

# Insightsfeature

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## How to Make the Most of Adherence Interventions



## We've Heard It Dozens of Times: Adherence Is Critical

Patients who are adherent to their medications **have better health outcomes and their care costs less**. Medication non-adherence is associated with poorer health outcomes and costly, avoidable complications such as heart attack or stroke. The impact of non-adherence is especially exacerbated among patients with multiple chronic conditions – or comorbidities – like high blood pressure, high cholesterol and diabetes. And given the complexities of successful disease management for these patients – the value of medication adherence is even greater.

Although progress has been made, our health care system still struggles with effectively promoting adherence and finding a way to deploy adherence interventions in a cost-

effective manner. Why? A primary reason is that adherence – and the reasons for non-adherence – are personal and unique to each patient. They range from therapy complexity – multiple medications taken multiple times per day – and **medication costs**, to **understanding the importance of therapy** and how to take medications appropriately. **Personalized interventions work in improving adherence**, but can be costly.

So how can payors ensure they are helping those plan members in greatest need of adherence assistance and most likely to benefit from it?



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## The News is Good

Our research shows that adherence support for members with the greatest need could help plan sponsors save on health care costs. In fact, helping patients managing multiple comorbidities – three or more chronic conditions – become adherent can save two to seven times more per year than for those with fewer than three conditions.

Recently published research from the CVS Health Research Institute (CVSHRI) demonstrates that not only can plans better identify and focus adherence interventions on patients most likely to benefit from them, but in doing so, can also help reduce costs.

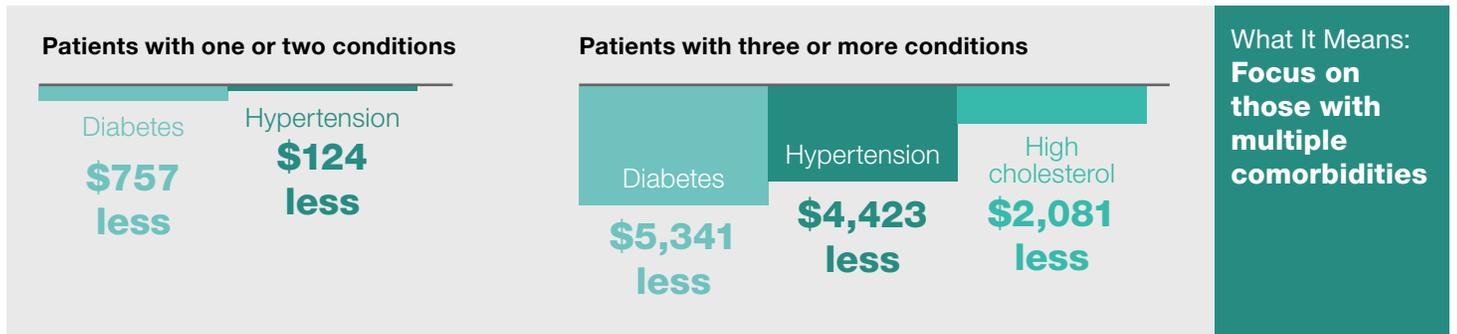
Preventing members from becoming non-adherent has even greater value than getting a non-adherent patient back to optimal adherence after medication use has become inconsistent. In other words, an ounce of prevention – through maintaining medication adherence – is worth a pound of cure, by trying to get patients back on therapy.

This is especially true for patients with comorbidities, and significant when considering that **one in four Americans has more than one chronic condition**. And the prevalence of comorbidities rises with increasing age: as many as three in four Americans aged 65 or older have multiple chronic conditions.

