

Medication Adherence

Optimizing Member Adherence to Improve Health and Lower Costs

Understanding the Impact of Non-Adherence

Medication non-adherence can have serious implications on member health and health care costs. Research shows, poor health outcomes resulting from medication non-adherence increase health care utilization and overall health care costs.¹

- Nearly 150 million people in the U.S. have at least one chronic illness.²
- 50% of medications for chronic illnesses are not taken appropriately.³
- Between \$100 and \$300 billion of avoidable health care costs have been attributed to non-adherence in the U.S. annually, representing 3% to 10% of total U.S. health care costs.¹

Non-adherence includes not filling a prescription, delaying a refill, skipping doses or stopping a medication on one's own. Adherence is especially important in chronic conditions, where symptoms are persistent and require ongoing medical attention. For most chronic conditions, adherence rates of at least 80% are needed for a medication to be most effective.

Reducing Overall Health Care Costs

Studies consistently show the significance of medication non-adherence on increasing health care costs, suggesting that the cost savings from improved medication adherence can lead to substantial savings.

In one study of type 2 diabetic patients, **those who were adherent to their medications had 37% higher pharmacy costs, but 41% lower inpatient costs.**⁴

Another study of patients with cardiovascular disease found that **total health care costs were as much as 23% less per year for adherent patients** compared to non-adherent patients.¹

Optimizing Medication Adherence

Our Pharmacoadherence program identifies non-adherent members, offering flexible interventions that improve health outcomes and lower health care costs for both the plan and the member. The program is offered for many chronic conditions, including diabetes, high cholesterol, high blood pressure, mental health conditions, rheumatoid arthritis and attention-deficit/hyperactivity disorder (ADHD).



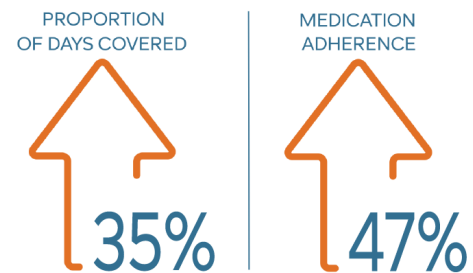
How It Works

1. Navitus performs an opportunity analysis examining multiple disease states and assesses adherence using Pharmacy Quality Alliance (PQA) documented measures. The data collected identifies non-adherent members within specific disease states using a 12-month retrospective claims analysis.
2. Members, who have a proportion of days covered (PDC) of less than 80%, are targeted for intervention with communications on the importance of taking their medications as prescribed. Their prescribers also receive adherence information so they can have more informed conversations with their patients. Together, the patient and prescriber can achieve an enhanced understanding of the patient's barriers to adherence and improve the coordination of care.
3. Outcomes are reported at six- and 12-months post-intervention, allowing the plan sponsor to measure improved adherence over time.

Delivering Results

Over the last three years:

- 35% of intervened members improved to a PDC of at least 80%.
- 47% of members improved medication adherence.



Research also shows improved medication adherence for members with chronic conditions reduces hospitalization and medical costs, and provides a positive return on investment.⁵

Getting Started

Contact your account representative today or email info@navitus.com to learn more.

1. Risk Management and Healthcare Policy. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3934668/>. Published February 20, 2014. Accessed August 5, 2021.
2. Irving D. Chronic Conditions in America: Price and Prevalence. RAND Corporation. <https://www.rand.org/blog/rand-review/2017/07/chronic-conditions-in-america-price-and-prevalence.html>. Published July 12, 2017. Accessed October 6, 2020.
3. Viswanathan, M. et al. (2012) Interventions to improve adherence to self-administered medications for chronic diseases in the United States: A systematic review, *Annals of internal medicine*. Available at: <https://pubmed.ncbi.nlm.nih.gov/22964778/>. Accessed: 20 June 2023.
4. Kennedy-Martin T, Boye KS, Peng X. Cost of medication adherence and persistence in type 2 diabetes mellitus: a literature review. *Patient Preference and Adherence*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5501621/> Published June 30, 2017. Accessed August 5, 2021.
5. Sokol MC, McGuigan KA, Verbrugge RR, Epstein RS. Impact of Medication Adherence on Hospitalization and Healthcare Cost. *Medical Care Official Journal of the Medical Care Section American Public Health Association*. https://journals.lww.com/lww-medicalcare/Abstract/2005/06000/Impact_of_Medication_Adherence_on_Hospitalization.2.aspx. Published June 2005. Accessed September 2, 2021.