

Medication Adherence and Some Re-admission Statistics

by Nicole Lofholm Clause

Non-adherence is a major problem in the United States, which is causing many unnecessary deaths and demanding care. The estimated annual cost of patients not taking their medications as prescribed was \$290 billion in 2010.¹ About 125,000 Americans die annually (342 people every day) due to poor medication adherence. In addition, 10-25% of hospital and nursing home admissions are caused by the inability of patients to take their medications, as directed.² About 40% of patients is non-adherent to prescription medications, which has been the same for the past 30 years.³ In addition, up to 20% of all new prescriptions are not filled.⁴

According to PhRMA (2011), 32 million Americans use three or more medicines daily. Out of those Americans, 75% of adults are non-adherent in one or more ways. The economic impact of non-adherence is estimated to cost \$100 billion annually. The average adherence rate for medicines taken only once daily is nearly 80%, compared to about 50% for treatments that must be taken 4 times a day. About 75% of patients (and 50% of chronically ill patients) fail to adhere to, or comply with physician prescribed treatment regimens.

According to Med Ad News, In a poll done in February 2010, 65 years old and older who use medications, researchers found that 51% take at least five different prescription drugs regularly, and one in four take between 10 and 19 medications each day. 57% of those polled admit that they forget to take their medications. Among those using five or more medications, 63% say they forget doses, compared to 51% among those who take fewer medicines. The reasons behind this failure are varied; ranging from simple forgetfulness to confusion to ambivalence, but the problem costs an estimated \$290 billion in emergency-room visits and other avoidable medical expenses in the United States (New England Healthcare Institute).

Hospital Readmission

- Almost **1 in 5** Medicare patients who are discharged from the hospital come back **within 30 days**.
- The US *Centers for Medicare and Medicaid Services* (CMS) puts the annual cost of avoidable readmissions at more than \$17 billion in 2008, and the Medicare Payment Advisory Commission (MedPac) reported that expenditures for potentially preventable rehospitalizations were as high as \$12 billion in 2005 alone.
- Readmissions are less likely if patients see a primary care or specialty clinician within the first 2 weeks after a hospital discharge. However, Medicare patients who returned home after a hospital stay for a medical condition in 2009, only **44.2%** had visited a primary care clinician during the 14 days. One reason why patients fail to get the care they need after a hospitalization is a shortage of primary care providers.
- CMS released its *Inpatient Prospective Payment Systems* (IPPS) rule in 2010, which includes the *Hospital Readmission Reduction Program* (HRRP) starting in 2013. It will penalize hospitals with high readmission rates for certain conditions. Starting in **October, 2012**, the HRRP will lower payment rates for all Medicare discharges if acute care

hospitals experience higher-than-average readmission rates for certain “applicable conditions.”

- During the first two years of the program, **acute myocardial infarction, heart failure, and pneumonia** will be the only applicable conditions on which readmission rates will be calculated. Beginning in 2015, CMS will add additional conditions or procedures that represent high costs and high volumes of readmission. (Readmission = a patient is discharged to a non-acute setting, such as home health, skilled nursing, rehabilitation facilities, or the patient’s home, and is subsequently readmitted or admitted to another acute care hospital within 30 days of discharge)
- Payment reductions will be capped at a maximum of **1%** of inpatient payments. The payment reduction rates will increase by 1% each year before being capped at 3% for 2015 and beyond.
- For Medicare patients aged 65 and older, about 19% of all hospital stays were readmissions within 30 days, according to a new statistical brief from the Agency for Healthcare Research and Quality.
- By adding incentives and penalties, the goal of HRRP is to drive quality of care improvements while saving Medicare \$710 million each year.

References:

¹ 2010 Benchmarks in improving medication adherence (2010, May). *Healthcare Intelligence Network*. Retrieved from http://store.hin.com/2010-Benchmarks-in-Improving-Medication-Adherence_p_4006.html.

² Fleming, W. (2008). Pharmacy management strategies for improving drug adherence. *Journal of Managed Care Pharmacy*, 14(6-b Supplement), S16-S20.

³ Atreja, A., Bellam, N., & Levy, S. (2005). Strategies to enhance patient adherence: Making it simple. *Medscape General Medicine*, 7(1), 4.22

⁴ Remarks of Steven C. Anderson, IOM, CAE, President and CEO, National Association of Chain Drug Stores (NACDS) at the Sebok Pharmacy Lecture at Ohio Northern University on January 19, 2010.

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