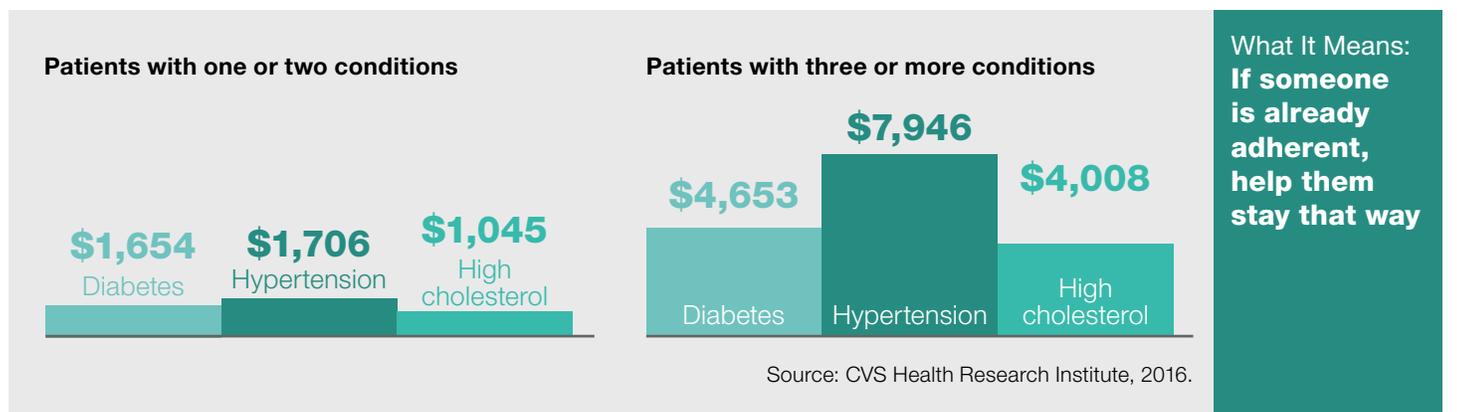
## Proof in the Numbers

For patients with three or more chronic conditions who became adherent, payors realized up to seven times greater savings than for patients with one or two conditions. Conversely, patients who went from being adherent to being non-adherent saw increased spending. The spend increases were higher in those with three or more comorbidities.

### Patients Who Became Adherent Had Lower Overall Annual Costs



### Patients Who Became Non-adherent Had Much Higher Annual Costs



## Why It Matters

This research demonstrates that all adherence is not created equal. This key insight has important implications for insurers and providers – such as accountable care organizations – at risk for the cost of medical services.

Interventions designed to help increase adherence can be expensive. Our findings highlight how adherence changes can lead to cost savings for payors. This research also demonstrates that a carefully nuanced intervention program based on patients' adherence history and comorbidities can help provide greater savings for payors than a less focused approach.

By helping identify patients who stand to benefit the most through targeted interventions, our research offers ways

to better identify and focus support on the portion of a plan's member population that could lead to the greatest increase in costs. **The cost of providing care to members with comorbid conditions is high** and can rise exponentially. Not only do they take more medications and require more health care services, but they are at a **much higher risk of major complications**, like heart attack or stroke.

Patients included in the study had a diagnosis of at least one of three common chronic conditions: high cholesterol, high blood pressure and/or diabetes. Adherence was quantified using the medication possession ratio (MPR), a widely utilized metric that uses the amount of medication patients have on hand to determine whether or not they are taking the medication as prescribed.

# Understanding the Dynamics of Adherence

You might think that we, and everyone else involved in pharmacy care, have already said everything there is to say about medication adherence. But there is much more to be learned.

At the CVSHRI, we have done a significant amount of research over the last several years, and that research has resulted in many programs and solutions that have helped PBM clients, members and our pharmacy customers, better manage chronic conditions. And we continue to further explore new areas of research. One area of focus now is the dynamics of adherence. How much do we know about the adherence impact of having multiple chronic conditions? What happens when a patient develops a new chronic disease? How does it affect overall costs when a person who was adherent becomes non-adherent?

We used recent data to answer these questions, and applied sophisticated techniques to assess the dynamics of patient adherence. The findings were perhaps not that surprising in terms of trajectory — better adherence means lower costs. But the magnitude of the changes was almost shocking, and underlines the proposition that focusing on the right patients (in this case, the ones with three or more comorbidities) can increase savings up to seven fold.

## Helping patients with 3 or more chronic conditions become adherent can increase savings 7 fold

Utilizing the insights from this research and with an understanding of a plan's specific patient population, we can work with our clients to develop the strategy that is most cost effective for their efforts to improve care and reduce costs.

The adherence management programs we offer are based on insights from research like this conducted at the research institute.



Pharmacy Advisor® allows CVS pharmacists to engage members who are diagnosed with chronic conditions through either a face-to-face or a phone consultation.



ScriptSync®, a pharmacy service that enables patients with multiple maintenance medications to pick up their eligible prescriptions in a single monthly CVS Pharmacy™ visit, makes it easier for patients with multiple conditions to better understand and manage their therapy regimens. In fact, our data analysis shows that the program can help improve medication adherence by an average of 5 percent to 10 percent for those patients with poor adherence prior to enrolling in the program.



Maintenance Choice®, our research has shown, increases the likelihood that patients achieve optimal adherence by allowing them to obtain 90-day prescriptions by mail, or at a CVS Pharmacy location, with no difference in out-of-pocket costs.\*



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Projections based on CVS Caremark data. Individual results will vary based on plan design, formulary status, demographic characteristics and other factors. Client-specific modeling available upon request. CVS Health uses and shares data as allowed by applicable law, our agreements and our information firewall.

\*Mail pricing at CVS retail for ERISA governed plans. The Maintenance Choice program is available to self-funded employer clients that are subject to ERISA. Non-ERISA plans such as insured health plans, plans for city, state or government employees, and church plans need CVS Caremark Legal's approval prior to offering the Maintenance Choice program. Prices may vary between mail service and CVS Pharmacy due to dispensing factors, such as applicable local or use taxes.