Thought Leaders’ Corner

Q. How can mobile-enabled remote patient monitoring improve medication adherence?

Each month, Readmissions News asks a panel of industry experts to discuss a topic of interest to the hospital community. To suggest a topic, write to Editor@ReadmissionsNews.com.

Patients quit taking prescribed medications for many reasons. The most common obstacles, according to a recent survey, are side effects (29 percent); perceived lack of need (17 percent); feeling better (16 percent); deciding the drug is ineffective (15 percent) and cost (10 percent). When patients stop taking a medication, they rarely tell their physicians until their next appointment, which may be weeks or months later. However, if patients were asked by their doctor on a regular basis outside of appointments if they were taking the medication, the practice could significantly improve adherence. By establishing an “Accountable Dialogue,” patients are more likely to continue the medication—or at least let the physician know why they stopped so any issues can be addressed.

Leveraging the power of mobile

Calling every patient with an active prescription to inquire about side effects or other issues related to social determinants of health (SDOH) or other obstacles is not feasible for most organizations. Postal mail is easily ignored and not timely, while emails delivered to a patient portal are also often ignored and inconvenient, requiring patients to log in to a website, remember a password, and search for a message.

Leveraging mobile devices, which are already widely adopted by patients of all ages, is the key to overcome adherence obstacles. Coupled with highly usable, unobtrusive technology, mobile-enabled remote patient monitoring (mRPM) can instill a sense of accountability from the doctor's office that the patient has a relationship with, rather than relying on a generic health app or online social community.

On a highly regimented schedule, the Accountable Dialogue can include delivering patient- and care plan-specific surveys with short, easily answered clinically relevant questions about the medication(s) and related condition(s). Patients would then conveniently answer questions, knowing that they are responding to their physician's team instead of an app with artificial intelligence (AI)-generated feedback.

Having an actual physician expecting and reviewing patients' responses is one of the strongest behavioral motivators available to overcome adherence issues. Even when patients do not perceive a difference in their health, which is common with some cholesterol and blood-pressure medications, they will likely feel a responsibility to keep taking the drug because their physician will ask them about it and feel like more of an active participant in their own health.

Communication overcomes SDOH-related obstacles

Could patients lie about taking their medication? Absolutely, but the vast majority of patients tell the truth. Using mRPM also opens communication pathways between providers and patients that can help prevent numerous reasons for dishonesty highlighted in that study, such as not agreeing with or understanding their physicians' recommendations. Providers can also be quickly alerted to the side effects that would cause patients to be less than truthful with their physicians.

Through this Accountable Dialogue, providers can better understand patients' SDOH-related obstacles to medication adherence, such as cost, lack of transportation or an inaccessible pharmacy. They can then identify solutions. For example, if there's a cost issue, providers can identify a medication alternative such as a generic drug that is more affordable, without sacrificing efficacy.

Relationships matter

It's easier for patients to ignore an app or to be less than truthful when responding to prompts that aren't tied to their own doctor's office. When a relationship is established, however, both those negative behaviors tend to disappear. Adherence to mRPM is high, since questions from the physician's office can be quickly and easily answered on a mobile device adopted by 65 percent of seniors aged 70 years and older, and 73 percent of adults aged 60 to 69.

That is why encouraging medication adherence and establishing an Accountable Dialogue through mRPM is so effective, but also highly feasible and scalable across large populations. As an added benefit, it's far less expensive and results in more consistent data collection when compared to remote patient monitoring via phone calls or postal mail.

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