Prescriptions for a Healthy America

"A Partnership for Advancing Medication Adherence"

Medication Adherence: A $300 Billion Problem

Medication Synchronization: Solution to Lower Costs and Improve Quality

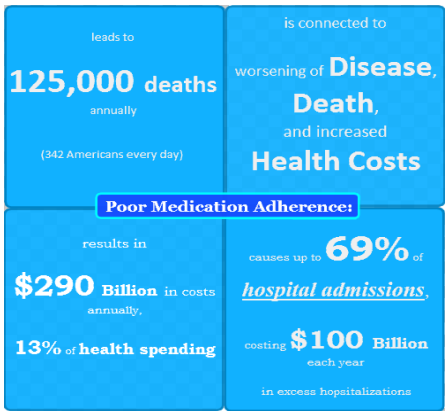
What is Medication Adherence?

Medication adherence occurs when a patient takes their medications according to the prescribed dosage, time, frequency, and direction. A breakdown in any one of these elements has the potential to result in unanticipated side effects and complications. Studies show that:

- Two-thirds of all patients do not take their medications as prescribed;
- More than 1 in 5 new prescriptions go unfilled;
- Adherence is lowest among patients with chronic illnesses.

What Are the Effects of Poor Medication Adherence?

Poor medication adherence, or non-adherence, limits effective management and control of chronic illnesses. Non-adherence increases the likelihood of preventable disease progression, increased hospitalizations, avoidable doctor and emergency room visits, and other problems arising from poor health, which can significantly increase costs.



- At least 125,000 Americans die annually due to poor medication adherence.
- As adherence declines, emergency room visits increase by 17% and hospital stays rise 10% among patients with diabetes, asthma, or gastric acid disorder.
- Poor medication adherence results in 33% to 69% of medication-related hospital admissions in the United States, at a cost of roughly $100 billion per year.
- NEHI estimates that total potential savings from adherence and related disease management could be $290 billion annually — 13% of health spending.

What can be done?

A growing body of evidence suggests that medication adherence programs have the potential to reduce health spending and, in the process, generate significant savings for taxpayers. Policies to promote medication adherence have the potential to improve health and significantly reduce health spending.

One proposal, Medication Synchronization, is a promising intervention that offers an important opportunity for improving medication adherence. It works like this:

- The program synchronizes prescription fills to one day of the month for patients to pick up or receive, via mail-order, all prescriptions.
- In advance of each fill, pharmacists contact the patient to remind and receive authorization for filling the medications, conduct medication reconciliation, and deliver medication management services.

Prescriptions for a Healthy America: *Partnership for Advancing Medication Adherence* is a campaign of the Council for Affordable Health Coverage▪ 1101 14th Street, NW, Suite 700 ▪ Washington, D.C. 20005
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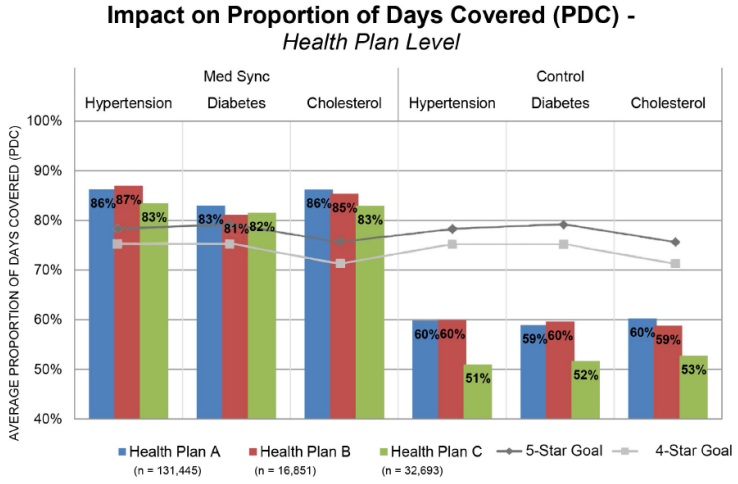
The Results

Thrifty White Pharmacies and the Virginia Commonwealth University completed a study on the effects of synchronization on medication adherence and found that:

- Patients enrolled in medication synchronization were 3.4 to 6.1 times more adherent to their medications than patients not enrolled.
- Patients not enrolled in the synchronization program, had a 52% to 73% greater likelihood of becoming non-persistent to their medication regimens.
- Initial indications are that plans can achieve between 4 to 5 stars on Medicare's star rating quality program through medication synchronization alone.



Source: Ateb. "Med Sync Program Impact: An Analysis of Thrifty White Claims Data (2013): Print.

Our Proposal

P4HA supports testing the medication synchronization concept in the Medicare program. The demo project would:

- Test medication synchronization's efficacy in improving adherence, lowering costs and improving outcomes for stand-alone Part D Plans and Part C Medicare Advantage Prescription Drug Plans.
- Require mandatory participation by the plans and an opt-out provision for beneficiaries.
- Test three different models of synchronization against a control.
    - Model 1: Synchronization (sync meds & pre-fill phone call)
    - Model 2: Synchronization + compliance-based packaging
    - Model 3: Synchronization + ongoing pharmacist counseling
    - Model 4: Control group with current pharmacy standards of care

- CMS should evaluate the demonstration by collecting and analyzing relevant plan and beneficiary data, such as:
    - Synchronization enrollment and drop-out rates
    - Primary medication non-adherence
    - Medication adherence and persistence rates
    - Beneficiary demographic characteristics
    - Plan characteristics (i.e. plan benefit design)
    - Impact of program on dual eligibles and LIS
    - Rx claims data vs. medical claims data to examine synchronization/adherence effect on overall health spending and outcomes.