

# Provider Newsletter



Your **Healthcare Plus**<sup>™</sup>  
Extra help for better health

## Medication Adherence: A Thorny Challenge.

**F**ormer Surgeon General, Dr. C. Everett Koop, once said, “Drugs don’t work in patients who don’t take them.” There are many known barriers to adherence; among them are complicated regimes, costs, side effects (real or perceived), patient belief systems and lifestyle, perceived value of the medication, inadequate follow-up, and lack of patient insight into the illness.

The patient’s doctor also plays a role in adherence rates. According to a study published in the *Archives of Internal Medicine*<sup>1</sup>, low trust in the physician is significantly correlated with non-adherence. Multiple studies have shown that talking to your patients about medication side effects improves both adherence and patient satisfaction. Positively correlated messages for patient include: telling them how long they should expect to take the medication, what to do if they have questions once they start taking it, and advice on managing some of the common side effects.

In addition to a low therapeutic doctor-patient relationship, the *Archives* study also reports that the presence of depression doubled the risk of medication under-use. Thus, as in all chronic diseases, providers should consider routinely screening their patients for the presence of depression.

A 2005 *New England Journal of Medicine*<sup>2</sup> report on the subject of medication adherence, noted that the ability to recognize and quantify non-adherence is poor. One non-judgmental strategy suggested was to just ask the patient or the parent: “We all have trouble taking medicine from time to time; what keeps you (or your child) from taking your medicine/s?” Realizing the time constraints in a busy office, an additional resource you may consider is the YHP staff nurse who can also work directly with your most challenging patients on medication adherence and education.

Treatment of asthma presents even greater challenges in medication adherence since incorrect inhaler technique is extremely common. In one study, children took only 45% of prescribed doses during a month. Not surprisingly, there is an inverse relationship between level of inhaler adherence and emergency room usage.<sup>3</sup>

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## Ask Me 3 Initiative

**Good Communication = Healthy Patients.  
Start with Ask Me 3.**

**P**atients’ lack of adherence to the counsel and advice of their healthcare provider is nothing new. Hippocrates commented on it...no doubt, you do, too!

Adherence, rather than compliance, connotes the patient and physician relationship, emphasizing a patient’s active involvement in determining what happens after the medical appointment.<sup>1</sup>

Reasons for patient non-adherence vary dramatically. From the patients who are unable to hear, to those who have trouble understanding due to anxiety or depression.

Adherence can also be affected by non-clinical circumstances, such as opposing belief systems or a lack of support from caretakers. For other patients, it can be a lack of money or insurance coverage that prevents them from purchasing equipment or medicine.

Finally, and perhaps most frustratingly, some patients simply forget or do not understand what they discussed with their provider.

Whatever the reason, non-adherence is a problem of enormous consequence, for patients and for the healthcare industry at large. It has been estimated that costs associated with patient non-adherence exceed \$58 billion per year.<sup>2</sup>

As a result, the Partnership for Clear Health Communication has spearheaded an effort to combat a major contributor to non-adherence: low health literacy.

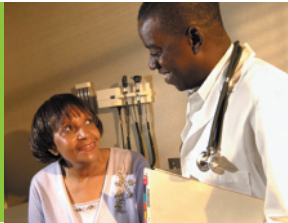
The Partnership defines health literacy as “the ability to read, understand and act on health information,” an ability that is lacking in *one out of every two Americans*.

The Partnership’s response to this staggering statistic is the **Ask Me 3** initiative. Providers should encourage their patients to take charge of their health by asking three core questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

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## Supporting Your Practice



### Patient Claims History Report

To assist clinicians in providing and coordinating care for patients, Automated Health Systems is providing electronic access to a summary of all patient claims that have been submitted to the Illinois Department of Healthcare and Family Services. This Claims History Report will compile all pharmacy, outpatient, inpatient and ED claims for a period of two years.

Immunization data will be available for a period of seven years. The earliest data available is from 2004. Claims for certain sensitive diagnoses, such as HIV, mental health or substance abuse, will not be available in the Patient Claims History Report, in accordance with state privacy statutes. Providers and authorized provider representatives can access the Patient Claims History Report through HFS' secure MEDI system.

If you want more information on how to access this valuable clinical tool, contact your Illinois Health Connect Provider Services Representative, or the Illinois Health Connect Provider Relations Help Desk at 1-877-912-1999.

