# Rx Adherence: Where Rubber *Meets Road*

## *Integrated claims management strategy seen as way to rein in runaway drug costs*

Written by Bruce Shutan

While pharmaceuticals have long represented the fastest-growing portion of employer-provided health care costs, they also can significantly curtail enormous expenses related to surgery or hospitalization. But the potential for cost savings is moot unless drugs are taken as prescribed.

"When used appropriately, medications are the best point throughout the care continuum to change the trajectory of overall health care costs," suggests Kempton Presley, VP of business information solutions and client performance at PharmMD, which connects patients, providers and pharmacists.

As part of that approach, the thinking is to spend more on medication to remove barriers that fuel non-adherence, which will reduce utilization and overall medical costs. Another part of that argument is to ensure that a primary care physician (PCP) knows not only which medications are working or not working to treat each patient, but also what's being prescribed by other clinicians.

PCPs also can benefit from knowing diagnoses from other physicians, as well as having access to a myriad of best practices from the Pharmacy Quality Alliance, National Committee for Quality Assurance or even the Food and Drug Administration, he adds.

"We know that the doctor-patient relationship isn't always in complete lockstep," Presley admits.

## Brow-raising cost driver

About half of the roughly 187 million Americans with prescriptions do not take their medications as prescribed, according to the Kaiser Family Foundation (KFF). It can be even higher for mental health patients, which KFF said ranges anywhere from 24% to 90%. It's also worth noting that as many as 2 billion cases of poor medication adherence each year are avoidable, suggests research published by the *New England Journal of Medicine* and IMS Health.

The biggest factor associated with non-adherence of a prescription drug regimen involves missed doses at 39%, data from pharmacy benefit manager (PBM) Express Scripts reveals. Rounding out the list of other reasons is the cost of drugs, clinical questions, late refills and late renewals.

Studies published in scholarly journals such the *Annals of Neurology* have shown that the annual cost of medication non-adherence, which kills about 125,000 Americans and causes 30% to 50% of treatment failures each year, is as much as $300 billion. Non-adherence has been shown to result in $100 billion each year in excess hospitalizations alone, notes a study in the *New England Journal of Medicine*. In addition, the American Society of Consultant Pharmacists blames 20% of annual hospital admissions on non-adherence.

The best strategy is to focus on patients who are adherent and keep them that way, suggests a new study from the CVS Health Research Institute. It noted that an adherent patient who became non-adherent spent an additional $2,663 on medical care.

The need for better strategies to ensure adherence to a prescription drug regimen will deepen considering a troubling demographic trend. By 2020, the World Health Organization estimates that the number of Americans with at least one chronic illness who will require drug therapy will swell to 157 million.

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Stacey Grant

## Cures, side effects and prevention

Whereas pharmaceuticals have historically focused on treating the symptoms of certain diseases, "we're now living in an era where there are medications that will actually most of the time cure a disease like a hepatitis C," explains Jason Ellison, area VP of health and welfare consulting at Gallagher Benefit Services, Inc. "From an overall cost management perspective, we see pharmacy as a low hanging fruit and a real opportunity to manage cost and efficacy."

Adherence becomes critically important, he says, because of the high stakes involving some incredibly expensive scripts. "The last think you want is to take $60,000 worth of medication and then have it not work," he argues.

Any medication, even if it's cheaper, will turn out to be a complete waste of money if it's not being taken as prescribed, according to Stacey Grant, a pharmacist at PharmMD. While noting that "it's incredibly hard to balance the cost of medication with the side effects profile," she says non-adherence of drugs that involve a co-pay of just $2 or $50 will simply lead to higher costs and long-term issues. Her solution: an upfront investment of preventative medicine that will pay long-term dividends.

The side effects associated with medication to treat diabetes tend to drive quite a lot of non-adherence anecdotally speaking, Grant observes. Another cause of non-adherence occurs when multiple medications are prescribed to treat a single illness or several chronic conditions at once – a practice known as polypharmacy. She says taking one pill twice a day for each of, say, three different illnesses can lead frustrated patients who struggle to keep track of all their scripts to stop filling their medications, altogether.

Metabolic and cardiovascular conditions for which patients may or may not display any symptoms also tend to drive non-adherence *"because they don't have a sort of cause-and-effect reason to be taking their meds,"* Presley explains.

This is where pharmacists can help. They're able to assess other medications in that same drug-therapy class or other classes of drugs to cut back or eradicate any side effects, according to Grant. Among some of the routine questions they can ask patients: Do you feel better? Are you experiencing any negative side effects? What's your energy level? How's your eating? Unless any new useful information comes to light, she says nothing will change.

Since pharmacists "have a lot of touches" with patients in the community every month, Grant says they're poised for enough meaningful follow-up care to ensure the right medication and doses are taken. "Physicians are in a tough spot," she acknowledges. "They've got a lot to do and very little time to do it."

She adds that physicians and nurse practitioners are typically "very receptive" to the assistance pharmacists offer in helping with adherence.

