Avoid these 5 Medication Adherence Pitfalls

By Stu Heilsberg, Innovation Principal
The significance of patient medication adherence has never been greater, even as more consumer products, mobile apps and wireless solutions are being introduced to the market in an attempt to address the issue.

So it’s no surprise that we have all heard these hypotheses before:

- “If we can just get the right reminders in place, they’ll take their meds.”
- “We just have to build the right pill dispenser.”
- “We’ll educate them up front on the benefits of taking their script. That will get them to change.”
- “Game-ification is the key.”

The stakes of getting your hypotheses right are enormous. According to the IMS (Institute for Healthcare Informatics), the U.S. healthcare industry spends 8 percent of total cost (more than $200 billion each year) on avoidable admissions, outpatient treatments and prescriptions caused by poor medication adherence.

Furthermore, with the implementation of Medicare’s Star rating system, Health Plans across the nation have greater incentive to work on improvements as many of these 5-star ratings are tied to medication adherence measures. Unfortunately, even with heightened awareness and increased incentives, we find that few of these solutions seem to be closing the gap.

We’ve had engagements or discussions with brand managers, innovation leaders, physicians, operations managers and C-level executives across the healthcare ecosystem and value chain, including with such industry pillars as Merck, Novartis, United Healthcare, Ayogo, CVS, Scripps Hospital, Vitality, Scripps Physician groups, and Pfizer.

These experiences have provided us with some critical and consistent insights on this topic. Additionally, our experience in creating strategy, design, and user experiences for digital health offer up some unique takeaways that might just help us crack this medication adherence nut.

Let’s take a look at the things we have found to avoid and some methods we use to avoid them.
RISK # 1: EXCESSIVE FOCUS ON THE CONSUMER TO THE EXCLUSION OF THE CARE TEAM SUPPORTING THEM

Many firms spend a lot of time strategizing on how to “get consumers to take their meds.” SMS text messaging as reminders, personal health record updates and feedback, and consultation are common attempts to promote adherence. Intuition tells us that to promote change with a consumer you must interact with them directly.

Consider instead leveraging the care team around the consumer to get greater traction. Consumers have also reported that they became more adherent simply because they knew that their physician was going to get a report on their adherence at the end of the month; no interaction was required, as it was simply the knowing that a report was being delivered to a member of the care team that proved successful.

RISK # 2: FORGET ABOUT THE INITIAL PICK-UP AND REFILLS

There are three steps to medication adherence: get the med, take the med, and refill the med. It is overwhelmingly common for us to focus on the middle step, as that seems to be where “adherence” really happens, but that is not the only step causing the problem. Meaningful use and digital prescriptions have helped a bit with the initial pickup, but some consumers still forget or may not even have the ecosystem members have focused on this and realized fantastic returns and success. Pharmaceutical firms, for instance, will pay as much as one dollar per reminder letter sent and are seeing a $30 per year return on that investment, so even the simplest of methods can move the needle in these overlooked areas.

For example, in developing an Rx refill platform concept for a large provider, we focused our design on engaging members through utilizing a combination of convenience, empowerment and educational techniques with regard to their medication profile. When designing the platform we used a Lean Iterative Testing and Exploration (LITE) process to capture user feedback on what consumers valued.

What we found was that users valued digital solutions that provided a suite of services, which made managing the burden of their medication profile easier. We’ve seen that optimal consumer healthcare experiences center around providing a cross-section of services that make adherence easier, not simply a single product that must be integrated into the patient’s life.
RISK # 3: THINKING THAT THE DEVICE IS THE KEY

The best example of this was mentioned above: “If we could just get the right pill dispenser...” In several diabetes businesses we have seen an exclusive focus on getting pumps connected wirelessly in order to obtain data and perhaps even send reminders. But if you talk to firms that have taken this approach you’ll find that they did not see any significant change in testing or insulin adherence. The same has happened with the many, many, many pill dispensers that are out on the market today or have failed and exited the market. The reason for this device focus is quite logical, as it’s the tangible centerpiece of the business. There are a few successes, though, that we can learn from. And they have one thing in common: they focus on creating a full experience and complete service, where the device is simply one tactical part of that experience. Glowcaps from Vitality is a great example, where a full care team experience and service was successfully created. Reminders, reports, web interfaces, pill dispensers, and more were seamlessly tailored to create a full experience.

RISK # 4: TRYING TO SOLVE EVERY PROBLEM ALL AT ONCE

We spoke earlier of the three phases: Get the meds, take the meds, and refill the meds. If we consider all the ecosystem or value chain members that play a role in delivering these three parts, we will have a list that includes hospitals, doctors, pharmacies, friends and family, pharmaceutical firms, social networks, online communities, the press, and more. What happens many times is that any one member of this ecosystem, say a hospital, attempts to address parts of the experience that are outside of their realm and area of expertise, for instance setting up a refill service. They believe that unless they address all of the experience gaps at once, that any attempt will fail short and have no effect. There are two reasons why this approach has led to failure. The first is that trying to do everything at once is akin to boiling the ocean. It’s a common recipe for execution failure for just about anything. The second reason is that any value chain member is usually an expert in their particular area and their area only. They are not equipped with history or context to deliver elsewhere. So the solution here is simple. Focus on the parts of the solution you know. Those that have done it, for instance the reminder emails for pharmacies and refills mentioned above, will be a winner for you. Don’t be afraid to focus and say “not yet” to the other parts.
Risk # 5: Focusing on Logical Steps in a Process

This is big. Very big. Many of us are scientists, engineers, or other process-oriented leaders. This leads us to focus on the logical steps in the adherence process, identify the gaps and possible barriers, and then put a solution in place to fill those gaps or avoid those barriers. The SMS reminder mentioned above is a great example of this type of thinking. The reality is that these measures are not working. Many have tried it (and continue to try it), but there really aren’t any big SMS reminder successes stories to note. We find this is the case because it’s logical to assume that if you just remind someone to a take a medication that they’ll change their behavior. And that’s the problem: it’s not logical. This is an emotional issue we are addressing and almost all consumer behavior requires a sensitivity and attention to the patient’s emotional side if we are going to change things. A few firms, including Vitality, mentioned above, have been successful because they focus not on logical steps in a process, but instead on nudging people to change their behavior. We have seen the same in the many consumer healthcare experiences we’ve designed and implemented as well. When we lead ourselves to address a necessary change in behavior — driven by emotional decisions — it leads us to leverage resources and tactics that we might otherwise overlook. One great example of this we’ve seen is how consumers will become more adherent simply because they want their family member to stop calling them and checking in. In this case, the lever used is the care team member, and the service is targeted primarily to inform them. It’s not intuitive to most that this would be one of the primary success stories in medication adherence, but it is perhaps the most successful lever we have seen to date.

We hope these insights have been helpful. And please feel free to reach out to us if you would like to discuss the issue of adherence pitfalls further or if we can be of service in some other way.

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