



Medication Adherence

Overcoming Barriers: The Faces of Medication Nonadherence



Medication nonadherence is one of the biggest issues in healthcare today.

Half of the almost four billion prescriptions written annually are not filled in their entirety, and nearly two-thirds of Americans do not take their medications as prescribed, despite evidence that they can improve quality of life and prevent disease exacerbation and premature death.^{1,2}

The effectiveness of prescription drug treatment is greatly dependent on patient adherence to a therapeutic regimen. Failure to maintain an appropriate medication regimen (i.e., discontinuing therapy or taking less than the prescribed dose) results in:

- Reduced treatment benefits
- Preventable health complications and disease progression
- Avoidable emergent care, hospitalizations and nursing home admissions
- Employee absenteeism and productivity loss
- Premature mortality
- Greater healthcare costs

In the U.S., the estimated direct and indirect costs of medication nonadherence totaled \$337 billion in 2013.³ The rate of nonadherence is expected to increase as the country's population ages and the burden of chronic disease rises.

CARENETSM
opening new paths to health

NONADHERENCE DRIVERS

The cost of prescription drugs is one of the top reasons for patient noncompliance with medication regimes. Cost-related nonadherence is an especially common and critical problem among vulnerable populations in outpatient settings, such as elderly patients, disabled patients and patients taking multiple medications.

Across the board, however, Americans are feeling the pinch of rising prescription drug costs. Total annual healthcare costs for a family of four covered under an employer-sponsored PPO are projected to hit \$25,826 in 2016, with \$4,270 going toward prescription medications. This is almost four times more than the average family drug spend of \$1,111 in 2001.⁴

In addition to financial constraints, a myriad of factors contribute to medication nonadherence including:

- Forgetfulness
- Adverse side effects
- Fear of negative reactions or contraindications
- Belief that a medication will have a minimal effect or is unnecessary
- Belief that a medication is not working
- Complexity of treatment regimen
- Poor health and/or multiple comorbidities
- Cognitive impairment
- Mental illness
- Lack of care continuity
- Subpar provider communication
- Low health literacy
- Limited English-language proficiency
- Cultural beliefs
- Unstable living conditions
- Lack of patient involvement in the treatment decision-making process
- Limited drug coverage
- Difficulties accessing a pharmacy (e.g., lack of transportation, time)
- Inability to read prescription labels
- Difficulties opening pill bottles
- Vision and/or hearing problems
- Challenges swallowing pills

In the U.S., medication nonadherence causes an estimated 125,000 deaths a year and accounts for 10 to 25 percent of hospital and nursing home admissions.⁵

Reducing nonadherence requires collaboration among all stakeholders, from providers and payers, to patients and policymakers. It also necessitates a high level of proactive patient outreach and personalized support to drive positive, lasting behavior change, and ultimately, improve clinical and financial outcomes.



THE FACES OF NONADHERENCE

Based on decades of in-depth clinical knowledge and consumer influence expertise, Carenet's Strategic Engagement Solution has successfully helped healthcare organizations and their members and patients overcome the multiple impediments that prevent compliance with prescribed medications.

In our experience, and as research shows, there is no direct relationship between nonadherence and common demographic factors such as gender, race, age, marital status, income, occupation, education level, and cultural or ethnic background.

We know first-hand that people from all walks of life face barriers big and small when it comes to following their prescribed treatment. As such, a combination of various strategies is often necessary to ensure adherence.

The following member stories illustrate some of the most common adherence barriers our highly skilled engagement specialists encounter every day, and demonstrate the power of our proven intervention strategies to break through them.



Jim: Tuition Over Prescriptions

Feeling the financial strain from paying his daughter's college tuition, Jim, a 49-year-old non-profit program manager, started sporadically taking his high blood pressure medications to save money. When money was really tight, he would delay refilling his prescriptions for weeks until he could afford them.

As Jim didn't experience any unpleasant or obvious symptoms, he didn't think it was a big deal to skip his pills every now and then. Although his heart was in the right place, he was unknowingly jeopardizing his health and his family's welfare.

