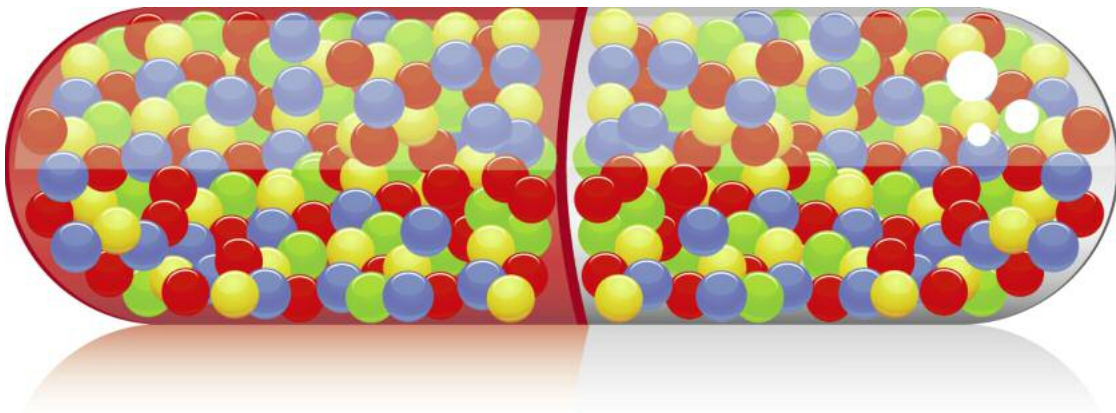


THE INSIDE STORY[®]

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Medication non-compliance: a dangerous side effect for all of us

Although plan members fill their prescriptions, we can't assume they are compliant in following doctors' orders. Non-compliance comes in many forms:

- Did they take the full prescription?
- Did they take it properly?
- Did they follow instructions for re-filling it?

For plan sponsors, non-compliance creates a negative spiral of costly outcomes: drug plan waste, deteriorating plan member health, increased absenteeism, decreased productivity, and so on. And with the incidence of chronic conditions on the rise, although medication compliance is good medicine for managing chronic conditions, non-compliance is increasingly the reality. Accordingly, improving medication compliance is a critical issue—an issue that requires teamwork. The plan sponsor, plan member, health benefits provider, health care professional, and government all have a role to play in improving medication compliance.

Two thirds of patients on prescription medication fail to take any or all of the prescription.

- 29% stop taking their medication before the prescription runs out
- 22% take less than the prescribed amount on the label
- 12% never even fill the prescription

Further complicating the issue, 59% of patients with 5 or more medications take them incorrectly regardless of patient age. ¹

Non-compliance is more often the rule than the exception...



Where medication is concerned, compliance refers to both persistence (how long a patient takes a medication) and adherence (to what degree a patient follows the prescribed directions for the medication). Put another way, medication non-compliance is when

a patient fails to take the right drugs—at the right time—in the right prescribed dosages—for the right length of time.

The benefits of compliance are numerous both in terms of health and well-being, as well as cost management. Unfortunately, patient non-compliance is often the norm. This is the case even where chronic conditions are concerned. Strict compliance is especially critical for effective chronic disease management and reduction in the risk of chronic disease complications. For instance, in developed countries, adherence to long-term therapy for chronic diseases averages only 50% ²—even lower in developing

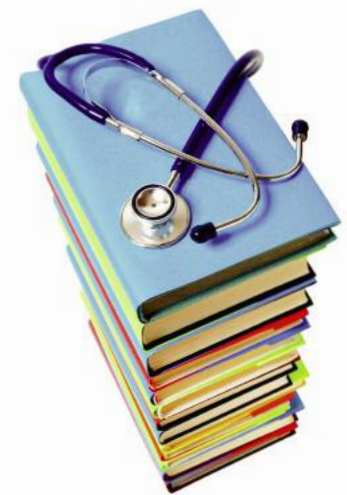
countries. Non-compliance is especially common in drug classes like statins for high cholesterol, oral anti-hyperglycemics for diabetes, and anti-hypertensives for high blood pressure.

