

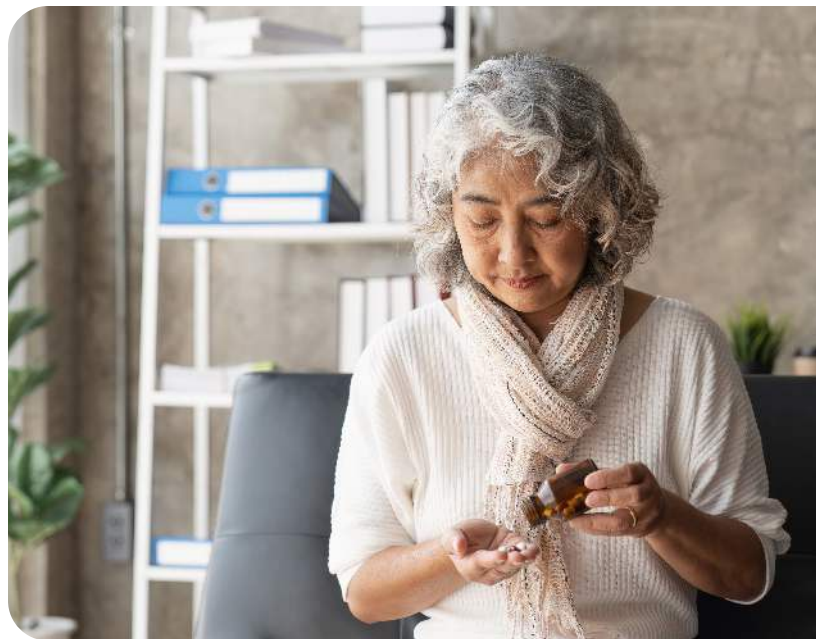
# Improving Hypertension Outcomes with a Medicaid Health Plan

How Scene's 360° model of care helped an MCO improve medication adherence, decrease blood pressure, and achieve high program satisfaction.



# Background

A Maryland Medicaid Managed Care Organization (MCO) was looking to improve medication adherence among its hard-to-reach hypertensive members with prescribed antihypertensives. We partnered with the MCO to improve this subset's medication adherence rates and blood pressure control.



# Problem

## The national impact of hypertension

In the United States, hundreds of millions of people have hypertension. Known as the silent killer, the condition is a risk factor for cardiovascular disease and a pervasive cause of mortality and morbidity across the globe.

Medication adherence is crucial in hypertension management as it helps control blood pressure, reduces the risk of complications, improves long-term outcomes, and ensures patient safety.<sup>1</sup> Unfortunately, the consequences of nonadherence to antihypertensive medications include end-organ damage such as microalbuminuria, stroke, heart failure, increased hospital admissions and healthcare costs, reduced quality of life, and death.<sup>2</sup>



48%

Nearly half of adults have hypertension (48.1%, 119.9 million), defined as a systolic blood pressure greater than 130 mmHg or a diastolic blood pressure greater than 80 mmHg, or are taking medication for hypertension.



23%

About 1 in 4 adults with hypertension have their hypertension under control (22.5%, 27.0 million).



691K

In 2021, hypertension was a primary or contributing cause of 691,095 deaths in the United States (nearly 20%).



\$131B

High blood pressure costs the United States about \$131 billion each year, averaged over 12 years from 2003 to 2014.<sup>3</sup>



# Solution

## Our MedEngagement program



### Reach

Our enrollment team deployed a multichannel marketing campaign that educated members about the challenges and importance of medication adherence, communicated the details of our program, inspired enrollment, and provided technical support.



### Build

Members received a detailed educational review of their medications with a pharmacist — a Comprehensive Medication Review (CMR). Then, members were paired with a dedicated nurse and health coach to complete 60 days of video Directly Observed Therapy (video DOT). During this phase, we deployed a range of targeted interventions, including small financial incentives, medication reminders, motivational interviewing, and motivational and educational video content.



### Sustain

Members sustained performance and self-managed with the continued support of our care team and ongoing interventions as needed based on claims and pharmacy data. During this phase, we continued to do whatever it took to ensure any medication adherence challenges were resolved.



