

WHAT IS THE HEDIS® ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA) MEASURE?

HEDIS (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS measures results and drives improvement efforts surrounding best practices. The percentage of members 19 to 64 years of age during the measurement year diagnosed with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. The treatment period is the time between the member's first antipsychotic medication fill date of the current year through Dec. 31 of the current year.

JUSTIFICATION FOR THE SAA MEASURE

"Adherence to (or compliance with) a medication regimen is generally defined as the extent to which patients take medications as prescribed by their health care providers."¹

As many as 60 percent of patients diagnosed with schizophrenia do not take medications as prescribed. When antipsychotics are not taken correctly, member outcomes can be severe, including hospitalization and interference with the recovery process.²

Adherence problems may make it difficult for a prescriber to assess the member's medication response. Prescribers may unnecessarily alter medication type or dosage in order to resolve what appears to be medication complications for a member who actually has an adherence problem.²

METHODS OF MEASURING ADHERENCE³

There are several methods, both direct and indirect, to measure adherence to prescribed medications. Each method has advantages and disadvantages.

Direct Methods:

- Directly Observed Therapy
 - Advantage: Simplest method
 - Disadvantage: Patients can hide pills or discard them; impractical for routine use
- Measurements of metabolites or blood markers to indicate presence of medication
 - Advantages: Objective, simple
 - Disadvantages: Expensive; requires lab work

Indirect Methods:

- Patient self-report
 - Advantages: Simple, inexpensive, most useful in a clinical setting
 - Disadvantages: Susceptible to patient error in self-report
- Pill counts, Refill monitoring
 - Advantages: Objective, quantifiable, easy to obtain data
 - Disadvantages: Susceptible to error; obtaining a refill does not equal adherence
- Assessment of patient's clinical response
 - Advantages: Simple, generally easy to perform
 - Disadvantages: Factors other than medication adherence can affect patient response

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹ Osterberg L, Blaschke T: Adherence to Medication. NEJM 2005; 353:487-497.

² Velligan, D. I. and Weiden, P. J. (2006, August). Interventions to Improve Adherence to Antipsychotic Medications. *Psychiatric Times*, 23(9). Retrieved from www.psychiatrictimes.com/articles/interventions-improve-adherence-antipsychotic-medications

³ National Council for Behavioral Health. (February 21, 2018). *Improving Health Outcomes by Impacting Adherence to Medication* [PowerPoint slides]. Retrieved from <https://www.nationalcouncildocs.net/wp-content/uploads/2018/03/Med-Adher-CCBHC-Feb-21-2018-Webinar-FINAL.pdf>

PATIENT-REPORTED BARRIERS TO ADHERENCE WITH ANTIPSYCHOTIC MEDICATIONS⁴

- Stigma
- Adverse Drug Reactions
- Side Effects, such as weight gain, different from Adverse Reactions
- Homelessness
- Lack of Social Support
- Substance Use

WHAT CAN PROVIDERS DO TO IMPROVE OUTCOMES?

- Outreach directly to members who were recently prescribed antipsychotics or who have prescription refills that are past due:
 - Follow up with members to confirm that they are taking their medications.
 - Inform the members that they should talk to their providers if they are experiencing adverse medication side-effects.
- Develop member-driven plans for medication reminders:
 - Possible reminder modes include text messages, automated phone calls, alarms, signs in the member's home, and technology-equipped pillboxes that prompt members of the appropriate times to take medications.⁵
- Provide evidence-based practices that are recommended for the treatment of schizophrenia, such as Cognitive-Behavioral Therapy (CBT), or refer members to providers who employ such practices.
- Address risk factors and barriers associated with non-adherence, such negative stigmas, homelessness, and substance use. Interventions focused on these risk factors may improve outcomes for members with the highest danger of non-adherence related relapse.
- Have an open discussion with the member about potential side effects of the medication.
- When able, include a family member or caregiver in discussions regarding treatment.

BEACON CAN HELP!

Beacon's website (www.beaconhealthoptions.com) offers a number of member- and provider-level tools to assist in finding needed member services and other useful resources.

⁴ National Council for Behavioral Health. (February 21, 2018). *Improving Health Outcomes by Impacting Adherence to Medication* [PowerPoint slides]. Retrieved from <https://www.nationalcouncildocs.net/wp-content/uploads/2018/03/Med-Adher-CCBHC-Feb-21-2018-Webinar-FINAL.pdf>

⁵ Velligan, D. I. and Weiden, P. J. (2006, August). Interventions to Improve Adherence to Antipsychotic Medications. *Psychiatric Times*, 23(9). Retrieved from www.psychiatrytimes.com/articles/interventions-improve-adherence-antipsychotic-medications