Analyses of secondary data tracking the prescription histories of patients prescribed simple chronic regimens show that only 30 to 60 percent of these patients are reasonably consistent in continuing to take chronic medications as prescribed. ³

Going beyond the merely rational...

Recent research by Ipsos Health, its *Adherence Dynamics Research Model*, is based on the premise that it is important to look at situations when a patient – or for our purposes, a plan member – is non-compliant *in combination with* what the study refers to as the 'underlying motivational state' – beliefs, attitudes, and emotions that are negative towards medications. In the Ipsos Health study, assessing the specific non-compliant situations combined with plan member characteristics was revealing:

- *Initial non-compliance within the first 90 days of therapy:* "substantial losses are due to the patient's failure to submit prescriptions, but an equally troubling finding is that a sizeable number of patients refuse to accept the prescription." In this example, when prescriptions are first written and presented to the patient, the patient identified feelings of 'skepticism, worry, and concern'. Although patients often stated the reason for not fulfilling the prescription was that they didn't



think they needed it, in fact, this is likely a superficial description of their more deeply felt feelings of skepticism, worry, and concern.

Improving compliance is in everybody's best interest...

Different stages in the health care process have the potential to create non-compliance, and at each stage/situation, plan member beliefs, attitudes and emotions may be influencing whether they are compliant or not. Accordingly, our best bet to improving compliance is if we work together to 'get through to the patient' every step of the way along the drug delivery model. We need to start applying evidence based interventions to improve compliance. The following options arise when we consider the situation of the patient *in combination with* possible underlying motivational states:



■ **Physicians:** can be trained to provide more in-depth education to their patients about the prescriptions they are taking, and then conduct more specific follow-up. Research shows that it is difficult to determine which patients are not complying, and accordingly, there is a school of thought that more emphasis needs to be made on teaching medical students how to detect and handle medication non-compliance.



■ **Pharmacists:** have proven effective in enhancing health care outcomes through counseling services. With the expanding role of pharmacists across the country that includes authority to adapt prescriptions, perhaps we will see an increase in pharmacist counseling services that could help address patients' beliefs, attitudes, and emotions surrounding medication compliance.



■ **Government:** through the health care delivery system there is potential to affect compliance in numerous ways like control over health care providers' schedules in terms of appointment lengths; allocation of resources in terms of fee structures including reimbursement for patient counseling and education; and communication and information systems for enhancing continuity of care through information sharing.

And, of course, as a plan sponsor, assess your plan design to help lessen the impact of non-compliance, when it does occur. For instance:



■ **Pay-direct drug plan:** Surprisingly, some private drug plans still follow a reimbursement model rather than a pay-direct system. Pay-direct plans allow online Drug Utilization Review messages to come into play, alerting the pharmacist about potential compliance issues right at the point of sale.



■ **Initial Days Supply:** ask your Plan Advisor about preventing waste by putting in place programs like 'Initial Days Supply' that limits the dispensing of all new prescriptions to an initial 30-day supply. This ensures the patient is tolerant of the medication before filling and paying for the balance of the original prescription.

In addition, consider positioning your plan member communications toward a more targeted approach that takes into consideration the range of possible non-compliance and your plan members' possible underlying beliefs, attitudes, and emotions. For instance, consider providing plan members with the checklist on the next page to take with them on their next doctor or pharmacist visit to help address any possible underlying feeling of skepticism, worry, or concern.

Also to help your plan members keep track of their medications, refer them to the free Wallet Card and Pocket Medicine List available at <http://scriptyourfuture.org/tools/>.

Taking medications can be confusing, but there's no need to worry...

