID-19 counseling to consumers who express concern*
- *Prepare for longer call times—AdhereHealth clinicians have seen call times increase by 2.5x*
- *Capture where consumers have tested positive for the virus*
- *Enable clinicians to seamlessly connect consumers with health plan benefits, including direct pharmacy enrollment and community resources*

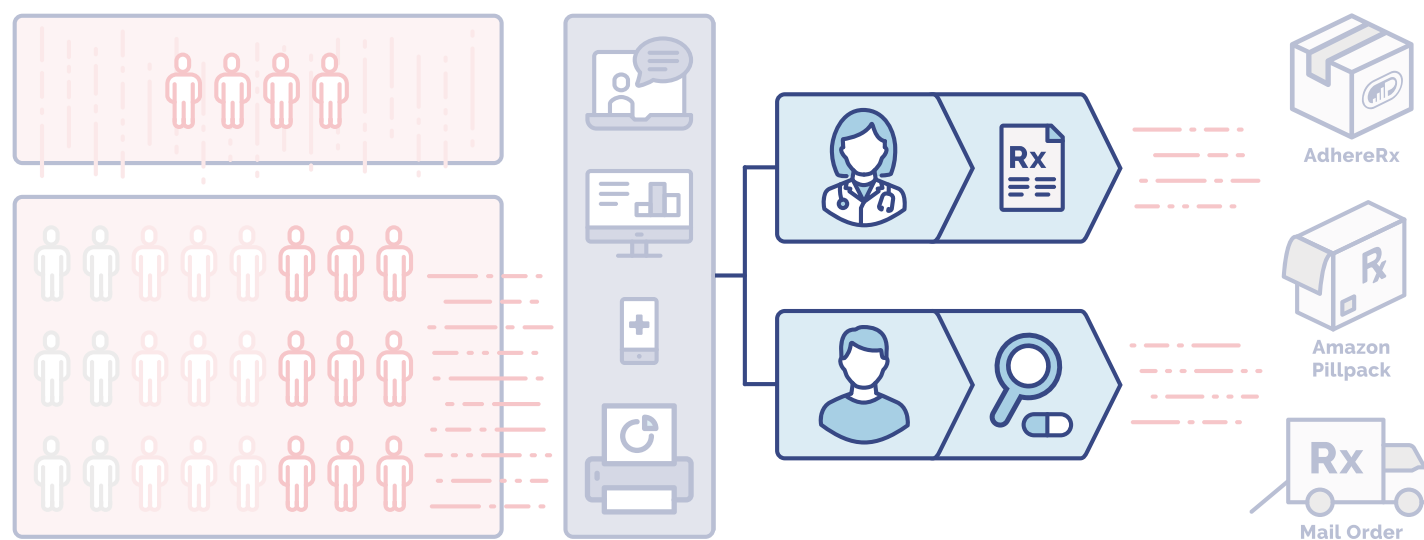


Making a Difference with Tech-Enabled Outreach (cont.)

Integrated Provider Engagement

A lack of care team coordination can contribute to drug therapy problems and prolonged non-adherence in consumers with undetected SDOH issues. Direct provider outreach should be integrated into a medication adherence tech platform, especially while consumers may have limited access to their providers due to COVID-19.

- *An empathetic, SDOH-focused approach often uncovers issues providers need to be aware of*
- *Clinicians can alert providers to the need for a medication reevaluation or gaps in adherence to inform the consumer's treatment plan*
- *Clinicians can make providers aware of any relevant underlying issues such as limited health literacy*
- *Providers can better adjust their communication and treatment plan once they are aware of a consumer's needs*
- *While consumer access to providers may be interrupted as a result of COVID-19, this can be a vital touchpoint for at-risk consumers*
- *Omni-channel engagement should include telephonic clinician outreach, fax and EHR*

