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Many Pills, Many Not Taken

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When it comes to medicine, as many as half of Americans don't stick to their regimens. They fail to fill about 20% to 30% of prescriptions written by doctors, don't take drugs as directed, and don't refill medications when they run out.



Matthew Staver for The Wall Street Journal. A pharmacist calls Ralph 'Mitch' Bernal, shown walking his dog in Lakewood, Colo., to see that he takes his prescription medications.

Now, health-care providers have new strategies to increase medication adherence, as concerns rise about health risks and the high costs of treating noncompliant patients who have chronic illnesses.

Prescriptions that don't get picked up or refilled can be tracked using electronic medical records and prescribing technology. Clinical pharmacy specialists, case managers and other team members follow up with reminders, phone calls and counseling to get patients back on the wagon.

Consequences of non-adherence can be dire. Studies of heart-attack patients show those who don't fill prescriptions to help prevent another heart attack have a higher rate of death one year later. Meanwhile, patients who adhere to their medications have better health outcomes, and require less care, than those with similar conditions and poor adherence, research shows.

Research by the New England Healthcare Institute shows that patients who don't take their medications as prescribed cost the U.S. health care system an estimated \$290 billion in avoidable medical spending each year. A study published last January in Health Affairs showed that while improved medication adherence for four chronic diseases leads to higher spending on drugs, it also produces substantial savings because of less hospitalization and emergency-department use.

Out-of-pocket costs are a major reason some patients don't take medicine, but even fully insured patients often drop or fail to start a prescribed drug, studies show. Patients sometimes aren't convinced the medicine is important, or they are concerned a drug may do more harm than good. Often, they worry about side effects. Some 32 million Americans are prescribed three or more medications, which can lead to drug interactions and confusion over schedule and dosages.

Medication Nation

- * 32 million Americans take three or more medications daily.
- * Nearly 75% of Americans report not always taking their medications as prescribed.
- * Almost 30% of Americans stop taking their medicine before it runs out. Only about half of patients with high blood pressure take their prescribed doses of drugs

Source: PhRMA; National Council on Patient Information and Education; WSJ reporting

Barbara Forman, 65 years old, takes five different medications after undergoing a cardiac bypass surgery seven years ago. She has worked with several doctors to develop a regimen she can tolerate. As a small business specialist for the post office, she used to drive long distances, but a beta blocker she took to reduce blood pressure made her so drowsy she caught herself drifting off the road more than once.

She tried changing the time of day she took the medication; sometimes she didn't take it at all. She had muscle aches from her cholesterol-lowering statin, and a cough as a side effect of another medication. A new cardiologist has helped her better manage her medications, and they are still fine tuning her regimen, she says.

Ms. Forman, now retired from the post office, is president of the Dayton, Ohio, chapter of Mended Hearts, a patient-support network affiliated with the American College of Cardiology. She invites a local pharmacist to meetings to emphasize the importance of taking medications after cardiac procedures. She advises patients to advocate for themselves. "Read the sheets that come with the pills, and let doctors know if you are suffering side effects," she says. "There are other alternatives to many of these drugs."

In a study in the Journal of General Internal Medicine last month, Kaiser Permanente Colorado, a big nonprofit health plan, reported that patients in systems like its own, with electronic health records linked to their pharmacies, collect new medications more often than patients outside such systems. In the

study, 7% of patients with newly ordered medications for hypertension, diabetes and high cholesterol didn't pick up their prescriptions. In contrast, in other studies of non-integrated systems, as many as 22% of patients failed to pick up new prescriptions.

Kaiser is using clinical pharmacy specialists who focus on managing medication therapy, to find out why patients aren't taking drugs and help with side effects or administration.

The personal touch worked for Ralph "Mitch" Bernal, 61, a retired deputy sheriff and avid hunter in Lakewood, Colo., who suffers from a lung injury and heart disease and takes several medications to control his blood pressure and cholesterol. During a hunting trip in 2009, he felt short of breath and achy. A blockage was found in one of his arteries and was treated with the placement of a stent.

After treatment he became a patient of Kaiser's cardiac-risk program. Clinical pharmacy specialist Alicia Cymbala was assigned to monitor his lab results, blood pressure and medications, and she checked in with him at least every three months. His blood pressure remained a problem, so she changed his meds to get it under control, including a single pill combining a medication to relax blood vessels so blood can flow more easily with a diuretic that causes the body to get rid of extra salt and water.

Last year, Mr. Bernal admitted to Dr. Cymbala that for two weeks he'd stopped taking his cholesterol drug because it was giving him digestive troubles. "She jumped right on it and told me it was a side effect, but I had to take something," Mr. Bernal says. She switched him to another statin, which he was able to tolerate.

Dr. Cymbala, who typically follows 800 to 900 patients, says Kaiser's electronic system would have eventually picked up Mr. Bernal's noncompliance through elevated cholesterol levels or a failure to refill a prescription. "We try to let patients know they can trust us and call us, and we care to know when they are having a problem," she says. Sometimes she will gently point out to people who claim to be taking their meds that they haven't refilled their prescription.

John Merenich, who heads disease management and prevention programs at Kaiser Colorado, says, "You can't just tell them, 'If you don't take this medication you are going to have another heart attack.' " Patients need ongoing reinforcement about their health goals, he adds, "We have to bring the patient back into the center of the conversation."

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