



Pharmacy:
Improving Medication Adherence,
Overcoming Obstacles and Designing
Effective Pharmacy-Based Programs

*A discussion paper prepared by McKesson Corporation in conjunction with
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Medication adherence is critical for maintaining patient health and controlling healthcare costs.

Yet for a variety of reasons, many patients fail to take medications with the correct frequency, timing, dosage and duration. Medication-adherence rates in the United States are even lower than rates in some other developed countries¹ — only 25 to 30% of U.S. patients take their medications correctly.²

Especially for patients with chronic conditions, such as diabetes or hypertension, poor medication adherence can lead to

serious health problems that require emergency care and long-term hospital stays. Those health problems have significant financial consequences. According to one estimate, health problems related to drug issues, including poor adherence, cost as much as US\$290 billion per year — 13% of all healthcare expenditures.³

Community pharmacies are emerging as a key point of care and can play an essential role in improving adherence. By implementing medication-adherence programs, including those that involve pharmacist-based healthcare coaching, pharmacists can help improve patient health, drive down healthcare costs and increase service revenues for pharmacy organizations.

“On average, patients with 30-day prescriptions skip three months’ worth of therapy each year.

We saw an important opportunity to improve patient health by incorporating medication-adherence programs that complement our usual patient counseling. As a by-product, these programs also can increase our revenues.”

Mike Duteau
Pharmacy Director
Kinney Drugs

Why pharmacies?

Community pharmacists are in an excellent position to implement medication-adherence programs. First, these pharmacies are accessible.⁴ They are often located closer to patients’ homes or workplaces than physician offices. Second, patients often visit pharmacies more frequently than their physicians’ offices.

“Patients can see a pharmacist without an appointment,” says Daniel Salemi, vice president of pharmacy services at

SUPERVALU. “We see many patients several times per month.”

Pharmacists are also the right care providers to deliver medication information and coaching. They are medication specialists with deep expertise and up-to-date information about a wide variety of medications. In addition, they are well trained in clinical services and capable of providing valuable behavioral coaching.

“The clinical-services role of pharmacists is expanding to include behavioral interviewing and behavioral motivation, providing a process for a pharmacist-patient-prescriber partnership,” says Elliott Sogol, group manager of professional services at Target and co-author of *The Good Pharmacist: Characteristics, Virtues, and Habits*. “This process can help tailor medication therapy management for individual patients and move adherence to the forefront of disease management, which in turn will help achieve optimum therapeutic outcomes from the medications patients take.”

As healthcare-reform legislation is considered, it will be important for pharmacy-specific provisions to be taken into account. The value of prescription drugs and retail-pharmacy professional services should be recognized, patients should have access to the most appropriate and cost-effective medications, and patient-care services should be encouraged.

Defining successful approaches

Pharmacy chains, drug manufacturers, payors and other organizations have introduced a variety of programs aimed at increasing adherence. Letter programs; interactive voice response (IVR), Web or texting programs; co-pay discount programs; point-of-sale counseling programs; and programs that use dispensers, alarms or other devices to remind patients to take their medication all can provide some value in improving adherence.

Focused, face-to-face interventions delivered by pharmacists when patients arrive to pick up their prescriptions are

Overcoming obstacles for pharmacy-based programs

There are, however, numerous potential obstacles to successfully deploying pharmacy-based programs such as those that provide patient coaching:

- **Workflow.** Programs must integrate into the existing pharmacy workflow. “Given our volume of patients, we can’t alter our workflow,” says a representative of one regional chain. “Pharmacists need to receive reminders to provide patient interventions in a format they are used to receiving.”
- **Time and resources.** Pharmacists need sufficient resources to employ meaningful interventions. “Some pharmacies lack the resources to provide lengthy initial patient consultations and subsequent follow-ups. Additional professional staffing is typically unjustified and not cost effective,” says Mike Duteau, director of pharmacy operations at Kinney Drugs.
- **Technology.** Pharmacists need to have the right technological infrastructure to identify patients eligible for interventions, including receiving timely alerts, noting when an intervention has been conducted to trigger reimbursement, collecting data for analysis and reporting results.
- **Standardization.** Programs must be standardized across medications, conditions and pharmacy locations. “Each manufacturer might have a different program,” says a regional chain representative. “We need one program that we can execute, not a hundred.”
- **Scalability.** Programs need to scale effectively across multiple pharmacy locations to maximize results and ensure uniformity of the patient experience from store to store.
- **Reimbursement.** Pharmacists need to be compensated for coaching time and must also execute programs that drive additional patient refills, which will yield the most impactful benefit to the patient, pharmacy and sponsor. Therefore, a cost-efficient process with minimal overhead costs is desired.
- **Change.** Some pharmacies and pharmacists might be reluctant to embrace additional clinical responsibilities so it is important that the programs are streamlined, easy to execute and drive quantifiable results.

particularly promising. Interventions might include behavioral counseling with a discussion of health goals, challenges and concerns that stretches beyond the use of a single drug. The duration and frequency of these patient interventions could vary from program to program. These services also could include phone follow-ups if the patient lives far from the pharmacy. Some pilot intervention programs have shown significant improvements in patient adherence.⁵

There is no single solution to adherence, but current initial programs have highlighted attributes that help facilitate success. Programs should be:

- **Simple.** It must be easy for patients, pharmacies and sponsors to participate. A single, standardized and scalable program, which can be integrated with the existing workflow, will allow pharmacists to deliver an effective service for a price that delivers return to the sponsor. Standardization will help ensure consistent execution across

medications, conditions and pharmacy locations.

