Utilizing Indian Health Service (IHS) Counseling Techniques in an Independent Community Pharmacy to Improve Adherence Rates Among Patients With Diabetes, Hypertension or Hyperlipidemia

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Purpose: This study will utilize Indian Health Service (IHS) interactive counseling techniques to assess nonadherence, identify barriers to adherence, and improve adherence.

Objectives: The objectives of this study are to (1) identify barriers to medication adherence and (2) examine the relationship between an IHS communication intervention on medication adherence in patients with diabetes, hypertension and hyperlipidemia 6 months post intervention.

Methods: This prospective cohort evaluated the implementation of a medication adherence program at an independent community pharmacy located in eastern North Carolina. Patients who met inclusion criteria were telephoned monthly to answer questions related to their medication(s). Patients served as their own control to show comparison between pre and post intervention adherence rates. Outcomes were measured using a paired t-test and a linear regression analysis. The Charlson Comorbidity Index (CCI) was used as an independent variable to measure impact of comorbid conditions on medication adherence.

Results: Enrollment rate was 15.82%, with 56 patients completing the study. The percentage of patients achieving ≥ 80% adherence to medications increased from 9% to 59%. Each medication class showed improvement in adherence rates; diabetes 64.55% to 74.66%, hypertension 66.34% to 80.06% and hyperlipidemia 72.44% to 81.34%. Overall, average medication adherence increased by 11% (CI 6.0397%-16.8368%; P<0.0001) from 67.67% at baseline to 79.11% at final visit. The top three patient-reported barriers to adherence were convenience/forgetfulness, cost and complexity of drug/dosing/regimen.

Conclusion: Patients who participated in the medication adherence program demonstrated higher medication adherence rates post-intervention in comparison to pre-intervention. This brief monthly interaction lessens the risk of nonadherence and discontinuation as it helps patients establish a medication routine. Continual increase in adherence rates via the program could lessen the amount of direct and indirect reimbursements fees assessed to the pharmacy.