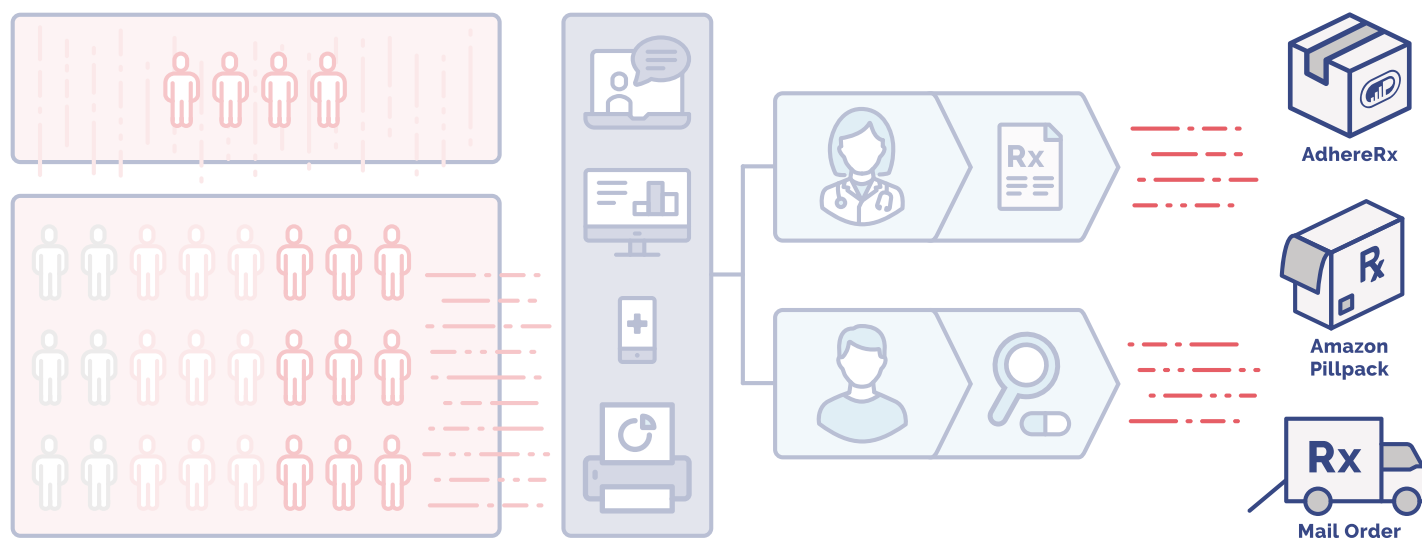


Providing Pharmacy Resources for All Risk Levels

Pharmacy Resources Overview

Just as consumers vary in terms of SDOH, consumer pharmacy needs vary based on risk level. Health plans should have a full suite of pharmacy resources available to keep consumers adherent and ensure individuals can find a pharmacy that fits their level of need.

In the following pages, we provide detail about the pharmacy resources that best benefit low-risk, medium-risk and high-risk consumers.



Providing Pharmacy Resources for All Risk Levels (cont.)

It's important to consider the two key factors of access and engagement when considering pharmacy choices for consumers, especially while COVID-19 affects in-person access to pharmacies and providers.

Access:

Pharmacies are not one-size-fits-all in terms of access, even if they offer home delivery. SDOH challenges including an individual's health literacy, financial resources for co-insurance payments, ability to pay with a credit card, risk of mail theft and mobility issues all factor into their ability to access medications—especially while home-delivered pharmacy is a necessity for at-risk consumers during COVID-19.

Engagement:

A consumer's need for engagement is primarily determined by the complexity of their medication regimen, their care team access and their overall health literacy. People with a higher range of medications tend to require more frequent engagement on average, but the complexity of an individual's conditions and their SDOH factors are just as important as the number of medications they are prescribed. Especially while provider access may be limited due to COVID-19, engagement with a pharmacy clinician can be a lifeline for at-risk consumers.

Providing Pharmacy Resources for All Risk Levels (cont.)



Pharmacy for Lower-Risk Consumers:

- Average of 1-3 consistent medications and adequate health literacy
- 90-day supplies delivered to the home
- Avoids the risk of in-person pharmacy visits
- Passive option for engagement with a pharmacist



Pharmacy for Medium-Risk Consumers:

- Average of 4-5 fairly consistent medications and adequate health literacy
- Compliance packaging simplifies a more involved medication routine
- Adherence reminders can add another layer of simplification
- Avoids the risk of in-person pharmacy visits
- Passive option for engagement with a pharmacist

Mail-order pharmacy provides the right level of access and engagement for those fairly static medication regimens and few SDOH challenges. Some retail pharmacies are also meeting this need by temporarily waiving drug delivery fees in response to COVID-19.

Consumers with a more involved but still consistent medication regimen and few challenging SDOH factors benefit from home-delivered pharmacy with the added help of compliance packaging, like Amazon Pharmacy's sorted multi-dose packaging through PillPack.

Providing Pharmacy Resources for All Risk Levels (cont.)



Pharmacy for High-Risk Consumers:

- Low health literacy and an average of 5+ daily medications that may change frequently
- Scheduled hand-delivery of 30-day supplies
- Free private courier delivery eliminates the risk of mail theft or medications left where a consumer with low mobility cannot access them
- Flexible payment options and cash on delivery (COD) for those without a credit card
- Proactive clinician engagement through Comprehensive Medication Reviews (CMRs) and Drug Utilization Reviews (DURs)
- Clinicians trained in empathetic interviewing identify SDOH issues behind non-adherence
- Directly connect consumers with health plan benefits or community resources that can help

Consumers with a more complex or volatile medication regimen, multiple physician prescribers, more SDOH risk factors and low health literacy benefit from a higher-touch private courier pharmacy built for complex case patients, like AdhereRx.