- **Personalized.** Programs that provide personalized contact can produce strong results. The program should employ a behavioral approach to patient interventions, discussing health goals, challenges and concerns rather than presenting drug information alone.
- **Multifaceted.** Without sacrificing simplicity, successful programs will combine multiple approaches. “There is no single right answer to the challenge of medication adherence. We must be prepared to offer multiple solutions that are customized to meet a patient’s needs,” says Laura Cranston, executive director at the Pharmacy Quality Alliance (PQA).

Realizing the benefits of medication adherence

For patients, the most important potential benefit of medication adherence is improved health. But successful programs also can drive down overall healthcare costs, even if patients and plan sponsors spend more money on medication in the short term.

Adherence programs also can deliver important benefits to pharmacy organizations and pharmacists. For example, adherence programs can strengthen the relationships between pharmacists and patients, helping to ensure that pharmacists remain trusted healthcare providers. In addition, many pharmacists welcome the opportunity to spend more time on the

“The beauty of medication-adherence programs is that everybody wins,” says SUPERVALU’s Daniel Salemi. “Patients can improve their health and reduce overall healthcare costs, pharmacies can fill more prescriptions and potentially sell additional products in the store, and manufacturers can sell more drugs. If the participants can overcome the challenges, implementing medication-adherence programs can deliver substantial benefits.”

clinical aspects of pharmacy, which are often overshadowed by other responsibilities. Finally, adherence programs can have a significant impact on the bottom line. Successful programs can increase prescription revenues while creating opportunities for selling additional non-prescription products by bringing patients into the pharmacy more frequently.⁶

Program sponsors — such as drug manufacturers or payors — can realize important benefits too. For a relatively small investment, manufacturers can see sizable revenue gain and payors can reduce expenditures. Adherence to therapy reduces costly medical procedures by helping to keep the patient healthy.

Setting the course for success

Pharmacy-based medication-adherence programs can offer a “win-win-win” for patients, pharmacies and program sponsors — if pharmacists can overcome potential challenges. If an organization does not have the resources to develop its own programs,

finding the right partner can help. Pharmacy organizations should look for a partner who has established relationships with multiple manufacturers and payors and who can create a standardized program that integrates into existing workflows and scales across multiple medications, conditions and pharmacy locations. By selecting an appropriate program partner, pharmacy organizations can deliver simple, personalized and multifaceted adherence services that increase pharmacy revenues and maximize the value of medication therapy for all stakeholders. ■

1 According to the World Health Organization, only 50% of patients with chronic diseases take their medications as prescribed in developed countries. See World Health Organization, *Adherence to long-term therapies: Evidence for action*, January 2003, www.who.int/chp/knowledge/publications/adherence_report/en/index.html.

2 See the National Association of Chain Drug Stores (NACDS), *Pharmacies: Improving Health, Reducing Costs, 2010*.

3 Drug-related morbidity in the ambulatory-care setting refers to health problems caused by poor adherence as well as suboptimal prescribing, drug administration and diagnosis. See New England Healthcare Institute, “Thinking outside the pillbox: a system-wide approach to improving patient medication adherence for chronic disease,” 2009, www.nehi.net/publications/44/thinking_outside_the_pillbox_a_systemwide_approach_to_improving_patient_medication_adherence_for_chronic_disease.

4 According to a PricewaterhouseCoopers survey from July 2009, nearly all Americans live within five miles of a community pharmacy. See NACDS, *Pharmacies: Improving Health, Reducing Costs, 2010*.

5 See, for example, Barry A. Bunting, Benjamin H. Smith, and Susan E. Sutherland, “The Asheville Project: Clinical and Economic Outcomes of a Community-Based Long-Term Medication Therapy Management Program for Hypertension and Dyslipidemia,” *The Journal of the American Pharmacists Association* 48:1 (2008): 23–31, www.medscape.com/viewarticle/572247; and Carole W. Cranor and Dale B. Christensen, “The Asheville Project: Short-Term Outcomes of a Community Pharmacy Diabetes Care Program,” *The Journal of the American Pharmacists Association* 43:2 (2003): 149–159, www.medscape.com/viewarticle/451958.

6 The National Community Pharmacy Association (NCPA) provides an online tool to help pharmacies calculate potential gains in prescription-drug revenues from implementing a medication-adherence program. See www.ncpanet.org/adherencecalculator.