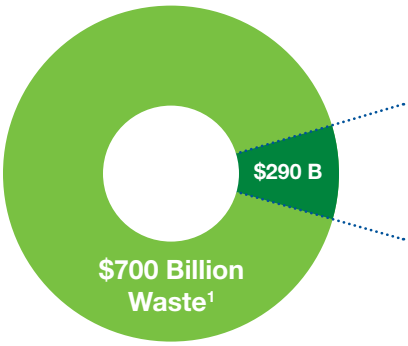
Improving Patient Medication Adherence: A $290 Billion Opportunity



- Improve Care Coordination
- Enhance Patient Engagement and Education
- Utilize Counseling and Medication Management
- Expand Screening and Assessment
- Invest in HIT Infrastructure
- Employ Quality Measurement
- Establish Financial Incentives

Reducing the $290 billion spent annually because of poor medication adherence requires building on proven practices and implementing policy actions that target the root causes of the problem.[2]

Poor medication adherence represents a significant source of wasteful health care spending. The causes of non-adherence are complex and systemic, resulting from high out-of-pocket costs, poor care coordination and the failure to account for the patient's personal circumstances.

THE PROBLEM

Scope of Poor Medication Adherence

- Of the approximately 187 million Americans who take one or more prescription drugs, up to one-half do not take their medications as prescribed.[3,4]
- As many as 2 billion cases of poor medication adherence each year are avoidable.[5,6]

Costs of Poor Medication Adherence

- Not taking medications as prescribed costs over $100 billion a year in excess hospitalizations.[7]
- Total annual health care spending for a diabetes patient with low medication adherence ($16,499) is almost twice the amount for a patient with high adherence ($8,886).[8]
- Among hypertension patients, an estimated 89,000 premature deaths per year could be avoided with appropriate medication treatment.[9]
- Diabetes patients with poor medication adherence have a 30 percent yearly risk of hospitalization, as opposed to a 13 percent risk for those who accurately follow prescriber guidelines.[10]
- Non-adherent diabetes and heart disease patients have significantly higher mortality rates (12.1 percent) than similar patients who were adherent (6.7 percent).[11]

Causes of Poor Medication Adherence[12]

- High out-of-pocket costs, especially for patients on multiple prescriptions for chronic conditions.
- Lack of care coordination, follow-up and shared decision-making.
- Complex or burdensome treatment regimens or multiple prescribed medications.
- Co-morbidities, such as severe and persistent mental illness.
- Side effects of prescribed medications, whether real or perceived.
- Personal factors, including lifestyle, culture and belief system.

SOLUTIONS

Improving medication adherence requires building on a coordinated set of proven practices in the field and policy actions in both the public and private sectors.

Improve Care Coordination

- **Proven Practice**: Care teams composed of physicians, pharmacists, nurses and other health care professionals can more effectively monitor adherence and counsel patients.[13]
- **Proven Practice**: Diabetes patients receiving case management, including bi-weekly automated calls and self-care training by nurses, are 21 percent more adherent to their medications than those who receive usual care.[14]

Enhance Patient Engagement and Education

- **Proven Practice**: Elderly patients who receive pharmacist-led discharge counseling before

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Using care coordination strategies, patient engagement and Medication Therapy Management can significantly improve medication adherence.

Improving medication adherence also requires investments in HIT and financial incentives for patients and providers.

hospital discharge improve their medication adherence by 43 percent.[15]
- **Proven Practice**: Patients who participate in motivational interviewing and discussions about their individual needs, constraints and preferences are 13 percent more likely to take their medications as prescribed compared to patients receiving usual care.[16]
- **Proven Practice**: Patients with depression who are provided educational materials and one-on-one follow-up are twice as likely to refill their prescriptions.[17]

Utilize Counseling and Medication Management
- **Proven Practice**: Fifty-six percent of HIV/AIDS patients enrolled in a Medication Therapy Management (MTM) program, a multi-disciplinary team approach to care, follow their medication directions, as compared to 38 percent of patients who did not receive MTM.[18]
- **Proven Practice**: Patients with high blood pressure taking once-daily therapies are 11 percent more adherent than those taking twice-daily therapies.[19]

Expand Screening and Assessment
- **Proven Practice**: Expanding the use of proven screening and assessment tools to target patients at greatest risk for non-adherence, such as those with depression.[20]
- **Proven Practice**: Establishing tools for providers to promote medication review and reconciliation as well as patient engagement, such as the American Society of Health-System Pharmacists Medication Reconciliation Toolkit.[21]

Invest in HIT Infrastructure[22]
- **Policy Action**: Invest in electronic health records, e-Prescribing, clinical decision support systems and sharing of data related to the proper use of medications.
- **Policy Action**: Encourage sharing of near real-time prescription fill and refill data among providers, between patients and providers, and between providers and pharmacists to implement instantaneous point-of-care medication review and regimen reconciliation.

Employ Quality Measurement
- **Policy Action**: Adopt consensus-based standards, such as those from the National Quality Forum and Pharmacy Quality Alliance, to measure the quality of adherence strategies.[23,24,25]
- **Policy Action**: Develop specific measures for adherence to medications for chronic disease.

Establish Financial Incentives[26]
- **Policy Action**: Provide incentives for Medication Therapy Management and patient counseling.
- **Policy Action**: Eliminate co-payments for generic drugs and reduce brand-name co-payments.[27]
- **Policy Action**: Expand adoption of value-based insurance design to reduce co-payments for medications for chronic conditions.
- **Policy Action**: Enable prescribers to simplify dosing by considering adherence and simplification of medication regimens in the development of formularies and cost-sharing requirements.

► Learn more about ways to Bend the Curve in health care costs at: **www.nehi.net/bendthecurve**

THE PROBLEM

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