

# Drug-benefit managers can help pharmacists ensure patient compliance

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(Medical Xpress)—Patients who fail to follow their prescribed treatments cost the U.S. health care system an estimated \$100 billion annually. But community pharmacists and insurance benefit managers, working together, can help patients comply with vital pharmaceutical therapies, according to a study at the University of Illinois at Chicago College of Pharmacy.

"Medications are essential in treating diseases, preventing hospitalizations, and improving quality of life, but patients often under-utilize them," says Daniel Touchette, assistant professor of pharmacy practice at UIC and lead researcher on the study. The cost, number of medications, length and complexity of [treatment regimens](#)—and difficulty remembering—are just some of the factors that contribute to patients' "non-adherence," or taking their drugs improperly, he said.

"Omission gaps," in which a patient who should be taking a drug is not taking it at all, are also common, Touchette said. Lapses in therapy have been shown to increase sickness and can be deadly, with even greater potential to cause harm than unwarranted prescribing, Touchette said.

Touchette and Dr. Glen Stettin, senior vice president of clinical research at Express Scripts, Inc., one of the largest pharmacy benefit companies in the U.S., sought to determine whether community pharmacists could help patients adhere to their [drug regimens](#) and close any omission gaps.

In a 90-day study at almost 100 community pharmacies in Illinois, nearly

2,500 patients with diabetes, hypertension, high blood pressure or [heart failure](#) were followed. All were state employees enrolled in a state [health insurance plan](#) who had gaps in their therapy. They were encouraged to visit their pharmacist during the initial appointment, with follow-up either in-person or by telephone.

Some pharmacists received case-based training focused on disease management and motivational communication, and then were notified by computer with alerts from the pharmacy benefits manager. Another group of pharmacists did not.

The computer identified adherence and omission gaps daily, using a prescription-claim program developed by Express Scripts. The computer sent the pharmacies an alert whenever a gap in care occurred.

Pharmacists addressed adherence gaps directly with the patient, while omission gaps were called to the attention of the patient's primary care provider. Pharmacists used a web-based tool to record their patient interactions.

Pharmacists who received computer alerts from the benefits manager had closed 55.5 percent of patient-care gaps within 30 days, compared to the 50.6 percent closed by the control group of pharmacists who did not receive the alerts. After 60 days, the difference between the two pharmacist groups had narrowed to 66.1 percent versus 65.2 percent, respectively.

"Collaborating with community pharmacists and providing necessary information to drive adherence and reduce omissions of essential therapies helps to improve health outcomes for patients," Stettin said.

"We're excited by the results of this effort and hope to continue to refine and improve the program for even greater success."

"Pharmacists are in an optimal position to address therapeutic gaps in

care," said Touchette. "[Community pharmacists](#) are knowledgeable about potential barriers and solutions to adherence issues. They have frequent contact with their patients, know them well, and when needed, reach out to physicians on their behalf. They are also widely considered a trusted source for providing information to [patients](#) and practitioners about medication therapies."

The study is published in the *American Journal of Managed Care*.

Provided by University of Illinois at Chicago

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