Next time you visit your doctor or pharmacist, be sure to take along this handy medication checklist. Be sure to go through it with your doctor or pharmacist so you have everything you need to know to take your medication correctly:

- What is the medication for? What does it do?
- Do I need to avoid any food, drinks, or activities?
- What is the medication's name?
- Do I need to stop taking any other medications that I am now also taking?
- How much do I take and how do I take it?
- Can I take vitamins while I am taking it?
- How often and when should I take it?
- What should I do if I forget to take it?
- How long do I need to take it for?
- What should I do if I accidentally take more than recommended?
- When will it start working?
- Is there any other information about it that I can take home?
- If I start feeling better, can I stop taking it?
- Can I get a refill for it?
- Are there any side effects?
- If I feel any side effects should I tell someone?

No one size fits all solution...

With a more targeted approach that considers both the non-compliance and possible motivating factors, we can encourage compliance and a positive spiral of benefits like less waste, improved plan member health, decreased absenteeism, and increased productivity. As emphasized by the Canadian Pharmacists Journal, "The importance of improving strategies to encourage persistence of patients with these chronic therapies cannot be under-

estimated. The cost savings to the health care system is far superior to the cost of the drug in an adherent patient or to the additional services of the pharmacist; conversely, non-adherent patients cost the health care system thousands of additional dollars and effectively deceive the health care community, because we think the patient is "on" the recommended therapy and forego any further interventions."⁴

The need for a system-wide multi-disciplinary approach is voiced by the World Health Organization that urges, "Increasing the effectiveness of adherence intervention might have a far greater impact on the health of the population than any improvement in specific medical treatments."⁵

References:

^{1, 5} *Adherence to long-term therapies: evidence for action*, World Health Organization, 2003

² *Pharmacy Management Strategies for Improving Drug Adherence*, Supplement of Journal of Managed Care Pharmacy, Journal of Managed Care Pharmacy, July 2008, Vol. 14, No. 6 S-b

³ *White Paper, Adherence to Prescription Therapy Ipsos Health's Adherence Dynamics research model*, Paul Snyderman, Ipsos Health Chief Research Officer, Ipsos, 2010.

⁴ *An adherence study of prescription refill data, with and without a periodic patient education program*, Canadian Pharmacists Journal, CPJ/RPC, March/April 2007, Volume 140, No 2

WHAT'S NEW

MORE ON BUTTING OUT...

Following up on the government's efforts to help Ontarians stop smoking

As of September 1st, the Ontario government began funding pharmacists to provide smoking cessation programs to Ontario Drug Benefit (ODB) recipients who want to quit smoking. In conjunction with coverage for Champix and Zyban, the program includes nine face-to-face points of contact with a pharmacist over a one year period beginning with a readiness assessment followed by the first consultation meeting and then follow-up counseling sessions. The program takes place in a private area of the pharmacy and as part of the patient counseling, when appropriate, the pharmacist facilitates access to smoking cessation drugs and aids. ODB recipients who smoke are eligible for the program once per year from the date of their first meeting with the pharmacist when they agreed to work together on a stop smoking strategy.

The program reflects the government's recognition that, "the convenience of the local pharmacy and access to a health professional like the community pharmacist, are vital components in a quit smoking program. The community pharmacist is familiar with the drug therapy needs of their patients and they are key advisors to the public on all areas of wellness." Accordingly, an objective of the pharmacy program is to communicate to the public the value of smoking cessation services by community pharmacists and to promote the availability of services. Although the program was introduced for ODB recipients who smoke, depending on the program experience and outcomes, consideration may be given to expanding it to non-ODB patients.



WE AGREE...

GSC program demonstrates effectiveness of pharmacists in helping patients quit smoking

Ontario's new smoking cessation program is in keeping with GSC's pharmacist-delivered smoking cessation program launched in 2006 that is based on research that shows improved success rates when smoking cessation drugs are combined with support in the form of counseling – and that pharmacists trained in smoking cessation can be highly effective in helping patients quit smoking. As covered in the November 2010 Inside Story, similar to the ODB-eligible program, the GSC program involves an initial assessment where a pharmacist trained in smoking cessation provides support to select the most appropriate smoking cessation drug, followed by a series of six follow-up counseling sessions. The smoking cessation medication is covered by their GSC drug

plan, including coordination of benefits with any provincial programs as appropriate, as long as the plan member completes the entire smoking cessation program.