### Recently enacted laws that may impact your practice

- **HIV Perinatal Testing:** HB 1759 – (PA 95-0702), Effective 6/1/08

Healthcare professionals who provide services to a pregnant woman shall provide the woman with HIV counseling and shall test her for HIV, unless she refuses.

- **Postpartum Mood Disorders Prevention and Treatment Act:** SB 15 – (PA 95-0469) Effective 1/1/08

Healthcare providers are required to provide information to women and their families about perinatal mental health disorders, develop procedures for assessing women for perinatal mental health disorders, and promote early detection of perinatal mental health disorders.

- **Eye Examination required prior to entering kindergarten/first grade:** SB 641 – (PA 95-0671) Effective 1/1/08

All children enrolling in kindergarten, or enrolling in a public, private, or parochial school for the first time shall have an eye examination by a licensed optometrist or ophthalmologist. Examinations include visual acuity, subjective refraction, and glaucoma evaluation.

- **HPV Vaccine:** SB 937 – (PA 95-0422) Effective 8/24/07

Department of Public Health must establish a program for females who are younger than 18 years, and who cannot obtain the human papillomavirus (HPV) vaccine through their regular provider at no cost through established insurance. Department of Public Health must provide the series of three HPV vaccines, at no cost to the individual. The HPV vaccine is available to HFS enrolled females through age 20 under the Vaccines for Children (VFC) Program. Providers who are not enrolled with the VFC Program can administer the vaccine and be reimbursed directly from HFS.

For additional information regarding the recently enacted laws, please visit the Illinois Health Connect website clinical resource page:

<http://www.illinoishealthconnect.com/clinical.aspx>. ■

## Ask Me 3 Initiative

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For providers, Ask Me 3 can also be an effective tool in guiding the teach-back technique. Telling the patient, "I want to make sure I've done a good job of explaining things to you," alleviates in-office pressure that can often lead to non-adherence, as well as provides an opening to asking the core questions from the provider standpoint:

1. What do you think your main problem is?
2. What do you need to do?
3. Why is it important for you to do this?

On average, physicians wait less than 18 seconds for patients to answer an open-ended question. Giving patients enough

time to process their answer is critical to the success of both the Ask Me 3 initiative, and of the teach-back technique as a whole.

Ask Me 3 is an effective way for providers to help combat the cost of non-adherence, as well as help to ensure that quality care has been provided to all patients.

Providers can obtain fact sheets, low literacy brochures, colorful large-font posters, and other related materials and information about physician training at [www.askme3.org](http://www.askme3.org).

In addition to being mindful of health literacy concerns, all Illinois Health Connect and Your Healthcare Plus materials go through literacy review and testing. ■

<sup>1</sup> Peter Jaret, *10 Ways to Increase Patient Compliance*, Hippocrates, Vol 15, No 2, February/March 2001

<sup>2</sup> *Health Literacy: A Prescription to End Confusion*, Institute of Medicine, April 2004

## Supporting Your Patients



**Public Act 95-0469, Perinatal Mental Health Disorders Prevention and Treatment Act** increases awareness and promotes early detection and treatment of perinatal depression. PA 95-0469 is available at: <http://www.hfs.illinois.gov/mch/pa0469.html>

The Act requires that:

- Licensed healthcare professionals who provide prenatal care must also provide education to women and, if possible and with permission, to their families about perinatal mental health disorders.
- All hospitals providing labor and delivery services must provide complete information about perinatal mental health disorders to new mothers prior to discharge following childbirth, and to fathers and other family members if possible.
- Licensed healthcare professionals providing prenatal care, postnatal care, and care to the infant must invite the women to complete a questionnaire to assess whether they suffer from perinatal mental health disorders.

### Provider Resources

- **Reimbursement for Perinatal Depression Risk Assessment.** HFS provides reimbursement for perinatal depression risk assessment using an approved screening instrument prenatally and postnatally, for up to one year after delivery. For detailed information on billing, go to: [http://www.hfs.illinois.gov/mch/ppd\\_notice.html](http://www.hfs.illinois.gov/mch/ppd_notice.html)

