



# Advances in Adherence

**How are companies managing to drive patient adherence? PM360 asked industry experts to share their insights on their most successful strategies.**

*The opinions expressed by the authors in the Think Tank section are their own and do not necessarily reflect those of their affiliated companies or organizations.*



For more information,  
please contact  
**Melissa Leonhauser**  
SDI  
mleonhauser@sdihealth.com

Stakeholders throughout the healthcare industry have worked to improve patient adherence for years. So, with everyone eager to effect improvement, why have most of these efforts been only marginally successful?

**ADHERENCE DYNAMICS**

Organizations have focused on “one-size-fits-all” programs and generally address just some of the factors that affect medication adherence, such as ability to pay or disease education. With many variables influencing patients’ behavior, it is critical to look more closely at patients and their physicians. To develop an adherence program that incorporates individual messages and technology, longitudinal patient data should be used to more effectively segment physicians and patients and to better understand the adherence dynamics between them.

By integrating prescription, diagnosis, procedure, and consumer data, physicians can be segmented by clustering the patients they treat based on their relative adherence rates. By looking at individual physicians and/or practices, programs can be tailored and delivered with the most relevant offers for specific patients.

If a physician is treating primarily insured, affluent patients with an average rate of medication adherence, providing a co-pay offset card probably won’t dramatically improve adherence by those patients. However, other barriers to adherence, such as patients’ poor understanding of the effects of not taking prescribed therapy or a physician’s tendency to provide a low number of pre-authorized refills, could be addressed with specific messaging and tools, resulting in improved compliance.

**MEANINGFUL SEGMENTS**

Patient characteristics such as co-morbidities, age, gender, ethnicity, income, education, and severity of disease are only some of the variables that can be used to develop meaningful segments. Consumer attributes also can be used to evaluate physicians, helping stakeholders create personalized approaches to discussing adherence with doctors. Just as no two patients are motivated by the same characteristics, physicians, too, are influenced by different variables.

A true understanding of what motivates behavior results in more exact and effective adherence tools, messages, and strategies.

