Successful treatment of disease with prescription medicines requires consistent use of the medicines as prescribed. Yet numerous studies show that medicines commonly are not used as directed, leading to poor clinical outcomes, higher health care costs, and lost productivity.

Poor adherence to medication is a particularly important problem for patients with chronic conditions, for which medications can dramatically improve health. Chronic conditions such as heart disease, asthma, cancer and diabetes are among the greatest threats to health and treating patients with chronic conditions accounts for $3 out of every $4 spent on medical care in the U.S.

Closing the adherence gap is important to the success of initiatives to improve the quality of health care, encourage better chronic care management, and promote better outcomes.

Improving Medication Adherence Would Yield Significant Health Gains And Economic Benefits.

- Overall, nearly 75 percent of adults do not follow their doctor’s orders when it comes to taking medicines. This may include not filling a new prescription, taking less than the recommended dose, or stopping the medicine without the doctor’s knowledge.\(^i\)

- Research has found that controlling for other factors, medication nonadherence is associated with:
  - 5.4 times increased risk of hospitalization, rehospitalization, or premature death for patients with high blood pressure.\(^ii\)
  - 2.5 times increased risk of hospitalization for patients with diabetes.\(^iii\)
  - As many as 40 percent of nursing home admissions.\(^iv\)
  - An additional $2,000 per year per patient in physician visit costs.\(^v\)
  - An economic burden of $100 billion to $300 billion per year.\(^vi\)

Pharmacy Benefit Design Influences Adherence To Medicines.

- Research indicates that doubling copays for medicines can reduce adherence by as much as 25 percent to 45 percent and that every 10 percent increase in cost sharing results in a 2 percent to 6 percent decrease in prescription drug spending, depending on therapeutic class and patient condition.\(^vii, viii\)

- In one study, seniors subject to an annual benefit cap on prescriptions were less likely to use medicines appropriately, and experienced unfavorable clinical outcomes, including poor control of blood pressure, lipid levels, and glucose levels as a result.\(^ix\)

On the other hand, researchers estimate that eliminating copayments for patients at medium to high risk of heart disease would improve adherence sufficiently to avoid 90,000 hospitalizations and generate savings exceeding $1 billion.

Forward-Looking Employers, Health Plans, And Other Stakeholders Have Begun Implementing Programs To Encourage Improved Adherence To Medicines.

Investment in reduced copays and other economic incentives by employers has been shown to both improve adherence and generate positive returns on investments through productivity gains and lower overall health care spending.

Health insurance plans and pharmacy benefit managers also recognize the value of improving patient adherence and are experimenting with a range of efforts to encourage patients to use their medicines as directed, including lowering or eliminating copays for patients who refill their medicines on time.

In Medicare and Medicaid, improved adherence can be achieved through medication therapy management programs, a greater focus on care transition, adoption of health information technology, and a range of newly-established grant, demonstration, and pilot programs to encourage greater care coordination.

Efforts To Improve Adherence Represent Win-Win Solutions In Which Patients, Employers, Insurers And The Public All Benefit.

Many of the human and economic costs associated with nonadherence can be avoided, making improving patient adherence one of the best opportunities to get better results and greater value from our health care system.

According to researchers at Harvard University, “efforts to stimulate better prescribing of, and adherence to, essential medications will increase value by improving population health, averting costly emergency department visits and hospitalizations, and improving quality of life and productivity.”

ENDNOTES

4 Medication Compliance-Adherence-Persistence Digest, American Pharmacists Association 2003.
5 Ibid.