Higher levels of medication adherence can lead to lower health care costs and improved patient outcomes.

As all stakeholders—health care providers, patients, insurers, employers, policy makers, and drug manufacturers—look to control health care costs and improve quality, one area of special interest is medication adherence.

Although the problem is simple—people don’t always take their medication as directed—the causes are complex. Long before patients fill—or don’t fill—their prescriptions, a variety of factors contribute to their ability to start and adhere to prescribed treatment, such as formulary considerations, benefit design, and general medication and illness awareness. Ultimately, non-adherence impacts all stakeholders, and countless studies have found that medication adherence directly impacts both health care quality and cost.

The issue is so important that the Centers for Medicare and Medicaid Services attributes close to 11 percent of its 2014 Star Ratings and two more measures on display to medication adherence. To receive high quality ratings, lower costs and improve outcomes, it’s imperative for Medicare Advantage plans to address medication adherence issues.

### 5 Factors

Improving medication adherence isn’t simply about changing patient behaviors. Plans need to address issues throughout the process to impact consumer behavior. Optum has identified five key factors that must be addressed to improve adherence:

1. **Formulary**
2. **Utilization Management Programs**
3. **Benefit Design**
4. **Understanding and Adapting to Member Demographics**
5. **Member Outreach Programs**

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### Cost

**$100 billion**

Direct costs of medication non-adherence in the U.S.

### Quality

- Poor adherence leads to increased morbidity and death

### Community Impact

- Medication adherence is related to other important measures of health care performance: e.g. Communities with high rates of adherence also often have fewer avoidable hospitalizations
The need to enhance medication adherence plays a lead role in the Stars quality framework. Based on 2014 Stars ratings, Part D clinical measures represent more than 18 percent of total Stars scores. As a result, a 3.5-star plan that succeeds in upgrading medication adherence and some operational improvements can potentially improve to a 4-star rating and see increases in payment reimbursements and Stars quality bonuses.

**A Key Measure for Health Plans’ Quality Ratings**

The majority of studies on medication adherence have proven that adherence rates have a direct impact on clinical, utilization and economic outcomes:

- **86%** of studies showed medication adherence positively impacted clinical outcomes.
- **81%** of studies showed adherence helps avoid the use of higher acuity, more expensive services, particularly hospitalizations and ER visits.
- **57%** of studies indicated medication adherence positively impacted economic or cost outcomes.

**The Bottom Line**

Although CMS is focused on quality improvement through Stars ratings among Medicare Advantage and drug plans, the methods these plans adopt will ultimately impact—and influence—commercial plans. Over time all plans, regardless of incentive or reimbursement structure, will need to make medication adherence a priority.

To learn more about the Optum’s research on medication adherence, as well as other key enablers of health care sustainability, visit [www.optum.com](http://www.optum.com)

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