- **Free Consultation Service.** The University of Illinois at Chicago (UIC) offers a free consultation service for providers who have questions about the detection, diagnosis, and treatment of perinatal mental health disorders. Take advantage of these expert consultation services, free of charge. To obtain a consultation, contact UIC at 1-800- 573-6121. For additional information, go to: [www.psych.uic.edu/research/perinatalmentalhealth](http://www.psych.uic.edu/research/perinatalmentalhealth)
- **Perinatal Antidepressant Medications Chart.** The chart summarizes data about risks and benefits of prescription antidepressant medications during pregnancy and breastfeeding. The most recent chart is available at: [www.hfs.illinois.gov/mch/medchart.html](http://www.hfs.illinois.gov/mch/medchart.html)
- **Perinatal Depression Training.** There are free training opportunities available from:
  - University of Illinois at Chicago: 1-800-573-6121
  - Enhancing Developmentally Oriented Primary Care Project: 1-888-270-0558
- **Booklet.** To assist providers in educating patients and their families about perinatal depression, an educational booklet is available in English and Spanish from the Department of Human Services. The booklet is available for downloading at: <http://www.mchb.hrsa.gov/pregnancyandbeyond/depression/>

To order a supply of the booklet, “Is it the baby blues or something more?” call or e-mail Valerie Jenkins at the Illinois Department of Human Services:

Valerie Jenkins  
217-524-3319  
[Valerie.Jenkins@illinois.gov](mailto:Valerie.Jenkins@illinois.gov) ■

## Medication Adherence

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The number of different types of inhalers or other inhaled delivery devices, and the very specific instruction for correct usage technique makes asthma medication adherence even more difficult to support. For metered dose inhalers, the use of a spacer is known to improve active ingredient delivery to the lungs. These are, of course, not appropriate for dry powdered agents.

We suggest that you ask your patients to bring their inhaler devices with them to their visits, and ask them to demonstrate how they use the device. You could also advise them to have their pharmacist help them with the correct technique when they fill their prescription. Correct technique takes practice for anyone, especially when bad habits may already exist.

The URL resources below contain excellent resources on inhaler technique, including step-by-step pictures and an instructional video. You may wish to print some of the information for you or your staff to use in supporting patients in correct usage technique.

Utilizing these resources and working with the YHP staff nurses can help you develop that therapeutic relationship that is so important for adherence.

<http://www.chestnet.org/patients/guides/inhaledDevices.php>

<http://www.lungusa.org/site/apps/s/content.asp?c=dvLUK9O0E&cb=34706&ct=4317135>

[http://www.lung.ca/diseases-maladies/help-aide\\_e.php#inhaler](http://www.lung.ca/diseases-maladies/help-aide_e.php#inhaler)

<http://www.ginasthma.com/OtherResourcesItem.asp?intId=30> ■

<sup>1</sup> Arch Intern Med 2005;165:1-7

<sup>2</sup> NEJM 353:5, August 4, 2005

<sup>3</sup> J Pediatr 2005;146:157-159,171-182

## ? Did you know?

### Tamper-proof Prescription Pads: Are you Ready?

A new federal law requires that all non-electronic Medicaid prescriptions be written on tamper-resistant prescription pads effective April 1, 2008. A Q and A document and provider notices providing guidance on this new requirement can be found on the department's Web site at:

<http://www.hfs.illinois.gov/pharmacy/tamper.html>

The requirement does not apply to electronic prescriptions, which includes prescriptions transmitted from the prescriber to the pharmacy via telephone, telefacsimile, electronic prescribing (e-prescribing) mechanism, or other means of electronic transmission.

### Spirometry testing reimbursement changes

HFS has made a recent change which now reimburses for Spirometry testing in addition to an office visit during the same day. We hope this change will assist you in meeting national care guidelines for patients with asthma and COPD.

## Upcoming Events

### Illinois Health Connect

April 23	8:30 a.m.	Webinar Program: Provider Profiles
May 28	8:30 a.m.	Webinar Program: All Kids
June 25	8:30 a.m.	Webinar Program: Asthma

### Your Healthcare Plus

April 15 – April 16: 19th Annual IL Rural Health Association Annual Conference Booth

Available Now CME Webinar Programs:

- Quality Improvement in Your Practice
- Treatment of Depression in Primary Care
- Asthma Management

Coming Soon CME Webinar Programs:

- COPD Management

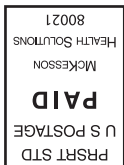
CME Webinar Programs can be accessed at [www.yhplus.com](http://www.yhplus.com)

Visit the Your Healthcare Plus and the Illinois Health Connect Web sites for more information on upcoming events.

This newsletter is available on the Your Healthcare Plus and Illinois Health Connect websites:  
[www.yourhealthcareplusdr.com](http://www.yourhealthcareplusdr.com) [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com)



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