Jim's story is not an uncommon one. Maintenance medications, such as drugs to manage diabetes, high cholesterol and hypertension, are prescribed to millions of Americans each year. To ensure efficacy, these drugs need to be taken consistently. Up to half the patients with high blood pressure don't take their medications as prescribed, and nearly 90,000 lives could be saved a year if patients were compliant with their treatment.⁶

Carenet overcame Jim's cost-related nonadherence by first educating him on the potential risks of not taking his medications regularly, such as a heart attack, stroke or kidney disease.

We then helped him cut costs by switching his brand-name drugs to less-expensive generic ones. Priced 25 to 80 percent lower than their brand-name equivalents, generic drugs saved the U.S. healthcare system nearly \$1.5 trillion between 2004 and 2013.⁷



Mary: Splitting Pills to Save Time

Juggling a 50-hour workweek and single parenting of two grade-school sons, Mary rarely had time to stop by the pharmacy to pick up her thyroid hormone replacement medication.

Rather than go completely without her daily dose, she split her pills in two to extend her supply. As a result, she suffered from low energy, brain fog, hair loss and joint pain, which impacted her work performance and made her short tempered at home.

You can imagine Mary's relief when Carenet contacted her about mail-order pharmacy. It didn't take much to convince her of the critical importance of taking her medication as prescribed or the convenience and cost-saving benefits of receiving her prescription in the mail.

By seamlessly enrolling Mary in her health plan's free home-delivery program, she received a lower co-payment, automatic refills, and a 90-day supply instead of a 30-day one. With just one call, we saved Mary significant time, money and stress. More importantly, we helped improve her overall health and well-being.

In addition to being more cost-effective and efficient, numerous studies have found that medication adherence improves when medications are dispensed via mail order versus retail pharmacy.



Korina: Scared by Side Effects

Diagnosed with type 2 diabetes, Korina, a 33-year-old retail store clerk and Medicaid recipient, stopped taking her medication after a few months because it upset her stomach and made her tired, plus she heard it could cause pancreatic cancer. She just couldn't see the purpose in taking it.

Her actions were not surprising; a recent study of Medicaid beneficiaries with type 2 diabetes found the medication adherence rate was only 56 percent in the year following diagnosis.⁸

As Korina did not have an established relationship with a primary care physician, she lacked continuity of care and

a reliable person to discuss her concerns with. Without consistent monitoring and positive reinforcement from a healthcare professional, not only was Korina skipping her medication, she was also not practicing the healthy diet and lifestyle behaviors that could help prevent her disease from progressing.

To overcome Korina's nonadherence barriers, it was important to first listen to her concerns, fully comprehend her belief system, and give her the emotional support she needed.

We then helped her better understand her illness and the possible implications of not practicing preventive care measures and not taking her medication, such as heart disease, vision loss and kidney failure.

We also explained that she may need a dosage change or different medication to alleviate adverse side effects, and stressed the importance of establishing an ongoing relationship with a physician to ensure appropriate disease management and optimal health.

By cultivating a better understanding of the seriousness of her condition and instilling a belief that there were benefits to the prescribed treatment, Korina agreed to start taking her medication and to talk with a doctor about other options.

To help coordinate her care, we found her a conveniently located in-network provider, scheduled an appointment, and enrolled her into a disease management program — all on the same call. To ensure compliance, we contacted Korina 24 hours after her scheduled appointment. Upon learning she was unable to make it due to car troubles, we assisted with rescheduling her appointment as well as coordinated transportation.

Studies have consistently shown that patients' understanding of their conditions and treatment is positively related to medication adherence. In fact, patients who understand the purpose of a prescription are twice as likely to fill it than those who don't understand the purpose.⁹ However, more than 60 percent of patients leave their doctor's office misunderstanding their doctor's medication directions.¹⁰

As Carenet knows the integral role physicians and patient education plays in medication adherence, we collaborate closely with individuals and their providers to establish an informed, ongoing relationship and effective two-way communication.