### Welcome kit

Members received a tailored package that contained educational materials and fun give-aways to drive high adherence, motivate change, and empower healthy habits.

### Participant app





Overall, we helped the MCO's most difficult-to-reach members with hypertension achieve high medication adherence and blood pressure control rates. Our comprehensive medication engagement (MedEngagement) approach enabled our care team of pharmacists, nurses, and health coaches to identify and address hundreds of medication challenges ranging from health system issues, behavioral obstacles, medication problems, condition-specific difficulties, and Social Determinants/Drivers of Health (SDOH) related barriers to adherence.

With our program of daily check-ins and ongoing engagement, members were empowered to build better medication habits and improve their health. In addition, high program satisfaction rates and a high ease-of-use rating for our mobile app validated our program's positive influence on the MCO's member experience goals.

**~72%** Average adherence

### Top adherence challenges identified and addressed

- Drug administration
- Time management
- Medical issues
- Medication possession
- Situational stressors



# 4.84/5

Average overall  
program satisfaction rate



# 4.73/5

Average overall ease of  
using the Scene app



# 72%

of patients had self-reported  
BP readings that were in  
control or less than 140/80.



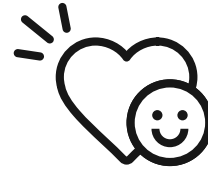
# +14K

Video submissions



# +15K

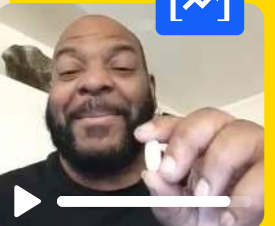
Inbound and outbound  
chat messages



# BP Improvements

On average, patients who had  
self-reported BP readings showed a  
systolic measurement drop from 136  
to 125 and a diastolic measurement  
drop from 79 to 77.

Day 1



Day 60

## Mike

Hypertension + Diabetes

Final results after our program

**7.4**  
HbA1c

**100%**  
Adherence

**117/74**  
mm Hg

“I was able to get my blood pressure on track because I was taking my medicine every day. That was important, you know, and I got into a routine. [Scene] helped me build a routine... Just being committed to a program or seeing that I have staff that actually cared also, it benefited me. ”

# Conclusion

Through our partnership with this MCO, we demonstrated the effectiveness of our 360° model of care in improving medication adherence and hypertension outcomes. By addressing the critical issue of medication nonadherence among hard-to-reach hypertensive members, we achieved impactful results for the plan.

Our holistic MedEngagement approach included multichannel outreach, validated interventions like CMRs and video DOT, dedicated care team support, and ongoing engagement, which proved instrumental in fostering positive outcomes. Our program's high satisfaction rates underscored the value we brought to each member.

Under a value-based healthcare delivery system, our MedEngagement solution holds substantial promise for health plans seeking to enhance the health of their populations, elevate quality, and lower costs.



## References

<sup>1</sup> Hamrahian SM, Maarouf OH, Fülöp T. A Critical Review of Medication Adherence in Hypertension: Barriers and Facilitators Clinicians Should Consider. *Patient Preference Adherence*. 2022 Oct 7;16:2749-2757. doi: 10.2147/PPA.S368784. PMID: 36237983; PMCID: PMC9552797.

<sup>2</sup> Abegaz TM, Shehab A, Gebreyohannes EA, Bhagavathula AS, Elnour AA. Nonadherence to antihypertensive drugs: A systematic review and meta-analysis. *Medicine (Baltimore)*. 2017 Jan;96(4):e5641. doi: 10.1097/MD.0000000000005641. PMID: 28121920; PMCID: PMC5287944.

<sup>3</sup> Facts About Hypertension [Internet]. Atlanta (GA): Centers for Disease Control and Prevention; c2023. [cited 2023 August 11]. Available from: <https://www.cdc.gov/bloodpressure/facts.htm>.





Since 2014, we have been implemented with over 720 customers to support patients with chronic and infectious conditions, including asthma, diabetes, hypertension, HIV, hepatitis C, tuberculosis, solid organ transplant, and COVID-19. We work with some of the world's most innovative health organizations and actively pursue new opportunities to collaborate with those working to implement adherence solutions at scale.