



# Value-based Care Chronicle: Guide to Improving Performance

January 2025

## 2025 Medicare Prescription Drug Changes: What Providers Need to Know

- **\$2,000 Annual Out-of-Pocket Cap:** Beneficiaries' yearly out-of-pocket expenses for covered Medicare prescription drugs will be capped at \$2,000.
- **Option for Monthly Installment Payments:** Medicare Part D plans will offer enrollees the choice to spread out-of-pocket costs over the plan year through capped monthly payments, enhancing budget predictability and adherence. Patients with higher drug costs earlier in the year are most likely to benefit from participation.
- **Elimination of the Coverage Gap (AKA Donut Hole):** The coverage gap will be removed, simplifying the benefit structure and reducing unexpected costs for beneficiaries.

The CHESS Pharmacy Team is here to help with access and assistance should your patients still find it difficult to afford medications.

[Medicare Prescription Drug Changes](#)

## Medication Adherence

Adherence matters. As healthcare professionals, you can motivate patients to take their medications as prescribed, which can contribute to improved outcomes and increased STARS performance. Effective two-way communication is critical; in fact, it doubles the odds of patients taking their medications as prescribed. Try to understand your patients' barriers and address them honestly to build trust. Common [reasons for nonadherence](#) include fear, cost, misunderstanding, complex regimen, lack of symptoms, mistrust, worry, and depression.

Overcoming  
Hurdles to  
Medication  
Adherence

Podcast:  
Addressing  
Diabetes &  
CKD

Role of  
Pharmacy in  
Value-based  
Care

Why Med  
Adherence is  
so Important  
in VBC

Because it's an important part of patient care, CMS evaluates medication adherence. The objective is to ensure covered members obtain timely refills and have medication on hand at least 80% of the time during the measurement

period as measured by pharmacy claims. The following three measures are triple-weighted:

**Med Adherence for Diabetes (MAD)**  
**Med Adherence for Hypertension (MAH)**  
**Med Adherence for Cholesterol (MAC)**

Providers can increase trust and drive medication adherence for these measures by:

1. Considering medication nonadherence as the first reason a patient's condition is not under control
2. Developing a process for asking patients about adherence
3. Creating a shame- and blame-free space to discuss medications with the patient
4. Identifying why the patient is not taking their medications
5. Responding positively and thanking patient for sharing
6. Tailoring adherence solution to the patient
7. Involving the patient in treatment plan
8. Addressing adherence barriers, such as cost or transportation
9. Discussing continued therapy, timely refills, and extended supply prescriptions

To explore these quality measures in greater detail, the following resources are available:

**Medication Adherence for Diabetes**

- [Diabetes Med Adherence: A Complex Issue Requiring a Multifaceted Approach](#)
- [Closing the Quality Gap: Medication Adherence for Diabetes \(MAD\)](#)
- [Diabetes Medication Adherence Video](#)
- [GSD Quality Flyer](#)
- [Move to Value Podcast: Diabetes Medication Management](#)

**Medication Adherence for Hypertension**

- [Closing the Quality Gap: Medication Adherence for Hypertension \(MAH\)](#)
- [Controlling Blood Pressure Quality Flyer](#)

**Medication Adherence for Cholesterol**

- [Closing the Quality Gap: Medication Adherence for Cholesterol \(MAC\)](#)

## Patient Education Pointer of the Month

### *SIMPLE Method*

Use the [SIMPLE method](#) to help improve medication adherence among your patient populations:

**1. Simplify the Regimen**

- Limit the number of doses and frequency, when possible

- Encourage patients to use adherence tools (pill boxes and mobile apps)
- Work to match the action of taking medication with a patient's daily routine

## 2. Impart Knowledge

- Assess patient's knowledge of his or her medication regimen
- Write down medication instructions clearly, and reinforce them verbally
- Provide websites for additional reading and information

## 3. Modify Patients' Beliefs & Behaviors

- Provide positive reinforcement when patients take their medications successfully
- Talk to patients to understand and address their concerns or fears

## 4. Provide Communication & Trust

- Allow adequate time for patients to ask questions
- Use plain language when speaking with patients
- Ask for patients' input when discussing recommendations and making decisions
- Remind patients to contact the office with questions

## 5. Leave the Bias

- Understand predictors of non-adherence and address barriers as needed
- Ask patients specific questions about attitudes and beliefs related to taking medications

## 6. Evaluate Adherence

- Ask patients directly whether they are sticking to their medication regimens
- Use a medication adherence scale
- When appropriate, prescribe 90-day fills for chronic conditions

[Medication Adherence is SIMPLE Video](#)

## Additional Resources

- [2025 PCP Chronic Conditions Desk Reference](#)
- [Category II Codes: Understanding Their Role in Value-based Care](#)
- [How to Unlock the Value of ACO REACH](#)

[Learn More!](#)

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