The economic impact of poor medication adherence is estimated at $100 billion to $200 billion each year. It costs $2,000 per patient in additional physician visits alone. Meanwhile, every dollar spent improving medication compliance saves about $10 in health care costs.

While it is easy to blame patients for not taking their medication, studies suggest clinicians play a critical role in establishing good medication adherence.

The four most common factors of poor medication adherence are:

1) Failure by the physician to establish a clear reason for the medication and obtain a commitment from the patient to take it
2) Unresolved patient concerns about the effects of the medication (good or bad), e.g., “it’s not working”
3) Cost – even generics sometimes are elevated in price
4) The number of medications and complexity of the regimen may significantly impair a patient’s ability to comply with therapy

Other factors that contribute to poor medication adherence include:

• Trust in the health care provider
• Stress on the patient
• Comfort in asking questions
• Poor communication on both sides of the equation

A new program called MEDs will be rolled out to increase awareness among clinicians on simple steps that can make a huge difference on the rate of patient compliance.

MEDs stands for:

• M=Medication Matters: Establish a clear need for the medication. Describe its effect and its impact on health and safety. Ask the patient if they have questions and are willing to take the medication. The medication must matter to both the clinician and the patient for a successful therapeutic intervention.

• E=Effects: Describe the effects of the medication, both good and bad. Inform the patient if side effects are temporary. Describe how the patient will feel, and ask about effects noticed, good or bad, at subsequent visits.

• D=Dollars: If a patient appears to be failing therapy, determine if cost or other factors may prevent them from taking it before making changes.

• s=SIMPLIFY: Studies repeatedly show that the more complicated a regimen is or the higher the number of medications is, the less likely patients are to remain compliant. Whenever possible, efforts should be made to remove, reduce or replace complicated medication regimens with once-a-day options or combination medications. Bear in mind the increase in cost associated with a patient taking multiple medications and the impact that may have on adherence.

Additional materials will be provided to help clinicians remember these simple tips.

Hawaii Health Partners would like to welcome the following individuals who were recently appointed by the HHP Board of Managers as new members to the organization:

• Andy Aoki, MD, Interventional Radiology, Pacific Radiology Group
• Stephen Coleman, MD, Gastroenterology, Wilcox Memorial Hospital
• Gary Kimoto, MD, Obstetrics & Gynecology, Kapi‘olani Medical Center for Women & Children
• Fred Tanabe, MD, Internal Medicine, Pearl City Medical Associates
• Warren Wong, MD, Geriatric Medicine, Straub Clinic & Hospital
Get involved in health care reform by participating in a HHP Clinical Workgroup

HHP is a group of physicians, other health care providers and hospitals working together to improve patient health. HHP’s new clinical workgroups will be one of the driving forces behind this effort.

A clinical workgroup is a team of physicians, nurses, and other support staff who review the literature, brainstorm, and recommend best practices and solutions to implement across HHP.

HHP has a number of objectives it is working toward achieving, as outlined in our HMSA contract. The clinical workgroups will assist in developing strategies to meet these targets, which include:

- improving care in the inpatient setting
- improving care to primary care patients
- creating a more accessible system of care so patients don’t use the Emergency Department for primary care issues
- reducing inappropriate and unnecessary radiologic studies
- improving the system of care for our highest risk patients

You will soon be hearing more about work already in progress by some of our teams as we roll out new programs and initiatives, such as the Epic upgrade, the Choosing Wisely program, a medication adherence program (see the “Medication matters” article for more details), and other solutions to address challenges faced by providers and patients.

New retinal camera available for diabetes eye screenings

HHP members currently manage nearly 6,000 patients with diabetes. The risk of blindness is a concern for these patients, as it is for all diabetics, and regular eye screenings can be a simple yet effective way to manage this risk.

To assist physicians in managing this patient population and to provide a convenient alternative for patients, diabetes eye screenings are now available through Straub Clinic & Hospital. The new service, which uses a new retinal camera, is open to all Hawai’i Health Partners patients.

Diabetes eye screening process

The retinal cameras are currently available at the Straub Pearllridge and King Street clinic locations Monday-Thursday, 7:30 a.m.-5:30 p.m., and Saturday, 7:30-11:30 a.m. The schedule is subject to technician availability.

A patient is considered a candidate for a diabetes eye screening if:

1) The patient is due for a diabetic eye exam
2) The patient has not had any previous eye surgeries

Referring physicians can use the HHP Support Services Referral option in Epic and select CEE. Before referring a patient, physicians should ask the pre-screening questions above. The scheduler will also ask the pre-screening questions to determine if the patient is a candidate for the retinal camera screening.

The test is very quick and does not require pupillary dilation. The patient sits down with an assistant at the eye camera and several photographs are taken. The images are read in the Straub Ophthalmology Department.

It is recommended that patients get a complete eye exam if they have not been seen by an ophthalmologist in the last two years. The diabetes eye screening is a screening test to look for obvious retinopathy and is not a substitute for a complete eye exam, which is preferred whenever possible. However, this new program will quickly identify those patients at highest risk for disease, and it provides a convenient alternative for those patients who have refused screening altogether.

The program is already available on Kaua‘i, and there are plans to expand the program to other locations.