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America's Other Drug Problem Poor Medication Adherence *Agenda-Setting Report Issued to Reduce Adverse Health and Economic Consequences*

Washington, DC; August 1, 2007 – With mounting evidence that poor adherence to medication regimens has become America's other drug problem, the National Council on Patient Information and Education (NCPiE) -- the non-profit coalition of more than 100 organizations working to improve communication on the appropriate use of medicines -- today released a 10-step action plan to reduce the adverse health and economic consequences associated with this growing public health threat.

Issued as a nationwide call to action, the report -- *Enhancing Prescription Medicine Adherence: A National Action Plan* -- finds that poor medicine adherence has reached crisis proportions in the U.S. and around the world, leading to unnecessary disease progression, disease complications, reduced functional abilities, a lower quality of life, and even death. According to studies cited in the report, only about 50 percent of American patients typically take their medicines as prescribed, resulting in approximately \$177 billion annually in direct and indirect costs to the U.S. economy. Besides an estimated \$47 billion each year for drug-related hospitalizations, not taking medicines as prescribed has been associated with as many as 40 percent of admissions to nursing homes and with an additional \$2,000 a year per patient in medical costs for visits to physicians' offices.

“Although the challenge of poor medication adherence has been discussed and debated extensively, the problem has generally been under-addressed as a serious public health issue and, as a result, has received little direct, systematic, or sustained intervention,” said Ray Bullman, NCPiE's Executive Vice President. “This report is intended as a renewed nationwide call to action and is provided as a blueprint for improving medication adherence through patient information and education, health professional intervention, expanded research, and supportive government policies.”

The report, prepared in consultation with a panel of specialists in public health, further calls for action to address the barriers to patient adherence for populations at greatest risk, including those with low health literacy, children and older Americans who tend to have more long-term, chronic illnesses and therefore, take more different medications as they age. Data from several research studies find that between 40 percent and 75 percent of older people do not take their medications at the right time or in the right amount. Other data point to the impact of poor adherence among children and teens where as few as 30 percent of adolescents take their asthma treatments as prescribed.

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Designed to provide the most up-to-date information about the state of prescription medicine adherence in the U.S., the NCPIE report cites numerous behavioral, social, economic, medical, and policy-related factors that contribute to poor adherence and must be addressed if rates are to improve. This includes lack of awareness among clinicians about basic adherence management principles, poor communication between patients and clinicians, operational aspects of pharmacy and medical practice, and professional barriers. Moreover, adherence improvement is affected by federal policies that provide insufficient funding for adherence-related research and federal and state laws and regulations that impact the availability of compliance assistance programs.

Taking Steps to Address Prescription Medicine Adherence

Although the challenge of poor medication adherence has been discussed and debated for at least three decades, the NCPIE report finds that little has changed since 1997 when the organization issued a previous report, *Prescription Medicine Compliance: A Review of the Baseline Knowledge*, advocating for a coordinated approach to improved medication adherence. Therefore, in 2007, NCPIE convened a panel of leading experts to create consensus on 10 national priorities that can have the greatest impact in improving prescription medicine adherence in the U.S. Ultimately involving the support and active participation of many stakeholders -- the federal government, state and local government agencies, professional societies and health care practitioners, health educators, and patient advocates -- this platform calls for action in the following areas:

1. Elevate patient adherence as a critical health care issue.

The report states that until health care policy makers, practitioners and other stakeholders recognize the extent of non-adherence, its cost, and its contribution to negative health outcomes, this problem will not be solved.

2. Agree on a common adherence terminology that will unite all stakeholders.

Because a number of common terms -- compliance, adherence, persistence, and concordance -- are now being used concurrently, the report calls on the public health community to reach agreement on standard terminology that will unite stakeholders around the common goal of improving the self-administration of medical treatments.

3. Create a public/private partnership to mount a unified national education campaign to make patient adherence a national health priority.

With the goal of motivating patients and practitioners to take steps to improve medication adherence, the report advocates a national education campaign where all stakeholders coordinate resources and speak with one voice. This will entail creating a national clearinghouse to share information and coordinate activities managed by NCPIE, a professional society, or an academic institution.

