

The Psychobiological Elements of Patient Medication Adherence

Charles D Shively*

Chief Executive Healthcare Officer, www.AskDrS.org, The Healthcare Advocate, USA

*Corresponding Author: Charles D Shively, Chief Executive Healthcare Officer, www.AskDrS.org, The Healthcare Advocate, USA.

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How is it patients view and experience the commitment to medication adherence? Here in the United States, pharmacists today can *quantify* this commitment. This is accomplished using new, sophisticated pharmacy operations software, that pinpoints the patient non-adherence impact on a patient health outcomes assessment level. This non-adherence impact is shown in the Star Ratings [1] report.

The United States Center for Medicare and Medicaid Services (CMS) is the agency responsible for administration of several federal health care programs designed to improve the United States health care system. One of these programs is called Star Ratings. It rates private Medicare insurance plans on a 5-point scale from 1 for poor performance to 5 for excellent performance. These ratings take into consideration the quality of care provided to enrollees covered under available insurance plans. To establish a high performance rating, these plans monitor those health care providers (including pharmacies) that impact the over plan Star Rating. Of the 37 current metrics included in the evaluation of these insurance plans by CMS, 5 are specific medication utilization-related metrics which include patient medication adherence.

Unless pharmacies can prove they are completing and documenting the many different pharmacy professional interventions (performing MTM or medication therapy management, using medication synchronization, completing follow-up drug compliance and others), the overall insurance provider performance ratings and subsequent claim reimbursement rates to healthcare providers for services will be impacted. Any pharmacy services rendered...obviously much more than just prescription filling...must now demonstrate and support measureable improvement to a patient's condition as part of an *integrated* clinical partnership. Further, these services are now specific to targeted health prevention areas and chronic conditions or diseases outlined by CMS.

Reimbursements to pharmacies for their services will soon leave behind the fee for service model and become part of a value-based payment model endorsed and created by CMS. In fact, it has already started. Techniques, using new pharmacy operations software to identify patients who are underperforming and impact the pharmacy's Star Rating, is now just one "click" away. The steps the pharmacy should take to improve patient adherence can be quickly identified through extraction of data from the pharmacy system and presented for action on a daily basis in *real time*, not after the fact based on historical data.

The use of these virtual systems allows pharmacies and pharmacists to understand the impact of patient psychobiological traits regarding their medication adherence and mind-body connections.

Is it true the farther we go; we learn how much we really do not know?

Bibliography

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