Underuse of prescription medications and what it’ll take to fix it

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Topics

• The easy part: the problem of non-adherence to prescription medications and how to fix it

• The fun part: An historic opportunity for progress

• The hard part: key challenges and the need for collaboration
About 75% of people don’t adhere to long-term medications as directed.
Nonadherence causes approximately $300 billion in preventable adverse outcomes

1 Bramley TJ. J Manag Care Pharm, 2006
2 Munakata, Med Care. 2006
3 Stuart B, Health Serv Res. 2011

“High-adherence patients are more likely to achieve blood pressure goals than medium or low adherence patients.”

“Nonadherence to HAART reduces life expectancy by an average of 1.2 quality-adjusted life years.”

“For Medicare enrollees on statins, a 10% increase in adherence saves $832 in per capita Medicare costs.”
Some general reasons for nonadherence apply to multiple therapy areas

- Unconvinced of need for therapy
  - Never needed it
  - Need went away (cured)
  - Competing health priorities

- Unconvinced of effectiveness

- Experienced/feared side effect

- Difficulty with administration
  - Routine
  - Route (needles, inhaler)

- Out of pocket cost
  - Of subject medication
  - Of other medications

Relative importance and specifics vary by therapy area (and even by drug)

These barriers should be directly addressed in interventions
Specific attributes that drive effective adherence interventions

To be successful, a program must:
1. Be delivered by a trusted source
2. Be ‘personalized’ to the patient’s situation
3. Reinforce medical need and expected outcomes
4. Segment and target at-risk populations
5. Reinforce/reward initiation and maintenance

Effective interventions combine education, motivation, support, reminders and rewards

Roter D, et al. Med Care 1998;36:1138-1161
McDonald HP, et al. JAMA 2002;288:2868-2879

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5 macro-trends have created an unprecedented opportunity for progress

1. Strong, credible evidence linking adherence to clinical outcomes and costs
2. Falling drug prices make investing in improved adherence more affordable
3. Consensus-based measures of adherence in key therapy areas
4. Performance based payment and changing benefit designs for health care products and services
5. Adoption of adherence as a quality indicator in Medicare’s Star Ratings
The falling cost of prescription drugs makes improving adherence more attractive.
These macro-trends are aligning incentives for collaboration to improve adherence

- Public payers (Medicare and Medicaid)
- Health plans
- Doctors
- Hospitals
- Pharmacies
- Life sciences industry
Challenge 1: Continuing to develop our “toolbox” of effective adherence interventions

• It takes a toolbox to improve adherence in a population
  – Education / counseling
  – Regimen simplification
  – Monitoring and follow-up
  – Incentives

• What’s your nuclear option?

• Collaborative pilots, learning what works best, and in whom
Challenge 2: Difficulty scaling what works from “patients” to “populations”

Illustrative options:

A. Pharmacist or physician counseling
B. Telephonic care managers
C. IVR outreach
D. Mailed refill reminders
E. No intervention

Adapted from: Benner et al. *Value in Health* 2002;5(3):126 and other more recent meta analyses.
What’s needed? A systems approach to improving adherence

**Accountability**
- Measure, report, compensate

**Information**
- Timely, relevant, decision support

**Interventions**
- Delivered by trusted source, evidence-based

**Training**
- Knowledge, attitudes, skills

- All Essential
- Mutually Reinforcing
Example: Early effects of Medicare Star Ratings on adherence are promising

Average national Medicare Advantage adherence rates increased in Star Ratings categories from 2010 to 2011. 2012 is the first full year of implementation since incentives were introduced.

Average National MAPD Adherence Rate by Measure from 2010 to 2011

Source: CMS, Part C and D Performance Data
Example: Plans are responding to Medicare Stars incentives in multiple ways

- Multiplied adherence intervention budgets from 2011 to 2012
- Establishing new relationships with adherence intervention vendors
- Hiring new clinical staff to support educational programs to members and providers
- Leveraging preferred provider networks
- Using sophisticated analytics to target, measure, and manage interventions
Example: RxAnte cut the cost per new adherent patient by >50% with better targeting alone

Legend
- Misfire rate
- Average cost per additional converted adherent member

Example: RxAnte cut the cost per new adherent patient by >50% with better targeting alone

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