

Rethinking Our Approach to Improving Medication Adherence

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Understanding the Adherence Gap

Despite decades of medical innovation, the pharmaceutical industry continues to be challenged by the reality that many patients don't take their medications as prescribed. Even as therapies have become more convenient—infusions transitioning to injectables, injectables shifting to oral treatments, extended dosing intervals, and improved safety profiles—adherence remains a persistent hurdle. Moreover, the landscape is evolving not just in terms of treatment modalities, efficacy, and safety; access to medications has broadened through telemedicine and mail delivery, yet patients continue to struggle with staying on therapy.

Nonadherence is not a new issue, but it remains an unsolved. As Bob Brook, MD, a pioneering health services researcher, succinctly stated: “Drug use follows the 50% rule—half the dose, half the frequency, or half the duration. Patients invariably say it's cost, but when we make drugs free, adherence only goes up to about 60%. There's something else going on.”

That “something else” merits deeper examination.

In this brief article we review the efforts of the pharmaceutical industry to understand and encourage drug adherence. We link that to two of the underpinning frameworks that have shaped those endeavors and present a novel option for how prescribers can frame the evidence supporting the use of a prescription medication in a manner that may be more engaging for the consumer.



What the Industry Has Attempted and What It Has Overlooked

There has certainly been no shortage of efforts by pharma to encourage adherence. A recent systematic review by Tamas Agh and colleagues, on behalf of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR)'s Medication Adherence Special Interest Group, evaluated nearly 15,000 peer-reviewed studies. Of those, 308 articles were selected for focused analysis on Medication Adherence Enhancing Interventions (MAEIs). The most common strategies were behavioral (n=143) and educational (n=110), with mixed-method interventions comprising the remainder. While most studies measured medication-taking behavior (n=286), far fewer assessed outcomes such as quality of life (n=57), resource utilization (n=43), patient satisfaction (n=31), or economic impact (n=18). Strikingly, only 4 studies (1.3%), examined the broader life consequences of adherence, such as motivation, expectations, or social functioning.

The research highlights an opportunity to refocus and optimize interventions that can advance outcomes that matter to patients.



Reframing the Challenge: 2 Essential Questions

1. Are Prescribing Clinicians Attuned to the Real Barriers Patients Face?

Within many pharmaceutical organizations, adherence is seen as a downstream priority or something to be considered post prescribing. But behavioral science suggests the issue may begin upstream, much earlier in the clinical encounter.

Incorporating motivational interviewing into clinical workflows could reshape how patients view their medications, not as obligations, but as enablers of what they care about most.

According to the Transtheoretical Model of Change, individuals move through distinct stages: precontemplation, contemplation, preparation, action, and maintenance. Understanding where a patient is on this continuum could prompt more effective, personalized conversations. Motivational interviewing, a collaborative and non-judgmental technique, capitalizes on this understanding. Rather than instructing patients, it invites them to reflect on their values, align treatment decisions with personal goals, and resolve ambivalence at their own pace. Yet despite its proven efficacy, this approach is rarely used at scale in everyday practice.

2. Are Patients Supported in Ways That Make Adherence Personally Relevant?

Many MAEIs focus on achieving clinical endpoints or improving adherence metrics but overlook a far more potent driver related to a patient's personal return on investment: Why should a patient care about taking a statin, or a blood thinner, or a biologic?

The most compelling motivators are rarely abstract lab values. They are immediate, personal, and meaningful:



A person with asthma who uses their inhaler consistently to enjoy a walk at the local market.



A grandparent managing arthritis to cradle a newborn grandchild without pain.



A migraine patient adhering to prevention protocols to confidently host a family gathering.



A man with NVAF staying on anticoagulants so he can dance at his daughter's wedding, free from the fear of stroke.

These are not clinical endpoints—they are life goals. Yet they are rarely captured or leveraged in ways that scale. Patient-Reported Outcomes (PROs), though a step in the right direction, are typically relegated to late-phase studies, long after the product is launched. In the end, there are missed opportunities to integrate meaningful patient narratives into the value proposition of new therapies.

A Call to Action: Make Adherence Personal From the Outset

To close the adherence gap, the industry must reimagine the way it approaches patient behavior. This requires both philosophical and practical shifts:

1. Incorporate PROs into Early Clinical Trials

Rather than treating them as supplemental endpoints, PROs should be central to the clinical development strategy. Capturing insights about mobility, independence, emotional well-being, and social participation early on could yield both regulatory advantages and more compelling launch narratives.

2. Embed Motivational Interviewing in Patient Support Programs

Whether through trained health coaches or conversational AI, patient support should guide individuals through their own journey of behavior change. This is not about enforcing compliance. It's about fostering alignment between the treatment and the patient's aspirations.

3. Redefine Adherence Interventions Around Personal Value

The next generation of MAEIs must do more than promote medication-taking but should evoke emotional engagement and help patients see adherence as the way to achieve what they truly value. This may require new metrics, new technologies, and new alliances, but the potential return, both in health outcomes and commercial impact, is substantial.

Beyond Compliance: A Vision for Impact

The ultimate purpose of an alarm clock is not to make noise. It's to ensure you catch your train to for work, meet your friend, or watch the sunrise. Likewise, the true purpose of medication adherence is not to satisfy a prescribing objective but should help people live better, fuller lives. This is especially critical for asymptomatic or chronic conditions where benefits are not immediately felt such as hypertension, diabetes, or high cholesterol. In these cases, adherence is not intuitive. It must be connected to something deeper and more personal.

By making adherence a vehicle for what matters most to everyone, the pharmaceutical industry has the opportunity to not only improve health outcomes, but to profoundly enhance the way patients experience their lives. And that is the future worth investing in.

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Reference

Agh T, Hiligsmann M, Borah B, et al. Systematic review of outcomes for assessment of medication adherence enhancing interventions (MAEI): An ISPOR Special Interest Group Report. Value in Health. 2024; 27(2): 133-142.

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