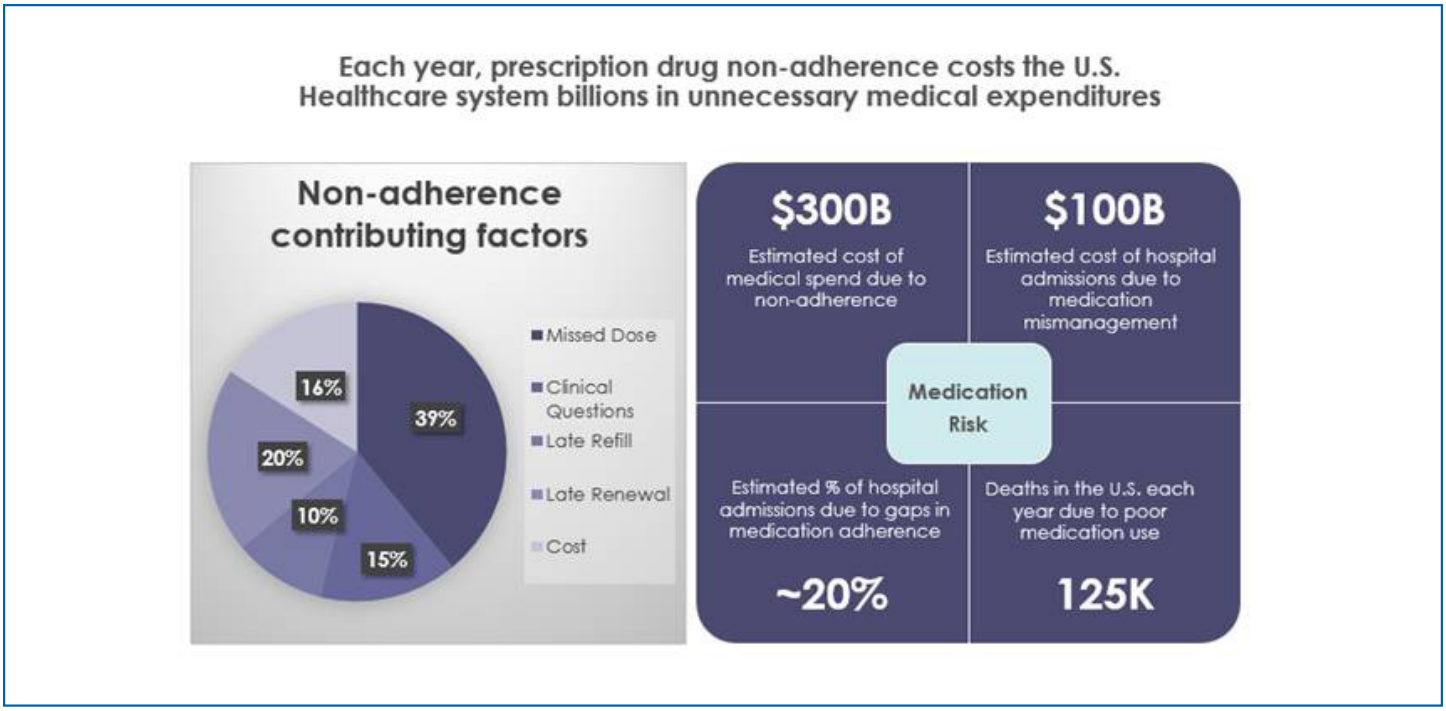
It's not unusual for someone who has been diagnosed with a condition to never take their prescribed medication or be off the drugs for a long time, which is why Presley says it's imperative to look beyond pharmacy claims in isolation of the bigger picture.

For example, he says medical claims and diagnoses also must be factored into the equation and aligned with various recommendations. This is particularly helpful in cases involving high cholesterol, hypertension or diabetes. He says significant deviations from evidence-based, best-practice protocols can be found when examining actual behaviors.

In many cases, Presley realizes it's possible that certain medications may make people feel worse than their conditions. But when left unmediated and unmanaged, he cautions that "those conditions manifest themselves into much more significant problems."


Kempton Presley

Take diabetes, which he says costs employers about $10,000 to $12,000 a year on average if managed well, whereas the tab could swell 10 times that amount under worst-case scenarios. They include anything from end-stage renal disease or cardiac issues




to acute myocardial infarction, blindness or amputation.

He says a value-based benefit design is a good place to start along the road to adherence. And while PBMs help self-insured employers with transactional tasks such as securing drug rebates, he cautions that many of them aren't privy to medical claims, and as such, don't see the entire picture and could benefit from the addition of a specialty vendor.

While PBMs also excel at formulary management, as well as flagging drug interactions, fraud, waste and abuse, Ellison agrees that combining medical and pharmacy data is imperative and will enable clinicians to have a more holistic interaction with their patients.

"As I talk to my self-funded employer clients, some of whom are really big, they're recognizing a lot of folks in their population that have a chronic condition," he reports. "And they're also recognizing that for every one they know about, there are probably several others out there that are undiagnosed. And so, identifying those people early, and then doing everything they can to ensure adherence is the most effective means for mitigating future large costs associated with those conditions."

## 'Medical reconciliation'

Evolving technology is expected to play a role in shaping the adherence landscape. Some literature suggests that electronic health records, as helpful as they are from an operational efficiency standpoint, aren't able to necessarily capture every type of drug interaction. By strictly looking at the pharmacy claims, Presley says it's not always possible to red flag, for instance, a patient with asthma who's on a beta-blocker, which can be dangerous. A related concern is when self-funded health plans aren't able to track hospital medications, which is why he says "medical reconciliation, both prior to admission and after discharge, is critical to be able to have that holistic picture of inpatient versus outpatient utilization."

Given the enormity of employees and their dependents in any given employer

population who are taking medications, he quips that it can take a village to achieve adherence. In lieu of an individual or team of clinicians who can review every health plan member's information to ensure that every protocol is followed, he recommends the use of big data and algorithm tools for a holistic view of adherence.

"I think technology allows practices and plans to have tentacles throughout communities to be able to disseminate messaging and use behavioral science to nudge people in the right direction," he opines. Even with the aging population, he notes that baby boomers and others are using technology just as much as millennials, "and if people are glued to their phones, why not take that captured attention and ensure that the right information is being disseminated?" Indeed, Presley believes mobile technology can serve as a tremendous tool for helping health care consumers adhere to their prescription drug regimen.

*Bruce Shutan is a Los Angeles freelance writer who has closely covered the employee benefits industry for 28 years.*