

Complex issues of compliance continue to make an impact

Cost savings from compliance can happen with education, collaboration, buy-in from patients, creative plan design

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Medication compliance was a problem three years ago, as reported in a 2003 issue of *MANAGED HEALTHCARE EXECUTIVE*, and its weight can still be felt today. One in three (33%) U.S. adults who have been prescribed drugs to take regularly report that they are often or very often not compliant with their medications.

Although many reasons lie behind non-compliance, a study conducted by *Wall Street Journal/Harris Interactive* shows that 64% of respondents with drugs prescribed in the last year cite forgetfulness as the main reason for non-compliance; 45% are concerned about the medication; and 43% believe the drug is unnecessary. Other barriers to adherence, according to the study, include financial reasons, dangerous side effects, a belief that the drugs are ineffective and asymptomatic patients who do not perceive value from a drug.

These frightening statistics result in an additional \$100 billion in healthcare costs annually, according to a study from *The New England Journal of Medicine*. On the upside, however, these data are pushing healthcare organizations to develop programs to promote medication compliance—from chronic illness self-management and reminders to education and "smart pill bottles."

COMPLIANCE GENERATES COST SAVINGS

MHE EXECUTIVE VIEW

- Forgetfulness and side-effect concerns can cause patients not to comply.
- Future savings can outweigh costs of compliance programs.
- Plan design and education can increase compliance.

Medco Health Solutions, a PBM headquartered in Franklin Lake, N.J., explored the relationship between cost savings and compliance in a study that appeared in *Medical Care* last year. The study, one of the first to demonstrate savings, finds that every additional dollar spent on medication for diabetes saves \$7 in medical costs and that those with diabetes who are non-compliant are twice as likely to be hospitalized. The medical cost savings are \$5.10 for each additional dollar spent on medications for high cholesterol and \$3.98 savings for drugs for patients with high blood pressure.

Overall, the study shows that money spent on medication treatments results in substantial savings when the costs of adherence to drug therapy are compared with the costs of hospitalizations and visits to the emergency room and doctor's office.

"Health plans are reluctant to adopt compliance programs because they suspect they will be expensive," says Lon Castle, MD, director, medical policy and programs for Medco, "but the long-term benefits outweigh the costs."

With the advent of \$60 billion to \$70 billion worth of brand-name drugs—Zocor, Zolofit, Pravachol and Ambien, among them—coming off patent in the United States over the next four years, according to a recent article in the *Washington Post*, Dr. Castle sees this as an opportunity to design formularies to reflect the onslaught of potentially less expensive drugs and to find more innovative ways, such as free medications for chronic diseases, to promote compliance.

Medco reaches out to non-compliant patients who may be refilling their prescriptions too soon, taking too much of a drug or not filling their prescriptions at all, as well as to their physicians through reminders.

PBMS RELY ON EDUCATION

Prescription Solutions Specialty Pharmacy Program has coordinated a program that combines mail service, home infusion, care and claim management and data tracking along with disease therapy management, which educates patients and their families/caregivers about drug regimens to achieve the best clinical outcomes and minimize therapy-related adverse events.



PERCEPTIONS OF COMPLIANCE

In a study with multiple sclerosis patients in the care management program, all participants fully complied with their therapy while 25% of non-enrollees stopped taking their drugs, says Edmund Pezalla, MD, vice president and medical director for Prescription Solutions, a PBM headquartered in Costa Mesa, Calif. He attributes non-adherence of specialty drugs to their potent side effects, high costs, lack of coordinated care management and depression often associated with chronic disease.

Kerr Holbrook, vice president of marketing for McKesson Specialty Pharmacy in Scottsdale, Ariz., says that if patients better understood why they are taking a certain drug, how to manage its side effects and what to expect from the medication, compliance would improve. "There is insufficient education around the illness and the drug treating it," he says. "In addition, if cost is the problem, benefit structures should accommodate high prices so patients can afford necessary medications."

He points out that compliance with specialty drugs is even more difficult because of their high cost and greater prevalence of side effects. "These drugs are for complex diseases affecting small populations with few support groups," Holbrook says. "And many of them are injectables, which may be hard for some people to administer."

McKesson Specialty Pharmacy works with health plan members by putting them in touch with care coordinators who can monitor refills, check patient status, explain side effects and deliver injection training. Results are proof that appropriate education works. According to Holbrook, the national average is five months for staying on Interferon for hepatitis C, but McKesson has successfully pushed that out to nine months despite the flu-like symptoms from the drug. In addition, the national average for ongoing compliance is 50%, while the specialty pharmacy reports 91% compliance.

