

November 17, 2009

Dear Senator:

As the health care debate enters this critical phase, we write to express our appreciation for the prominent role that improving health care quality and value has played during the ongoing deliberations. Legislative proposals before Congress call for a number of initiatives to promote wellness, measure outcomes and encourage better care coordination through services such as medication therapy management. We urge you to build on this strong platform and ensure that the final legislation includes provisions to improve patients' adherence to medications, which is critical to achieving improved health care quality and value.

An estimated one-third to one-half of patients in the United States do not take their medications as prescribed.ⁱ Non-adherence results in poor health outcomes that could have been avoided (for example, heart attacks and strokes), hospital admissions and re-admissions that could have been avoided and higher medical expenditures. Research suggests that costs resulting from non-adherence may be as high as \$100 to \$300 billion annually^{ii,iii}; Harvard economist David Cutler wrote recently in the *New England Journal of Medicine* that "policies that encourage adherence to medication guidelines could result in substantial long term savings."^{iv} Research also shows that many patients face multiple barriers to taking their medications as directed. As such, addressing the problem will require multi-faceted strategies and involve a diverse group of stakeholders. Doing so is a win-win...better health outcomes for patients *and* cost savings.

Toward that end, we offer the following five recommendations.^v The recommendations, which are endorsed by the organizations below, are grounded by new RAND Corporation research and insight provided by adherence experts from around the nation. We offer them recognizing that the success of quality initiatives in the current legislation depends in part on patients getting needed medicines and taking them as prescribed. The attached document outlines each of these recommendations in greater detail.

- **Quality Improvement** – National quality improvement strategies promoted by the legislation should explicitly recognize medication adherence and appropriate medication use as critical components to improve health care quality and clinical outcomes.
- **Care Coordination** – Proposals aimed at improving care coordination should recognize the important role that medications play in treating and managing illnesses and the need for care teams to include a broad range of providers to engage the patient and other caregivers in developing and executing the care plan.
- **Health Information Technology** – Health information technology must improve the flow of timely and complete information between patients and providers, and enable providers and payers to identify and address gaps in patients' medication use.
- **Patient/Provider Education and Engagement** – Strategies to improve medication adherence must fully engage patients, and patient-centered care must involve strategies to help them better understand their conditions and treatments. These efforts also must support providers in effectively communicating the importance of following treatment plans, and in providing medication support services to patients and caregivers.

- **Health Services Research** – There is a need for additional research on medication adherence, including a focus on the effectiveness of a wider range of interventions to improve adherence, as well as an analysis of the diverse factors, behaviors, costs and consequences related to poor adherence.

Again, we appreciate the recognition that prevention, wellness and delivery system improvements have received during the health care reform debate. Initiatives already included in the legislation provide a foundation to address the serious problem of medication adherence. We offer these additional recommendations in the spirit of spurring additional policy actions to promote better medication adherence as a means to improve health care quality and value.

Sincerely,

Academy of Managed Care Pharmacy (AMCP)
 American Academy of Nursing
 American Association of Cardiovascular and Pulmonary Rehabilitation
 American Association of Colleges of Pharmacy
 American Association of Diabetes Educators
 American College of Cardiology
 American College of Clinical Pharmacy
 American Pharmacists Association (APhA)
 DMAA: The Care Continuum Alliance
 Food Marketing Institute
 Generic Pharmaceutical Association (GPhA)
 GlaxoSmithKline
 Health Dialog
 Healthcare Distribution Management Association (HDMA)
 Healthcare Leadership Council (HLC)
 International Academy of Compounding Pharmacists (IACP)
 Iowa Pharmacy Association
 Lahey Clinic
 National Association of Chain Drug Stores
 National Community Pharmacists Association (NCPA)
 National Consumers League
 National Council on Patient Information and Education
 National Family Caregivers Association
 National Health Council
 Pharmaceutical Researchers and Manufacturers of America (PhRMA)
 Sanofi-aventis
 Society for Women's Health Research

ⁱ L. Osterberg, Blaschke T. Adherence to medication. *N Engl J Med*. 2005 Aug 4;353(5): 487-97.¹

ⁱⁱ New England Healthcare Institute, 2009

ⁱⁱⁱ M.R. DeMatteo, "Variation in Patients' Adherence to Medical Recommendations: A Quantitative Review of 50 Years of Research," *Medical Care*, March 2004.

^{iv} D.M. Cutler, Will the Cost Curve Bend, Even without Reform?" *New England Journal of Medicine*, October 7, 2009.

^v The American College of Cardiology, GlaxoSmithKline, the National Association of Chain Drug Stores, the National Consumers League, and the Pharmaceutical Research and Manufacturers of America developed these recommendations.