
DRUG BENEFIT NEWS

Well-Structured Adherence Programs Outweigh Cost of Higher Drug Use

Increased spending on compliance programs to help tackle the problem of nonadherence with medications may pay off, as new findings suggest that value-based benefit designs do not increase total medical spending.

Well-structured value-based insurance plans can successfully increase adherence to medications for some chronic conditions without increasing overall costs, Richard Feifer, M.D., vice president of clinical program development at Medco Health Solutions, Inc., told a Jan. 27 AIS audioconference on medication adherence.

"The traditional PBM role is a thing of the past," Feifer says. About 10 years ago, he explains, the focus of the traditional PBM was on reining in total drug costs and drug utilization. "Now we're all recognizing — and so are our clients — that adherence is a key driver of total health care costs. In some ways, we are seeing drug spend [and] drug costs go up, but in a way that we expect total health care costs to go down."

As only half of all patients with chronic conditions are adherent with their medications, Feifer says nonadherence "has been called America's other drug problem." He adds that many patients don't fill the prescriptions they are given or stop taking a medication before their supply runs out. In addition, nearly 25% of patients take less than the recommended dose of their medication. As a result, poor medication adherence can cost an estimated \$290 billion annually in total direct and indirect health care costs. It also can have a significant impact on outcomes, as multiple studies have found a correlation between nonadherence and increases in coronary heart disease-related incidents. A study published in the February 2010 issue of *Health Affairs* helps prove Feifer's assertion by demonstrating that an employer that used a value-based benefit design was able to offset the costs associated with additional drug use by reducing the use of non-drug health care services.

For the study, one large employer reduced copayments for five classes of drugs used to treat certain chronic conditions, including ACE inhibitors and beta-blockers for high blood pressure. The copays were reduced for generic drugs from \$5 to zero, preferred brand drugs from \$25 to \$12.50 and nonpreferred brand drugs from \$45 to \$22.50. The study found that the value-based design increased adherence by three percentage points, and cost the employer an average increase of \$7.75 per employee per month in

pharmacy costs. However, the costs of non-drug health care services decreased by the same amount.

Some PBMs are already offering performance guarantees to back up their promises that they will improve adherence with drugs. Other health plans are tackling adherence problems — particularly those surrounding cholesterol-lowering drugs — with a range of strategies including barrier surveys, physician and patient communications, and incentive programs (*DBN 12/4/09, p. 1*).

Plans Should Personalize Adherence Programs

To have an effective value-based program, payers must first target the reasons why patients are nonadherent — which can range from person to person, Feifer says. Such reasons may include cost, forgetfulness, not knowing how to take the drug or not being able to get a drug filled or delivered.

But just knowing barriers to adherence is not enough, says Jan Berger, M.D., chief medical officer at Silverlink Communications, who also spoke at the AIS audioconference. "One of the things that I have learned is that [adherence] really is very individualized," she says. "Personal issues, cost issues, proximity to a pharmacy — all these things come into play. So as you're trying to address medication nonadherence, you really need to know an individual's reasons."

In addition to just forgetting to take medications or not refilling prescriptions because of costs, Feifer adds, nonadherence can occur because there is a lack of communication with the patient and their pharmacist or physician. He says the key to having a successful program is to target outreach to members who need it most by training pharmacists, who can give patients personalized attention.

"Therapy management, or helping people get on the right medications and stay on the right medications and use them faithfully, tends to be done more successfully by pharmacists who are skilled, trained and doing this every day than by generalists who sometimes are nurses," he says. "And so what we try to do is to carve out therapy management and adherence support to the pharmacists."

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