"You need to wrap services around these expensive drugs," Holbrook says. "Patients require a certain amount of hand-holding." He points out that while some other specialty pharmacies have a one strike policy—if there is a failure to comply, a second course of therapy is not covered because of its high cost—McKesson reacts differently. "One thing that we have found is that many patients on drugs for hepatitis C experience depression so by putting them on an anti-depressant, they are able to continue treatment," he adds.

Jeanne Severson, director of clinical services at Navitus Health Solutions, a PBM in Madison, Wisc., agrees with Holbrook about the value of educating patients about their conditions and the drugs that treat them. She says you can't hit non-compliant patients over the head but instead, you need buy-in from patients by helping them understand their conditions and the importance of medications.

"Our goal is to identify non-compliant patients and not ostracize them but rather cultivate a relationship and educate," she says. "Negative messages only make patients feel guilty." She also believes in the value of putting the pharmacist into the educational mix.

InfoMedics, Woburn, Mass., banks on a partnership between patient and physician to promote compliance. Its Treatment Educator program provides educational support to patients and reports their level of understanding about their drug therapy back to the prescribing physician. In turn, physicians need to adequately explain how a particular drug works using patient-friendly language, when and how long it should be taken, side effect expectations and consequences of stopping therapy.

"By determining what patients don't understand allows us to supplement information overlooked by a prescribing physician, while providing doctors feedback on their patients' knowledge," says Gene Guselli, president and CEO of InfoMedics. "The patient is not the only culprit of non-compliance."

InfoMedics studied adherence of patients on cholesterol-lowering statins, which may cause flushing, night sweats and hot flashes, causing compliance to fall off for patients otherwise asymptomatic. Guselli says that 60% to 70% of patients stopped taking a statin after 60 to 90 days. The company successfully cut the non-compliance rate by more than 60% just by ensuring that doctors created the right expectations about harmless side effects and by improving patient knowledge, he says.

PLAN DESIGN AND COMPLIANCE

CIGNA Pharmacy Management (CPM) is offering two new plan options to promote medication compliance. One alternative allows employers to waive the plan deductible for more than 700 regularly covered preventive prescription drugs targeting cardiovascular disease, asthma and diabetes; employees can pay for the drugs with a copayment or coinsurance rather than having to meet a deductible. The other option grants employers an opportunity to purchase additional coverage for preventive medications addressing tobacco cessation, weight loss and nutritional deficiency.

Both choices will be available to self-funded groups and insured plans, all of which must have a combined medical/pharmacy deductible or pharmacy-only deductible, starting July 1, 2006 and January 1, 2007, respectively.

"These two programs are a continuing evolution of strategies that help members lower their net medication costs, while resulting in appropriate outcomes," says Thom Stambaugh, chief pharmacy officer for CPM. He expects that employers offering consumer-driven health plans will be attracted to the options more than others.

The new compliance support measures join CPM's existing Outcome Improvement programs for asthma, diabetes and high-cholesterol, which identify members not meeting their goals for the conditions through claims data and reaches out to physicians with educational materials and guidelines to encourage more effective prescribing and patient adherence. Stambaugh says that 60% of physicians will make a change once they receive information about adherence.

Within six months of initiating the cholesterol program, 75% of participants reduced their LDL levels, saving as much as 75 cents per-member per-month; 33% added controller therapy in the asthma program; and patients with diabetes in a pilot program lowered their blood sugar and had 13% fewer emergency room visits and 18% fewer hospitalizations.

COLLABORATIONS, ADHERENCE

Confounded by the discrepancy between care that is recommended, according to evidence-based, clinical guidelines, and care that members actually receive, Indianapolis-based WellPoint is working with Resolution Health to narrow that gap.

Resolution Health, a healthcare data analytic and intervention company in Columbia, Md., will analyze claims data, lab results and online personal health assessments to customize programs for both patients and physicians. One of the components is communications to patients who neglect to refill their medications, as well as to their physicians to spark a dialogue.

Sue Patterson, regional vice president for WellPoint Pharmacy Management, West Hills, Calif., says that an integrated healthcare organization like WellPoint is able to identify members who do not refill their prescriptions, discover ways to improve the quality of care and offset medication costs by decreasing emergency room visits and hospitalizations.

Humana has joined with AstraZeneca and the University of Miami Leonard M. Miller School of Medicine in a multi-year research project to promote medication compliance. Just launched, the program will study how to predict which patients with multiple chronic conditions have the most difficulty adhering to complex medication regimens; how physician-initiated care can improve compliance; and the role of technology in supporting patients.

Jack Lord, senior vice president and senior innovation officer for Humana in Louisville, says patients' attitudes toward their health and conditions are a predictor of how compliant they will be with medications. "For some, taking their medications makes them invincible; for other, drugs are poison, and they don't even fill the prescription the first time," he says.

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