



Prescriptions for Excellence in Health Care Newsletter Supplement

A collaboration between Jefferson School of Population
Health and Eli Lilly and Company

Volume 1

Issue 10 *Prescriptions for Excellence in Health Care*
Winter 2010

Article 3

February 2011

A Message from Lilly: Opportunity for Medication Compliance

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Recommended Citation

Collins, Javan (2011) "A Message from Lilly: Opportunity for Medication Compliance," *Prescriptions for Excellence in Health Care Newsletter Supplement*: Vol. 1 : Iss. 10 , Article 3.

Available at: <http://jdc.jefferson.edu/pehc/vol1/iss10/3>

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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

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A Message from Lilly Opportunity for Medication Compliance

By *Javan Collins*

Transitions between different segments of our health care system present both a challenge and an opportunity for all stakeholders. At Lilly, we recognize that hospitals and payers are striving to improve quality of life and clinical outcomes for patients.

One key integrated initiative to consider is “door to balloon time.” Evidence demonstrates that when cardiac catheterization is performed within 90 minutes, the patient has better outcomes. After spending tremendous resources on quality improvement initiatives to better understand this process, hospitals discovered efficiencies and streamlined teamwork so that patients can reach the catheterization lab in less than 90 minutes. This significant improvement was driven by an unrelenting focus, which resulted in very positive outcomes for hospitals and, ultimately, for their patients.

However, the pursuit of quality improvement does not end here – the catheterization lab is just the beginning. Discharging the patient from the hospital following cardiac catheterization can be very complicated because the patient must

take ownership of his or her care. A successful hospital discharge process supports the patient with appropriate education, tools, medications, and follow-up plan to minimize the risk of complications or recurrent events.

The hospital discharge team considers patient-specific factors such as: the next point of care and how the patient will get there; need for follow-up appointments and/or post-procedure care; and need for lifestyle modifications and education to support desired behavior changes. A number of important medication-related questions are also addressed including: medications needed upon discharge and medications the patient has at home; new prescriptions to be filled; and financial considerations such as insurance coverage for medications and the ability of the patient to afford medication for the duration of treatment. Given all that the discharge team must consider and convey to the patient, education concerning medications may be overlooked.

Guidelines and multiple trials emphasize the importance of patient compliance with their medications. Patients need to be made aware that medications are a critical component

in the transition to self-care in that they help to minimize the risk of recurrent events or readmission to the hospital. Depending on comorbidities, patients with acute coronary syndrome managed with percutaneous coronary intervention usually leave the hospital with several prescriptions.

Some studies and market research reports indicate that up to 50% of patients might not fill their first prescription – and up to 50% of those who fill the first prescription may fail to obtain a refill to complete therapy. The implication for recently discharged patients is that appropriate blood levels of prescribed medications are not maintained, putting them at risk for potential complications including readmission.

How do we improve this step in the discharge transition process – a step that may have a major impact on the desired outcomes for patients, payers, and hospitals? The answer may be as straightforward as employing the same unrelenting focus that was applied to “door to balloon time” to “adherence/compliance with medications.”

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