George: Forgetfulness Drives Hospitalizations

Since his wife died a year ago, George, an 82-year-old grandfather and Medicare beneficiary, had a hard time remembering to take and refill his five different medications for his hypertension, heart disease and arthritis. He was also confused about what time he should take each pill and which ones needed to be taken with food. As a result, he either overdosed or underdosed, landing him in the hospital multiple times.

Various studies have demonstrated the substantial cost savings of medication adherence among Medicare recipients. One study revealed that the use of prescription drugs significantly lowered Medicare spending for inpatient hospitalizations; for each additional prescription filled, hospital costs decreased by slightly more than \$100.¹¹

Another study found that diabetic patients who adhered to their prescribed drug treatment had lower cumulative healthcare costs over three years, with Medicare savings exceeding the cost of the drugs.¹²

To help George stay on track with his medications, we enrolled him in mail-order pharmacy with automated refill reminders. We also shared adherence strategies with him and his adult son, such as creating a daily chart, using a pill organizer or automatic pill dispenser, wearing an alarm, signing up for text or email reminders, and taking the pills in conjunction with part of his daily routine, such as before breakfast.

Lastly, we sent a request to George's health plan to mail him educational materials on each of his conditions, and reminded George that he could call our 24x7 Virtual Clinic anytime he had a question or concern.

Carenet's Strategic Engagement Solution helps Medicare plans address the Centers for Medicare and Medicaid Services' (CMS) medication adherence measures by proactively contacting beneficiaries to ensure they filled or refilled their prescriptions and are taking their medications as directed. As a result, we help our Medicare partners elevate their CAHPS survey results, Star Ratings and quality bonus revenue.

CLIENT SUCCESS STORY



Met 106% of the client's member enrollment goal

Retail-to-Mail Pharmacy Outreach Met 106 Percent of Client's Member Enrollment Goal, Addressed Triple-Weighted Medicare Part D Measures and Ensured Compliance

Situation & Opportunity

To reduce medication adherence obstacles, lower costs and improve clinical outcomes among its Medicare population, a prescription drug plan collaborated with Carenet. The goal: to educate its members on medication adherence importance and the benefits of 90-day prescription fulfillment via mail-order pharmacy ultimately enrolling them in mail service.

Enrolling members into the plan's mail-pharmacy service would save them time and money and improve adherence by providing convenient at-home delivery of a less-expensive 90-day supply.

The health plan targeted a key segment of its Medicare population: members with at least one prescription who would experience significant cost savings over a 90-day period if they switched from obtaining their monthly prescription via their local pharmacy to receiving a 90-day supply via mail.



Success Strategy

Carenet implemented a personalized engagement approach driven by its in-depth Medicare market and consumer influence expertise, highly skilled engagement team, and sophisticated healthcare customer relationship management (CRM) technology.

In an effort to reach as many members as possible, Carenet's engagement specialists made multiple attempts to contact the targeted members at different times of the day and evening. If voicemail was reached, a message was left with a toll-free number so members could return the call.

Each interaction was fully leveraged by:

- Outlining the benefits of medication adherence
- Sharing effective strategies for remaining adherent
- Educating on the cost savings and convenience factors of receiving a 90-day supply via mail
- Providing a toll-free phone number for enrollment in the health plan's mail pharmacy
- Capturing current primary care physician information to update the health plan's records

Due to the Centers for Medicare & Medicaid Services' (CMS) guidelines, Carenet's engagement specialists were not allowed to convert members to mail delivery on the initial education call. Therefore, it was imperative that members fully understood the benefits and ease of switching so they were compelled to take action and independently call Carenet's mail-order enrollment team.

To also meet CMS' requirements and ensure mail-order fulfillment, the team executed a multi-step process daily to obtain prescribing physician authorization for each member who enrolled in the service. When needed, numerous

attempts were made to secure physician approval and authorization obstacles were resolved whenever possible.