Consumer Success Story



MR. SMITH

Situation

- 70-year-old consumer
- 6 health conditions, including diabetes and hypertension
- 20+ medications with frequent changes
- Difficulty keeping up with medication after a stroke
- Son coordinates caregiving, pharmacy visits and provider appointments
- Concerned about the risk of frequent pharmacy visits due to COVID-19

Impact

- Flagged for risk-based clinician outreach due to high number of medications with inconsistent fill patterns
- Asked for his son to join the call to discuss difficulties with medication regimen
- Both expressed concern about Mr. Smith's son having to visit their regular pharmacy in person frequently with COVID-19
- Asked the clinician about other pharmacy options with home delivery and ways to simplify Mr. Smith's complex regimen
- Mr. Smith requested to be enrolled in AdhereRx to receive private courier delivery, medication synchronization and regular clinician engagement
- Both were happy to receive COVID-19 counseling

The Impact of COVID-19 on 2021 CMS Medicare Advantage Star Ratings

For Medicare Advantage (MA) plans, medication adherence has a remarkable influence on CMS MA Star Ratings as well as overall consumer outcomes and costs. In February, CMS announced changes to 2021 MA Star Ratings with the goal of prioritizing consumer care and outreach in response to the pandemic.

Patients Over Paperwork:

These updates are an expansion of the Patients Over Paperwork initiative, which reduces red tape so health plans can allocate more resources towards consumer care and outreach.

- Plan submission for HEDIS and CAHPS data is not required in 2020 for 2021 MA Star Ratings
- CMS will use 2019 measurement year data for HEDIS and 2018 measurement year data for CAHPS measures in 2021 CMS Star Ratings
- 2020 HOS administration has been postponed

Improving MA Star Ratings with Part D Measures:

Most Part D measures are still in effect, meaning that health plans must focus on these measures to move the needle on 2021 CMS MA Star Ratings.

- The active measures heavily emphasize medication adherence
- Several of the active measures focused on medication adherence are triple-weighted

Adjusting Pharmacy Guidelines:

CMS has adjusted some guidelines on pharmacy refill authorizations to aid consumers with their adherence while social distancing guidelines and safer-at-home orders make pharmacy access more complicated.

- Automatic refills language has been amended
- Plans may allow maximum extended day supply fills to prevent disruption in consumer access to medications

2021 CMS Medicare Advantage Star Ratings Measure Updates

A GUIDE TO THE CHANGE IN MEASURES FOR 2021 STAR RATINGS

PART C - ACTIVE MEASURES*

<i>Source</i>	<i>Measure & Description</i>	<i>Weight</i>	<i>Type</i>
HOS ¹	C04 Improving/Maintaining Physical Health	3	Outcome
HOS ¹	C05 Improving/Maintaining Mental Health	3	Outcome
HEDIS/HOS ^{1 2}	C06 Monitoring Physical Activity	1	Process
Part C Plan Reporting	C08 SNP Care Management	1	Process
HEDIS/HOS ^{1 2}	C17 Reducing Risk of Falling	1	Process
HEDIS/HOS ^{1 2}	C18 Improving Bladder Control	1	Process
CTM (Complaints Tracking Module)	C28 Complaints about the Health Plan	1.5	Patients' Experience and Complaints
MBDSS	C29 Members Choosing to Leave the Plan	1.5	Patients' Experience and Complaints
IRE-Maximus	C31 Plan Makes Timely Decisions about Appeals	1.5	Access
IRE-Maximus	C32 Reviewing Appeals Decisions	1.5	Access
Call Center Monitoring	C33 Call Center-Foreign Language Interpreter and TTY Availability	1.5	Access

2021 CMS Medicare Advantage Star Ratings Measure Updates (cont.)

A GUIDE TO THE CHANGE IN MEASURES FOR 2021 STAR RATINGS

PART D - ACTIVE MEASURES*

<i>Source</i>		<i>Measure & Description</i>	<i>Weight</i>	<i>Type</i>
Call Center Monitoring	D01	Call Center-Foreign Language Interpreter and TTY Availability	1.5	Access
IRE-Maximus	D02	Appeals Auto-Forward	1.5	Access
IRE-Maximus	D03	Appeals Upheld	1.5	Access
CTM (Complaints Tracking Module)	D04	Complaints about the Drug Plan	1.5	Patients' Experience and Complaints
MBDSS	D05	Members Choosing to Leave the Plan	1.5	Patients' Experience and Complaints
Prescription Drug Event Data, MPF Pricing	D09	MPF Price Accuracy	1	Process
Prescription Drug Event Data	D10	Medication Adherence for Diabetes Medication	3	Intermediate Outcome
Prescription Drug Event Data	D11	Medication Adherence for Hypertension Medication (RAS)	3	Intermediate Outcome
Prescription Drug Event Data	D12	Medication Adherence for Cholesterol (Statin)	3	Intermediate Outcome
Prescription Drug Event Data	D13	MTM Completion for CMR	1	Process
Prescription Drug Event Data	D14	SUPD	3	Intermediate Outcome

