



**Best Practices from *Script Your Future* Conference Sacramento
“So Simple, So Hard: Taking Medications as Directed”
Sacramento, CA, September 2015**

[Script Your Future](#) convened health care professionals, community health workers, advocates, industry representatives, public agencies, policymakers, and researchers from throughout the U.S. in Sacramento on September 15, 2015 for a conference, [“So Simple, So Hard: Taking Medication as Directed,”](#) to explore the barriers to medication adherence, especially among underserved populations. Speakers presented research on health disparities, and tools and strategies to improve adherence and health outcomes, particularly for ethnic and racial minorities. Presenters and participants explored the difficulty with medication adherence, and highlighted best practices to simplify adherence for more effective chronic disease management, better quality of care, and improved health outcomes. The conference was hosted by the National Consumers League (NCL) and supported by the Agency for Healthcare Research and Quality (AHRQ).

I. Key takeaways from the conference presentations included:

- One size does not fit all – adherence intervention work best when tailored for the patient
- Quality of communication and a sense of collaboration between patients and health care professionals impact adherence, especially among people of color
- Always consider the health literacy of the patient

II. Specific strategies and solutions presented included:

- Medication synchronization
- Comprehensive medication review
- Tools for translating medication labels into the patient’s native language
- Best practices and tools for more culturally competent clinical care

III. Innovative approaches and specific strategies

Below is a summary of some of the best practices presented. All conference presentations and materials, as well as a video of the proceedings and a list of attendees, are available at:

<http://www.scriptyourfuture.org/conference-in-sacramento-so-simple-so-hard/>

a. *Can improving adherence help reduce health disparities?*

Rae Boganey, MD – Primary Care, Internal Medicine, Kaiser Permanente

Dr. Boganey described Kaiser’s Complete Care treatment model and explained how it transformed chronic and preventative care using a proactive team approach focused on the individual needs of the whole person across the continuum of care. This was implemented with culturally sensitive enhancement strategies for African American patients with hypertension, creating more meaningful interactions, increasing equity in care, and improving outcomes. Under the program, Kaiser

Permanente Southern California improved its HEDIS quality scores by an average of 13 percent, compared to an average 5.5 percent improvement for health plans nationwide. Results from the program were published in the November 2013 issue of The Joint Commission Journal on Quality and Patient Safety.

<http://www.ingentaconnect.com/content/jcaho/jciqs/2013/00000039/00000011/art00002>

Complete Care at Kaiser Permanente: Transforming Chronic and Preventative Care
Kanter, Michael H.; Lindsay, Gail; Bellows, Jim; Chase, Alide
Volume 39, Number 11, November 2013, pp. 484-494(11)

b. Ways to assess medication adherence...In practice

Karen Farris, PhD – Charles R. Walgreen III Professor of Pharmacy Administration, University of Michigan College of Pharmacy

Dr. Farris discussed the need to determine the reasons for poor adherence for each medication/class, highlighting findings indicating that individuals may adhere differently to one medication/class than another, sometimes for different reasons. She and her colleagues assessed patients using a newly developed Medication Adherence Reasons Scale (MARS), as well as the Morisky Scale and other more traditional assessments. Traditional measures provided insight about non-adherence; but the subjective MARS assessment identified additional significant reasons for non-adherence, providing critical information to aid with more effective treatment planning. The study was published in Research in Social and Administrative Pharmacy in May-June 2015

<http://www.rsap.org/article/S1551-7411%2809%2900076-X/abstract>

Development of a new scale to measure self-reported medication nonadherence
Unni, Elizabeth J. et al.
Research in Social and Administrative Pharmacy, Volume 11, Issue 3, e133 - e143

c. Assessing the impact of Script Your Future messages and materials

Vasudha Gupta, PharmD, BCACP – Assistant Professor, California Northstate University College of Pharmacy

Dr. Gupta presented her findings of the effectiveness of a Web-based, pharmacists-led intervention on the awareness of the importance of medication adherence, using *Script Your Future* materials and messaging. She and her colleagues developed a 15-minute video seminar for an online panel of patients, preceded by a pre-test of participants' knowledge about adherence, as well as an immediate online post-test, and 30-day follow up post-test. Overall there was a significant positive impact on patients' level of awareness, and knowledge of medication adherence; and this type of intervention could influence positive future health behaviors. Specifically, the study showed that this model: Increases awareness of the importance of taking medications daily; increases the likelihood of utilizing healthcare providers to answer questions about medications; increases an awareness of questions what to ask regarding medications; and increases awareness of the benefits of adherence and risks of non-adherence. The study was published in the November 19, 2015 edition of Research in Social and Administrative Pharmacy.

<http://www.sciencedirect.com/science/article/pii/S1551741115002612>

Impact of a web-based intervention on the awareness of medication adherence

*Research in Social and Administrative Pharmacy, Available online 19 November 2015,
Vasudha Gupta, Ana L. Hincapie, Sonya Frausto, Nilesh S. Bhutada*

d. Innovative technologies to meet diverse needs

Charles Lee, MD – President and Founder, Polyglot Systems, Inc.

Dr. Lee discussed Polyglot’s mission to develop practical, affordable multi-language technology solutions to improve healthcare access and reduce disparities for underserved and limited English proficient patients using “meducation” products in 20 languages. Polyglot uses innovative technology to translate medication labels into patients’ native languages for improved understanding and self-management. Labels may also include graphic indicators and instructions, and allow for variance in literacy levels. Polyglot also works to improve clinical care by increasing cultural awareness among practitioners, providing linguistically accessible personnel and materials, and delivering care in a culturally sensitive manner. More information is available at <http://www.pgsl.com/>

e. Comprehensive Medication Management for improved outcomes during transitions of care

Marilyn Stebbins, PharmD – Vice Chair of Clinical Innovation, University of California San Francisco School of Pharmacy

Dr. Stebbins provided an overview of research conducted by UCSF School of Pharmacy residents and students, who implemented and studied an integrated Comprehensive Medication Management (CMM) program at UCSF. This appointment-based model focused on patients transitioning post-hospital discharge to home care. The research showed a significant discrepancy between what patients thought their doctors knew about their medications, and what providers reported they really knew. Dr. Stebbins discussed the need to go beyond Medication Therapy Management (MTM) because it is essential to ensure that medications are optimized before adherence is promoted. She reported that roughly half of medication problems among patients in the program were related to appropriateness and effectiveness, versus just 18% due to adherence issues. CMM proved helpful during and after transitions of care by creating a customized medication list with the patient that addressed appropriateness and effectiveness first, then adherence. Integrating pharmacists with the treatment team, and activating patients to “own” their medication lists, created more accuracy, meaning, and action by the patient. Researchers are compiling study data for a forthcoming report.

Additional takeaways and specific strategies, as well as conference presentations, materials, a video of the proceedings, and a list of attendees are available for review and download at:
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