## PROPOSED TITLE: Behavior Change Part II - Filling in the Gaps: Building Skills to Overcome Medication Adherence Barriers

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This post is the second in a series focused on behavior change. Read Part I here.

One of the biggest barriers to better health outcomes is also one that feels, from the outside, like it should be the easiest to solve. For people recovering from a surgery or dealing with a chronic condition, the idea of taking medications consistently to manage a health condition seems simple, and imperative: Receive a prescription, pick up medications, and take as directed. But too often, education about how to take the medication is lacking – compounded by the fact that physicians and pharmacists rarely have the time to follow up with patients to ensure they are taking their medications properly.

But taking a medication properly is like building any other skill. As many as 40-50% of people with chronic conditions struggle with medication adherence – resulting in unnecessary complications, and costing the U.S. healthcare system as much as \$289 billion per year. Put simply, the broader healthcare industry hasn't solved this challenge. Pill boxes or smart phone apps alone have not generated results. An integrated solution that delivers outcomes at scale and includes a multifaceted approach to building skills through behavior change and finding personal value for taking meds is the only solution with proven impact.

Even the title -- "medication adherence" -- conjures images of a strict regime with steep penalties for failure. In academic and clinical circles, the preferred term is *medication self-management*; Omada's Medical Affairs team works to reinforce the use of this term internally, so our teams realize that building these behavior patterns is part of the process our participants undertake to better manage their own conditions.

Studies show a direct relationship between people's perceptions of the need for and value of a given treatment and their adherence to the treatment. Studies *also* show a direct relationship between an individual's sense of empowerment, self-efficacy, and the success of the individual's medication self-management. Many people have tried their best – without success – and end up feeling like failures.

Omada's holistic approach to helping our participants build skills and feel more competent at managing their health conditions, including taking medications, not only fosters success in behavior change, it cements it into new routines and ways of living. Through education and practice, our program is designed to enable participants to master the skills needed to embed long-term behavior change. Participants set a goal with their coach and problem solve around barriers and challenges that might get in the way of self-management. These cycles of making plans to meet a goal and adjusting these plans to make them fit for individuals' unique needs and circumstances are part of learning how to make sustainable change. Our three-pronged approach – teach, try and maintain – fosters a level of self-efficacy that, when combined with our unique coaching methods, turns these pivotal moments into opportunities for success.

Quotes from Omada participants, and coaches, reinforce what we see:

Omada member: "I've tried, but I've just been feeling really down lately and don't feel the need to take my medication and stay on my health plan."

Omada Coach: "I see that it's been very hard for you to do all the things you need to do to get your diabetes under control. Why don't we just focus on one of the problem areas. We've identified that you're having trouble taking your medications on time, following a low-sugar diet, and getting regular exercise. Which would you like to focus on first?"

Improving self-management requires an active process of behavior change, including overcoming moments of feeling overwhelmed and stuck in how to go about behavior change. At Omada, we enable multi-component digital interventions to build skills. These technology-enabled integrated solutions enhance knowledge and motivation, provide practical tools and support, and track progress to continue to build on small behavior changes toward goals.

An illustrative example: Suzy has just finished lunch at work. She's been regularly recording high blood glucose levels at this time of the day, and has been recommended to take her medication at this time. When Suzy chooses to work on this goal, the Omada system automatically triggers a suggestion for an "after lunch challenge" and medication reminder so that she can proactively manage her glucose levels. Interactive dashboards help motivate our participants, enable active participation – and ownership – of their own health. It works.

When we give Suzy – and participants like her – a challenge that aligns with her goals, provides a sense of accomplishment, and is adaptable to her existing daily routine – 84 percent chose a second challenge as well. Continued engagement in meeting our participants where they are reduces attrition in the program and help keeps them active and healthier.

The key is to keep people's goals at the center of their behavior change and help them build the skill sets to meet these goals. Through technology-enabled, multi-component interventions, Omada is filling the gaps in medication adherence for behavior change.