

Boosting Medication Adherence With Population Health Initiatives

3 Challenges Facing ACOs and How to Solve Them



● Introduction

Every healthcare organization is laser-focused on finding better ways to deliver high-quality care while cutting costs. Accountable care organizations (ACOs), with their emphasis on chronic disease management and care coordination, are uniquely positioned to meet these goals.

Whether embedded in a single hospital system or collaborating across multiple networks, ACOs can address adherence gaps to ensure better health outcomes and financial sustainability industrywide.

When high-risk patients don't adhere to their prescribed medication therapy, it can lead to serious health impacts and increased costs for provider organizations. For example, patients with hypertension are five times more likely¹ to be hospitalized if they don't take their medications. Readmissions for all non-adherent patients are 2.5 times more likely.² And each time a patient is readmitted to the hospital it costs \$16,000 on average.³

Readmissions within 30 days or even six months can also put health systems at risk of costly penalties as part of the Centers for Medicare & Medicaid Services (CMS) value-based reimbursement models. This added pressure to meet performance benchmarks that impact reimbursements makes it critical to measure and monitor medication adherence with population health strategies.

Sources:

1. American Heart Association. (n.d.). Medication adherence and cardiovascular disease fact sheet. <https://www.heart.org/-/media/Files/About-Us/Policy-Research/Fact-Sheets/Access-to-Care/Medication-Adherence-and-CVD-Fact-Sheet.pdf>
2. Polinski, J. M., Barker, T., Gagliano, N., Sussman, A., Brennan, T. A., & Shrank, W. H. (2016). Patients' satisfaction with and preference for telehealth visits. *Patient Preference and Adherence*, 10, 2167–2178. <https://doi.org/10.2147/PPA.S125672>
3. National Center for Biotechnology Information. (n.d.). Study estimating the average medication adherence rates and their financial impact. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11011876/>



Population Health Management Challenges

ACOs face steep challenges in driving medication adherence, often working with fragmented data and labor-intensive processes. Staff struggle to piece together outdated information, contacting pharmacies and hospitals to fill in critical gaps, while cash prescription fills and missing payer attribution files create costly blind spots that undermine timely, effective interventions.

During a recent webinar [“Population Risk Management in Action: Automating Clinical Workflows to Improve Medication Adherence.”](#) we asked ACOs about the biggest challenges they face. Here’s what they told us and the solutions we outlined:



Challenge 1: Incomplete or Inaccurate Medication History

Accurate and complete medication fill data within the electronic health record (EHR) is essential, but many medication history feeds leave gaps. Without a single source of structured, complete data delivered within 24 hours, hospitals, health systems, ACOs, and technology vendors face delays and manual entry that can result in medication errors and threaten patient safety.

Solution: An accurate and clinically actionable medication history is possible using tools that consolidate payer attribution files for your entire patient roster, giving care teams a more unified view of patient health. Interoperable technology allows ACOs to access and share patient data more easily, bridging gaps between member and non-member populations. This includes prescription fill information whether the patient used cash or insurance, something that’s not always captured in pharmacy benefit manager (PBM) channels—leading to incomplete data that can obscure true adherence rates.



Challenge 2: Calculating Medication Adherence

Metrics are vital for assessing patient compliance, yet ACOs often lack the ability to get the full picture of patient behavior. Limited access to complete adherence data across healthcare systems results in fragmented insights and can hinder proactive intervention.

Solution: Instead of looking at data that’s 60 days or even six months old, a near real-time flow of medication history enables ACOs to calculate proportion of days covered (PDC) while there’s still time to intervene. A patient is considered adherent if they take their medication at least 80% of the time. With consolidated payer attribution files, care teams can calculate PDC scores on the fly for specific date ranges or patient cohorts with PDC quality metrics being updated in real time.



Challenge 3: Prioritizing High-Risk Patients

Given limited resources, ACOs need to allocate their efforts effectively, focusing on high-risk patients most likely to benefit from intervention. Care managers and clinicians must be able to prioritize and monitor these patients for clinical quality improvement initiatives. This includes focusing on adherence measures for medication therapies that treat type 2 diabetes, hypertension medications, and statins for cholesterol—all of which are triple-weighted by CMS.

Solution: A risk-stratification tool allows you to quickly find patients who are on the cusp of reaching an adherence threshold, as well as the least adherent patients. With this information, ACOs can optimize clinician outreach to populations or cohort of patients. The data can be sorted by condition, payer, geographical area, and so on, with complete flexibility. This includes the ability to pinpoint at-risk populations and query for dispensing history by defined time intervals to meet specific goals.

To learn more about these challenges and see a demo on how to solve them, [watch the webinar here.](#)



Use Cases

Learn about how ACOs and health systems are using the DrFirst population health management solution to meet these challenges and improve medication adherence:



Triad Harnesses Medication Data to Improve Outcomes for High-Risk Patients

Triad HealthCare Network, an ACO in North Carolina, has implemented a solution to improve medication adherence among high-risk patients. According to Triad, only 50% of patients meet adherence goals for hypertension, diabetes, and high cholesterol (statins) medications. This means that 46% miss adherence goals for one or two of these triple-weighted measures—and 4% miss them for all three.

“Our clinicians are excited about the comprehensive, easy-to-access medication history DrFirst provides. This helps us deliver the right care at the right time and improve care coordination, ultimately preventing avoidable admissions and emergency visits due to medication issues,” said Hanna Park, PharmD, Executive Director of Value-Based Performance at Triad.

[Read the full story here.](#)

University of Maryland Leverages Prescription Fill Data for CHF and COPD Patients

A University of Maryland Medical Center study found that patients with chronic conditions such as congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) were 20%–25% more likely to fill their prescriptions when they participated in a program that combined home healthcare visits with pharmacist consultations. They used data from population health management solutions to measure individual prescription fill data for specific populations of patients.

“We now have a tool that not only helps track medication adherence within the population, but also gives our staff the ability to consult with patients about adherence issues at the individual patient and drug level,” said Sade Osotimehin, PharmD, Director of Operations Center for Innovative Pharmacy Solutions, University of Maryland School of Pharmacy.

[Read the full story here.](#)



Stillwater Tackles Medication Adherence for Patients With Diabetes

Stillwater Medical Center in Oklahoma launched an initiative to prevent complications and reduce readmissions for diabetes patients. They did it by gathering data on medication usage to establish a baseline of adherence patterns, monitoring patients with high hemoglobin levels, and identifying high-risk patients for interventions.

“Our care managers can identify adherence issues among high-risk patients and intervene with education and changes to help patients get the best effect from these lifesaving drugs,” said Elizabeth Wilbourn, RN, BSN, Care Manager at Stillwater.

[Read the full story here.](#)



About DrFirst

For 25 years, healthcare IT pioneer DrFirst has empowered providers and patients to achieve better health through intelligent medication management. We improve healthcare workflows and help patients start and stay on therapy with end-to-end solutions that enhance prescription access, affordability, and adherence. DrFirst has recently won over 25 awards for excellence and innovation, including winning Gold in the prestigious Edison Awards in 2023, recognizing our game-changing use of clinical-grade AI to streamline time-consuming healthcare workflows and prevent medication errors. Our solutions help 100 million patients a year and are used by more than 420,000 prescribers, 71,000 pharmacies, 270 EHRs and health information systems, and over 2,000 hospitals in the U.S. and Canada. To learn more, visit DrFirst.com, and follow us on [LinkedIn](#) or [@DrFirst on X](#).