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**University of Connecticut Health Leaders (UCHL)**

**Introduction to Medication Adherence, Reconciliation and Cost Reduction**

**Week 1**

**Faculty:**

Facilitators: Christopher Steele, MD MPH MS

 Content Experts: Christopher Steele MD MS MPH, Jacqueline Steele, Henry Siccardi

**Introduction**

Two thirds of adults use prescription medications while 10% take at least 5 or more drugs a day. This is also known as polypharmacy. One of the most common reasons why a patient does not meet a clinical objective (e.g. high blood pressure, A1c not at goal) is usually due to medication non-adherence. Medication non-adherence is a term used to describe when patients do not take their prescriptions as advised. There are many reasons for this which include health literacy, costs of the medication, lack of training on how to administer the drug/modify their lifestyle, and complexity of regiment. This can be complicated further when patients are admitted to the hospital and their regiment is changed drastically from before without notifying their primary care provider.

This session will introduce you to the reasons why patients may not take their medications, and the techniques needed to address these issues. The most important message to take from these sessions is not to be judgmental and to spend time trying to determine the root for non-adherence. Once this is addressed, the patient’s health may drastically change for the better!

**Learning Objectives:**

By the end of this program, learners will be able to:

1. Define polypharmacy and non-adherence and describe at least 3-reasons why a patient may not take their prescribed medications appropriately.
2. Practice and apply counseling to help patients be better at adherence counseling.
3. List, develop and apply ways to reduce costs for patients without harming patient care.
4. Identify the importance of a medication reconciliation and recognize ways to improve it.
5. Summarize different methods to reduce medication non-adherence (e.g. combination pills, pill boxes etc.) and explain how one could apply these techniques in a primary care setting.

**Required ReALMs:**

* **Steele C. Medication Cost Reduction** [https://kaltura.uconn.edu/media/Medication+Cost+Reduction+and+Improved+Adherence/1\_heuwg0gr](https://kaltura.uconn.edu/media/Medication%2BCost%2BReduction%2Band%2BImproved%2BAdherence/1_heuwg0gr)
* **Introduction to Medication Adherence Counseling** [https://kaltura.uconn.edu/media/Adherence+Medication+Counseling.mp4/1\_etyk61pt](https://kaltura.uconn.edu/media/Adherence%2BMedication%2BCounseling.mp4/1_etyk61pt)
* Introduction to Medication Reconciliation: <https://www.youtube.com/watch?v=IhlFl7gbY9c>
* CDC. **Overcoming Barriers to Medication Adherence for Chronic Diseases** <https://www.youtube.com/watch?v=sEMCR7LchcA>

**Required assignments:**

**Before the session:** Download the GoodRx app and the Epocrates app on your phone.

**After the session:** The required assignment for this session will happen ***after*** orientation. Each of you will practice being a patient who is taking a week’s worth of medication for resistant hypertension. The following will be your regiment. You will be given tic tacs and each of you will have to keep track of taking the medications. After the assignment is complete, we would like you to write a one-paragraph reflection discussing the barriers you faced adhering to such as regiment.

**Regiment**: (times will be given on orientation)

* Lisinopril: 40 mg once daily
* Metoprolol tartrate: 20 mg twice daily.
* Amlodipine: 10 mg nightly
* Hydralazine: 25 mg every 8 hours
* Hydrochlorothiazide: 50 mg at noon
* Clonidine patch (apply patch for 5 days and exchange for new one).