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## Medication Adherence Tip Sheet

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Belief that medication is  
necessary and beneficial

Agreement with  
instructions on how to  
take

Minimal external barriers (cost, access, etc)

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• **SIMPLIFY REGIMEN**

- Once daily meds, match to activity, avoid special admin instructions
- Change the situation vs change the patient (whenever possible!)

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• **IMPART KNOWLEDGE**

- Shared decision making, directed education
- Clear, simple instructions

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• **MODIFY BELIEFS AND BEHAVIOR**

- Open ended questions, address fears/concerns, empower patients
- Ensure understanding of consequences

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• **PROVIDE COMMUNICATION AND TRUST**

- Active listening, support
- Elicit patient input in treatment decisions

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• **LEAVE THE BIAS**

- Ensure patient centered language, cultural barriers to self-management
- Self-assess your own bias

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• **EVALUATE ADHERENCE**

- "how many times in the past week have you missed your medication(s)"
- Use EMR dispense history, pill bottle dates

Potential Medication Adherence Barrier	Suggested Responses/solutions
Often forgets medications	<ul style="list-style-type: none"> <li>Pill box, alarms on phone</li> <li>Adherence packaging (SimpleMeds, DivvyDose)</li> <li>Connect medication administration to step in daily routine</li> </ul>
Doesn't understand medication instructions	<ul style="list-style-type: none"> <li>Simplify regimen where possible (daily vs multiple daily doses, all medications at same time of day)</li> <li>Create medication calendar</li> <li>Adherence packaging (SimpleMeds, DivvyDose)</li> </ul>
Concerned about side effects or currently having side effects	<ul style="list-style-type: none"> <li>Consider alternate medication in same class</li> <li>Change therapy to medication patient willing/able to take</li> </ul>
Doesn't believe medication is needed	<ul style="list-style-type: none"> <li>Education in patient centered language based on what matters to patient (statin = heart pill vs cholesterol medication, glucose control and risk of microvascular complications, BP medications and stroke risk)</li> </ul>
Patient can't afford copay	<ul style="list-style-type: none"> <li>Medicare Low-income subsidy application</li> <li>(<a href="https://www.ssa.gov/benefits/medicare/prescriptionhelp.html">https://www.ssa.gov/benefits/medicare/prescriptionhelp.html</a>)</li> <li>Needymeds.org (resource for coupons and patient assistance applications)</li> <li>Mail-order pharmacy typically offers cost savings (\$0 generics, monthly payment plans to distribute 90-day cost)</li> </ul>
Patient filling on discount program instead of insurance	<ul style="list-style-type: none"> <li>Most generics \$0 for mail-order (Most medicare plans, commercial plans will vary)</li> </ul>
Transportation barrier or forgets to call in refills	<ul style="list-style-type: none"> <li>Ensure patient has 90-day supply, mail order</li> <li>Encourage signing up for automatic refills where available</li> <li>Have patient ask their pharmacy about Medication synchronization programs</li> <li>Many pharmacies offer delivery services</li> </ul>
Splitting tablets	<ul style="list-style-type: none"> <li>Update directions at pharmacy with new Rx</li> <li>Verify tablet can be split (not extended release, already scored)</li> </ul>

- Other tips:
  - Ask open ended questions related to medications:
    - How often do you forget to take your medications?
    - What makes it hard to take your medication every day?
    - Tell me how you remember to take your medication(s)?
  - Prescribe 90-day supplies with 1 year worth of refills for ALL chronic medications
  - Ask about medication taking behavior at EVERY office visit
  - When possible, follow up with call from office on newly prescribed key medications 7-14 days after initiation
    - Verify picked up from pharmacy, inquire about side effects