What does it mean to plan sponsors?

If a plan covers both seniors and smoking cessation products, there is the possibility of ODB becoming the first payer for smoking cessation drugs which will result in cost savings.

For more information about Ontario's ODB-eligible Pharmacy Smoking Cessation Program, please visit: <http://www.health.gov.on.ca/en/pro/programs/drugs/smoking/>. And for more information about GSC's Smoking Cessation Program, please contact your GSC Account Executive or your plan advisor.



Spotlight on Community Giving

Community Giving Program

Here's how we add to the greater good...

Creating a brighter future for those most in need is what we do. Through our GSC Community Giving Program, we make a difference by providing critical funding that community-based not-for-profit organizations need to achieve significant, concrete results.



CNIB receives critical funding to enhance its Childrens' Services program...

With a key objective of the Community Giving Program being to make a difference for those most vulnerable in our communities, it couldn't be more fitting than to provide funding support to help children who are blind or partially sighted. The Canadian National Institute for the Blind (CNIB) will use the Community Giving Program funds to enhance and expand one of their most innovative and important programs, its Childrens' Services program. Without CNIB's help, children who are blind or partially sighted are at risk for delayed development, isolation, depression, anxiety and poverty. Funding from the Community Giving Program will ensure CNIB's youngest clients receive the learning and support they need to be confident and independent members of our community; the foundation for continued successes down the road.

The CNIB is currently working with 290 children across Southwestern Ontario. The Community Giving Program funding will enable CNIB to pilot the following enhancements in

Windsor's Childrens' Services program with eventual rollout to other locations across Southwestern Ontario:

- Provide specialized training to staff to equip them with the skills and strategies to work with young children, as well as their families and caregivers, to ensure the needs of blind or partially blind children are met as soon as possible
- Purchase electronic travel aids, as well as orientation and mobility tools, to help blind or partially sighted children develop travel confidence and independence at pre-school age
- Establish the SCORE 1 program that supports parents and caregivers of children who are blind or partially sighted

Overall, the Community Giving Program funding will allow enhancement and expansion of the Childrens' Services program that otherwise would not have been possible and ultimately, this will drive innovation. For example, the

pilot program will explore approaches such as "echo location," in which children are taught to detect objects in their environment by sensing echoes from the objects.

"Green Shield Canada will be playing an important role in significantly shaping the advancement of the services and support that CNIB offers families with blind or partially sighted children in Southwestern Ontario. The Community Giving Program funding in 2011 will build on our Childrens' Services program and strengthen our ability to meet the needs of our youngest clients."

Jennifer Johnson,
Manager, Major Gifts,
CNIB

Interested in learning more? Please contact us at communitygiving@greenshield.ca

NEWS & EVENTS

Out and About – Events you won't want to miss

Why not attend one of these upcoming industry events? You'll be glad you did – they will be packed with the latest and greatest industry news, interesting opinions from industry leaders, and loads of innovative ideas.



October 4 - 6th

Health Work and Wellness Conference 2011: A Business Imperative

The Westin Harbour Castle,

Booth #302,

Toronto, Ontario

www.healthworkandwellness.com

October 19 - 21st

CPBI Ontario Regional Conference

The Westin Hotel

Ottawa, Ontario

www.cpbi-icra.ca/en/event_details.ch2?event_id=1070



Winner of the draw for a 'night out on the town'

Congratulations to **April Gobbi**, of Guelph, ON, the winner of Green Shield Canada's monthly draw for gift certificates for a 'night out on the town'. Through this contest, one name will be drawn each month from plan members who have registered for Plan Member Online Services for that month. To learn more, visit greenshield.ca.

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