2021 CMS Medicare Advantage Star Ratings Measure Updates (cont.)

A GUIDE TO THE CHANGE IN MEASURES FOR 2021 STAR RATINGS

PART C - MEASURES (USING 2020 STAR RATINGS DATA FOR 2021)*

<i>Source</i>	<i>Measure & Description</i>	<i>Weight</i>	<i>Type</i>
HEDIS	C01 Breast Cancer Screening	1	Process
HEDIS	C02 Colorectal Cancer Screening	1	Process
CAHPS	C03 Annual Flu Vaccine	1	Process
HEDIS	C07 Adult BMI Assessment	1	Process
HEDIS	C09 COA-Med Review	1	Process
HEDIS	C10 COA-Functional Status Assessment	1	Process
HEDIS	C11 COA-Pain Assessment	1	Process
MBDSS	C12 OMWF (Osteoporosis)	1	Process
HEDIS	C13 Diabetes Care-Eye Exam	1	Process
HEDIS	C14 Diabetes Care-Kidney Disease Monitoring	1	Process
HEDIS	C15 Diabetes Care-Blood Sugar Controlled	3	Intermediate Outcome
HEDIS	C16 Rheumatoid Arthritis Management	1	Process

2021 CMS Medicare Advantage Star Ratings Measure Updates (cont.)

A GUIDE TO THE CHANGE IN MEASURES FOR 2021 STAR RATINGS

PART C - MEASURES (USING 2020 STAR RATINGS DATA FOR 2021)*

<i>Source</i>	<i>Measure & Description</i>		<i>Weight</i>	<i>Type</i>
HEDIS	C19	MRPD	1	Process
HEDIS	C20	Plan All-Cause Readmissions	3	Outcome
HEDIS	C21	SUPC	1	Process
CAHPS	C22	Getting Care Needed	1.5	Patients' Experience and Complaints
CAHPS	C23	Getting Appointments and Care Quickly	1.5	Patients' Experience and Complaints
CAHPS	C24	Customer Service	1.5	Patients' Experience and Complaints
CAHPS	C25	Rating of Health Care Quality	1.5	Patients' Experience and Complaints
CAHPS	C26	Rating of Health Plan	1.5	Patients' Experience and Complaints
CAHPS	C27	Care Coordination	1.5	Patients' Experience and Complaints
Star Ratings	C30	Health Plan Quality Improvement	5	Improvement

2021 CMS Medicare Advantage Star Ratings Measure Updates (cont.)

A GUIDE TO THE CHANGE IN MEASURES FOR 2021 STAR RATINGS

PART D - MEASURES (USING 2020 STAR RATINGS DATA FOR 2021)*

<i>Source</i>	<i>Measure & Description</i>	<i>Weight</i>	<i>Type</i>
HEDIS/HOS ^{1 2}	D06 Drug Plan Quality Improvement	2	Improvement
CAHPS	D07 Rating of Drug Plan	1.5	Patients' Experience and Complaints
CAHPS	D08 Getting Needed Prescription Drugs	1.5	Patients' Experience and Complaints

*If pandemic worsens and resources are needed elsewhere, all measures will duplicate 2020 Star Ratings for 2021 results

¹If HOS data is unable to be collected in 2020 due to COVID-19 pandemic 2019 data will be reused for 2022 CMS Medicare Advantage Star Ratings

²2018 Measurement year (2020 HEDIS measure rating) will be used for 2021 star rating calculation

About AdhereHealth

The Adhere™ platform is the only end-to-end technology solution to close the loop of medication non-adherence.



**Headquartered
in Nashville, TN**



**Approximately 30 million consumers
supported across dozens of organizations**



**Over 1,000 employees and
clinician specialists nationwide**



**Founded in 2006 by the late Clayton McWhorter,
former CEO of Hospital Corporation of America (HCA),
one of the nation's leading providers of healthcare service**

What We Do

We provide best-in-class technology solutions to meet the individual needs of managed care organizations with consumer populations who would benefit from increased medication adherence while solving care gaps to achieve value-based outcomes.

Why We Do It

Each year, more than half a trillion dollars in avoidable healthcare costs (or 16% of overall healthcare spend) are due to gaps in medication adherence.

How We Do It

The Adhere™ platform uses an integrated set of solutions to:

- Stratify population cohorts using real-time pharmacy and claims data
- Prioritize and initiate direct consumer and provider outreach
- Connect high-acuity consumers with pharmacy services
- Offer detailed reporting with performance analytics visualization

References

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