

WHAT WAS SAID

“Employees today know more about drug plans, but that doesn’t mean they know enough. The average person doesn’t get the messages about drugs—such as why they are taking them and what the safety issues are.”

*Wayne Marigold, pharmacy consultant,
Toronto*

“Pharmacists are the most educated, most well-trained, and most under-utilized health professionals I’ve ever seen. This is an opportune time for them to take a real lead role. How do we bang the drum and say there’s the path we want to take? It’s a tremendous opportunity for pharmacists.”

*Denis Morrice, ambassador, Bone and Joint
Decade, World Health Organization*

“Patients choose the level of health to which they’ll live. Do I have a responsibility to maintain the highest level of health to maintain my drug plan? No, I don’t. I can choose to live with three asthma attacks a day if I want. But if I do not take a single day off because of sickness, maybe I should be rewarded ... Instead of focusing on the stick, maybe we should focus on the carrot.”

*Jeff May, vice-president pharmacy,
professional affairs, Shoppers Drug Mart*

**TACKLING PATIENT ACCOUNTABILITY:
IS IT TIME TO GET TOUGH?**

Twenty-two participants at three roundtables discussed the impact of patient noncompliance (or nonadherence) on drug benefit plan costs, and steps that can be taken to improve employees’ accountability for their own health. While many expressed frustration at employees’ general lack of accountability today, all agreed that the issue must become a higher priority in light of growing drug-plan costs.

MAJOR DISCUSSION POINTS

- Employees need clear, consistent information from employers, physicians and pharmacists to understand their drug benefit plan and the health and financial costs of noncompliance.
- Employers need to place more emphasis on positive health outcomes vs. cutting drug costs.
- Tracking mechanisms and incentive programs must be improved to help patients adhere to therapy and minimize wastage.
- Pharmacists have a key role to play in increasing patient compliance with prescription drugs, and should be reimbursed for their services.

STRATEGIES TO BOOST ACCOUNTABILITY**1. Improve education**

- Studies have shown that the vast majority of people think they take their drugs properly—but they don’t. Patients need more open, transparent education on issues such as side effects so they understand the trade-offs they must make for their health.
- Patients require guidance and encouragement to develop an action plan and follow through. They must become partners in maintaining their own health, with a sense of engagement and ownership.
- Pharmacists are well positioned to conduct patient education, while ensuring patient privacy.

2. Focus on health

- Efforts to contain costs, such as therapeutic substitution, must be re-examined to ensure that they are not having a negative impact on compliance.

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"We're seeing a more educated patient with more elaborate questions. Sometimes you offer counseling and the patients refuse it because they feel they have the information already. On the other hand, a lot of people still need the pharmacist to take a lot of time with them."

*Mario Paggos, pharmacist/owner,
Shoppers Drug Mart*

"We need to communicate to people of all ages—and we can't stop. Sometimes it takes three or four different ways of communicating before there is uptake. Human nature is what has to change."

*Diane Hindman, assistant manager, ICR,
Ontario Ministry of Health*

"The pharmacist is the key person to get in front of the patient and explain about compliance. Employers have to understand that and have to be willing to pay for it."

*Jim Norton, president,
Kris Kringle & Associates*

- A regular medication review for people with chronic conditions and those at risk of developing specific illnesses could be made mandatory to maintain coverage.

3. Provide incentives

- Incentives that reward employees for healthy activities may reduce the incidence of illness in the workforce.
- Employers could also offer bonuses for employees who don't take time off for sickness.
- The government can play a role—for example, by offering employers a tax deduction for disease management.

4. Institute penalties

- Insurance companies refuse to insure smokers due to their significant impact on costs—should employers follow their lead by removing or reducing coverage for employees who smoke?
- It's certainly likely that employees who have to pay a percentage of the total cost of benefits will become more accountable.

4. Exploit emerging resources

- Invest time and money in pharmacists, nurse practitioners and call centres. Research into the benefits of reimbursing pharmacists, in particular, demonstrates that this can be a cost-effective approach—and this strategy is coming into play in British Columbia (with the launch of the Empowering Patients through Integrative Care project).
- Technology can also help. For example, pharmacists can use software to identify outstanding prescription refills.
- The e-Therapeutics initiative (<http://etherapeutics.pharmacists.ca>), developed and piloted by the Canadian Pharmacists' Association, allows doctors to view information about various drugs while they are with patients. When physicians and employees make decisions together, the employee becomes a partner in the treatment and compliance improves.

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