Even though physicians make the correct diagnoses and prescribe the right treatments, it doesn’t mean patients will fill their prescriptions and take every pill. There are several points along the patient journey where people get sidetracked and stop taking their medications. Making matters worse, as managed care plans increase the out-of-pocket expenses for patients in efforts to reduce their pharmaceutical expenditures, optimum treatment outcomes are increasingly being lost.

In the short run, shifting costs to patients may result in lower pharmaceutical costs for a health plan, but it may actually mean higher overall medical expenditures. Direct costs related to people not taking their medication as prescribed have been estimated at over $100 billion dollars annually. Lack of adherence is associated with a 30% to 50% increase in treatment failures. Here are some common factors that can affect treatment adherence:

**Understanding the importance of treatment.** Physicians often don’t get a chance to fully explain the importance of taking medications as prescribed because of the limited time they have with patients. A patient’s perception of the value of a drug and her beliefs about whether it can improve her health make up a major factor affecting adherence. Some basic motivational interviewing skills and tools can help clinicians engage patients in their treatment, which has been shown to have a strong influence on adherence.

**Ability to pay.** The cost of prescription drugs represents a significant barrier to adherence. Unfortunately, out-of-pocket (OOP) costs have been increasing for some time, growing by nearly 40% from 1996 to 2005, and data show that they continued to climb after that. The ACA slowed the trend, but it is expected to pick up again in the next decade.

Medicare Part D protects low-income enrollees from high OOP costs. But for the other beneficiaries in traditional Medicare with Part D coverage, it’s a different story. For them, the OOP costs are 100% of the cost of medications until they meet their deductible, 25% during the initial benefit, 45% in the “donut hole” coverage gap, and then 5% when their spending reaches the catastrophic phase of their coverage.

**Helping people take their meds.** Of course, there’s still an enormous gap between having medications and actually taking them and even a wider gap between taking them as directed. This is fertile territory for innovation and for integration of digital technology into the health care system. A number of smartphone-based apps prompt people to take their pills. Some work wirelessly with specially designed pill bottles. A company called AiCure has developed a facial recognition app that works by people taking pictures of themselves as they take their medication. Automated medication dispensing machines used in hospitals have been adapted for home use. In some cases, adherence technologies go beyond simple reminders, reinforcing messages about the value of the medication or addressing psychological adherence barriers.

**Juggling act**

If managed care plans want to get the most value out of prescribed medications, they must be nimble and work on several fronts. One way is to work with providers so they stress to patients the critical importance of taking medications as prescribed. Another way is to remind patients to take their medications—and get savvy about using digital technology to deliver reminders. Finally, they need to move away from policies with high OOP costs. There are enough barriers to taking medications without throwing financial roadblocks in people’s way; instead of barriers, managed care plans would be better served by providing assistance to promote adherence. By addressing these key issues, optimum treatment outcomes can be achieved.

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