

# Automated Digital Intervention Drives Medication Adherence

MDT Staff

ALISO VIEJO, CA -- Aug. 1, 2012 -- Bi-Rite Quality Pharmacy has piloted a new patient engagement solution to educate, motivate and remind their patients with chronic diseases to take their medication as prescribed. The results after the first six months of the program show dramatically improved medication adherence. The solution, developed by PrescribeWellness, and called Automated Digital Intervention (ADI), leverages automated voice, text, e-mail and push notification to better engage the patient and improve patient behavior.

"Over 700,000 people are admitted to emergency rooms in the United States every year because of non-adherence to prescribed medications," said I.R. Patel, R.Ph., of Bi-Rite Quality Pharmacy. "The problem is growing, and until now, there has been no cost-effective solution to confront the unique and individual causes of non-adherence. My pharmacy has the added complexity of serving patients with more than 10 native languages and corresponding cultural differences. The ADI solution from PrescribeWellness is the first service that allows us to automate communications in our patients' channel of choice and language of choice. It is also the first to address the cognitive, motivational and cultural differences in behavioral change."

According to studies done by the Center for Medicare and Medicaid Services (CMS), 130 million Americans currently suffer from comorbidity (more than one disease) and are prescribed multiple medications. Non-adherence to these medications results in hospitalizations and costs totaling \$300 billion annually. By moving patients from 50 percent compliant in their medication to adherent (at least 80 percent compliant), insurance companies and healthcare providers can annually save between \$4,000 and \$8,000 per patient in hospital and emergency room visitations.

"Most adherence solutions on the market today are designed to address the cognitive challenges of medication non-adherence, but ignore the other factors. Cost, lack of motivation, fear of side effects, denial and health literacy are equally important," said Dr. Terry Olson, VP of Behavioral Solutions at PrescribeWellness. "We have designed our ADI service to address all of these factors."

In the pilot program, Dr. Olson designed a scale that allowed pharmacists to categorize patients based on their past behavior and observed challenges. This check box selection process, administered either at the time of the prescription delivery or during a one-hour Medication Therapy Management (MTM) session between patient and pharmacist, automatically enrolled patients in a unique series of communications designed for each individual's needs. "The frequency and intensity of messages for a patient taking two medications a day is completely

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different from a patient taking 20 medications a day who is also suffering from dementia," said Dr. Olson.

Through the first six months of the program, Bi-Rite Quality Pharmacy was able to increase medication refills in patients with high cholesterol from 60 percent to 93 percent and from 76 percent to 91 percent in patients with hypertension. As a result, patients in these two categories rose from 77 percent to 93 percent adherent. By moving the vast majority of patients to adherent, PrescribeWellness has helped Bi-Rite Quality Pharmacy improve customer loyalty, but more importantly, improved the health of their patients, keeping healthy people out of the hospital and shining a light on the promise of reducing national health care costs.

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