4. Establish a multidisciplinary approach to compliance education and management.

There is a growing recognition that a multidisciplinary approach to medication taking behavior is necessary for patient adherence to be sustained. This has led NCPIE to promote a new model -- the "Medicine Education Team" -- in which the patient and all members of the health care team work together to treat the patient's condition, while recognizing the patient's key role at the center of the process.

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5. Immediately implement professional training and increase the funding for professional education on patient medication adherence.

To give practitioners hands-on information about adherence management, the report calls on professional societies and recognized medical sub-specialty organizations to translate existing research findings into professional education through continuing education courses and lecture series on patient adherence issues.

6. Address the barriers to patient adherence for patients with low health literacy.

Because low health literacy and limited English proficiency are major barriers to adherence and deserve special consideration, the report calls for widespread adoption of existing tools to convey medicine instructions to the estimated 90 million Americans who have difficulty reading, understanding and acting upon health information.

7. Create the means to share information about best practices in adherence education and management.

Today, stakeholders have access to more than 30 years of research measuring the outcomes and value of adherence interventions. Building on this foundation, the report calls for the federal government -- through the Adherence Research Network -- to begin collecting data on best practices in the assessment of patient readiness, medication management and adherence interventions, incentives that produce quality outcomes from adherence interventions, and measurement tools so that this information can be quantified and shared across specialties and health care facilities.

8. Develop a curriculum on medication adherence for use in medical schools and allied health care institutions.

To address the lack of awareness among clinicians about basic adherence management principles, the report advocates required courses at medical, nursing, pharmacy and dental schools as well as courses for faculty members that focus on adherence advancement and execution of medication-related problem solving.

9. Seek regulatory changes to remove roadblocks for adherence assistance programs.

A number of federal and state laws and policies now limit the availability of adherence assistance programs. These barriers must be identified for lawmakers and regulators to address. Key issues include clarifying provisions of the federal anti-kickback statute, and ensuring that federal and state laws related to patient privacy and the use of prescription data do not unduly limit pharmacy-patient communication about the importance of adhering to prescribed therapy.

10. Increase the federal budget and stimulate rigorous research on medication adherence.

Although the National Institutes of Health created the Adherence Research Network to identify research opportunities at its 18 Institutes and Centers, the Network has been inactive since 2002. Moreover, in 2000, when the Network was funding adherence research, the actual NIH dollars earmarked for testing interventions to improve medication-taking behavior was only \$3 million in a budget of nearly \$18 billion. Thus, a key priority is advocating for the Adherence Research Network to be re-invigorated and for NIH to significantly increase research funding to test adherence interventions and measure their effectiveness.

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About the Report

To prepare this new report, NCPIE convened a project advisory team from leading professional societies, voluntary health organizations, and patient advocacy groups in 2007 to assess the extent and nature of poor medicine adherence, its health and economic costs, and its underlying factors. These advisors also examined the current state of research funding and educational initiatives around patient adherence to determine where major gaps still exist.

Members of the project advisory team are:

- Michael Ellwood, Director, Special Projects of the American Academy of Physician Assistants
- Len Lichtenfeld, M.D., Deputy Chief Medical Officer of the American Cancer Society
- Ruth M. Parker, M.D. Consultant on Health Literacy to the Executive Vice President and CEO of the American College of Physicians Foundation
- Diane Tuncer, National Director of External Communications of the American Diabetes Association
- Penelope Solis, J.D., Regulatory Relations Manager of the American Heart Association
- Sandra J. Fusco-Walker, Director of Government Affairs of the Asthma and Allergy Network / Mothers of Asthmatics
- Phillip Schneider, Vice President of External Relations and Program Development for the National Association of Chain Drug Stores Foundation
- Rebecca Burkholder, Director of Health Policy of the National Consumers League
- Heidi Rosvold-Brenholtz, Editorial Director and Managing Editor of the National Women's Health Resource Center, Inc.

About NCPIE

Established in 1982, the National Council on Patient Information and Education is a diverse non-profit coalition that works to stimulate and improve the communication of information about the appropriate use of prescription and OTC medicines. NCPIE's more than 100 members include consumer organizations: patient advocacy groups; voluntary health agencies; health professional associations, schools of pharmacy, nursing, and dentistry; health-related trade associations; prescription and over-the-counter pharmaceutical manufacturers; and local, state and federal government agencies. More information about NCPIE is available through its Web site: www.talkaboutrx.org.

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