Partnership Value

By combining its deep understanding of Medicare market complexities with its expertise in influencing consumer behavior, **Carenet met 106 percent of the client's member enrollment goal.**

The engagement team successfully interacted with 57 percent of the targeted members and educated them on the benefits of medication adherence and mail-order prescriptions.

As a result of Carenet's outreach, thousands of prescriptions were converted to mail-order service over a three-month period generating substantial savings for both the plan and its members.

Exceptionally pleased with Carenet's performance, the health plan expanded the program to reach more members the following year.

The member and client success stories shared here would not be possible without Carenet's proven combination of proactive, personalized outreach; consumer influence expertise; and highly skilled engagement specialists who take the time to:

- Engage with people regarding their goals, needs, preferences and concerns
- Counsel on the purpose, administration and duration of therapy
- Identify adherence barriers and discuss effective strategies for overcoming them
- Offer cost-saving solutions, like generic drugs and mail-order pharmacy
- Unite members with providers and coordinate their care
- Equip people with the information and confidence they need for shared-decision making with their providers
- Educate on other available resources, such as our 24x7 Virtual Clinic and Healthcare Advocacy and Navigation Services (plan dependent)
- Empower people to take a more active role in their health

To protect member privacy, the stories presented here are an amalgamation of member experiences and personal details have been changed.



With Carenet's proven medication adherence strategies, you will:

- Increase compliance with prescribed treatment plans
- Improve safety, well-being, satisfaction and loyalty
- Decrease unnecessary resource utilization
- Generate cost savings for all stakeholders
- Increase HEDIS scores, Star Ratings and quality bonus revenue
- Elevate your clinical and financial outcomes

Let's talk about how our positive impact on consumer health choices can help you meet your goals.

800.809.7000

www.carenethealthcare.com

CāRENETSM
opening new paths to health



References

1. New England Journal of Medicine, "Thinking Outside the Pillbox—Medication Adherence as a Priority for Health Care Reform," April 29, 2010. <http://www.nejm.org/doi/full/10.1056/NEJMp1002305>
2. Greenberg Quinlan Rosner Research Public Opinion Strategies, "Lack of Medication Adherence Harms Americans' Health: Results from a U.S. National Survey of Adults," May 2, 2013.
3. Express Scripts, "The High Price of Low Adherence to Medication," July 2015. <http://lab.express-scripts.com/lab/insights/adherence/the-high-price-of-low-adherence-to-medication>
4. Milliman, Inc., 2016 Milliman Medical Index, May 24, 2016. <http://us.milliman.com/uploadedFiles/insight/Periodicals/mmi/2016-milliman-medical-index.pdf>
5. Medscape General Medicine, "Strategies to Enhance Patient Adherence, Making it Simple," March 2005. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1681370/#R5>
6. New England Journal of Medicine, "Thinking outside the Pillbox—Medication Adherence as a Priority for Health Care Reform," April 29, 2010. <http://www.nejm.org/doi/full/10.1056/NEJMp1002305>
7. Generic Pharmaceutical Association, "Generic Drug Savings in the U.S.: Sixth Annual Edition: 2014," April 2014. http://www.gphaonline.org/media/cms/GPhA_Savings_Report.9.10.14_FINAL.pdf
8. Diabetes Care, "Oral Antidiabetes Medication Adherence and Health Care Utilization Among Medicaid-Enrolled Type 2 Diabetic Patients Beginning Monotherapy," February 2008. <http://care.diabetesjournals.org/content/31/2/e5.full>
9. Psychiatric Medicine, "Improving Doctor Patient Communication," 1991.
10. Plenum Publishing Corp, "Facilitating Treatment Adherence: A Practitioner's Guidebook, 1987.
11. Health Services Research, "Assessing the Impact of Drug Use on Hospital Costs," February 2009. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2669633/>
12. Health Services Research, "Does Medication Adherence Lower Medicare Spending Among Beneficiaries with Diabetes?," August 2011. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3130847/>

