Medication Synchronization Model Legislation

Poor medication adherence costs the U.S. healthcare system $290 billion annually – 13% of total healthcare expenditures – and results in avoidable and costly health complications, worsening of disease progression, increased emergency room visits, and hospital stays. This inadequate medication adherence rate is associated with about $47 billion annually for drug-related hospitalizations, and an estimated 40% of nursing home admissions.

As the face of neighborhood healthcare, community pharmacies have played an increasingly important role in improving overall patient care through pharmacy services such as health and wellness screenings, immunizations, medication therapy management (MTM), and other evidence-based services. The benefits from these services are increasingly being recognized. A report by CMS on the Part D MTM program found consistently and substantially improved medication adherence and quality of prescribing for beneficiaries with congestive heart failure, COPD, and diabetes. The report found savings of $400 to $525 in lower overall hospitalization costs attributable to MTM for beneficiaries with diabetes and congestive heart failure. The report also found reduced Part D costs for diabetes patients by an average of $45 per patient for the best performing plan. Similarly, a Health Affairs article from July 2013 reported the findings of a study which showed that poor medication adherence was associated with additional medical and hospital visits resulting in otherwise avoidable spending for Medicare Part A and B services in the range of $49 to $840 per beneficiary per month. Finally, a separate study published in the January 2012 edition of Health Affairs demonstrated the important role retail pharmacy plays by showing that a pharmacy-based intervention program increased adherence for patients with diabetes and that the benefits were greater for those who received counseling in a retail, face-to-face setting as opposed to a phone call from a mail order pharmacist.

The Benefits of Medication Synchronization

One innovative approach to improving medication adherence and patient experience with care is the patient care service known as “Medication Synchronization.” Each patient enrolled in the medication synchronization program has a designated appointment day to pick up all medications. Pharmacy staff calls patients in advance of their appointment to identify any changes to the medications and confirm that each prescription should be refilled. In the model, pharmacists and pharmacy staff are able to perform a monthly review of medications, which provides the opportunity to identify therapeutic and adherence issues that patients may be encountering. To date, the model has proven successful in improving adherence and patient care, yet barriers exist to its successful expansion.

A recent study by Virginia Commonwealth University reviewed a medication synchronization program at a regional pharmacy chain. The report found that, in comparison to control subjects, patients in the medication synchronization program
experienced stronger communication with the complete health care team, had 2.8 more refills per year resulting in 84 more days of medication and had 3.4 to 6.1 times greater odds of adherence. Those not enrolled in the medication synchronization program had a 52% to 73% greater likelihood of discontinuing their medication therapy.

In another study, researchers at Harvard Medical School found that when medications were not synchronized, patients had adherence rates that were 8.4% lower than patients for which medications were synchronized. Similarly, in a study at George Washington University, medical researchers identified medication synchronization as an important component of improving adherence, noting: “[t]he Medicaid population would benefit from a policy that allowed for flexibility in medication supplies to improve refill consolidation [synchronization]. This would allow a physician or pharmacist to consider appropriate adjustments and improve adherence in this population.”

**Barriers to Medication Synchronization**
To work effectively, a medication synchronization model depends on setting a patient-specific appointment date on which all medication refills become due. To accomplish this goal, pharmacies execute certain actions to ensure that all medication for a particular patient become due on the same day. Short-term prescriptions for the purpose of synchronizing medications require a co-pay for the patient, and to date some health plans have not pro-rated co-pays based on days’ supply, creating a financial disincentive for patients to embrace this successful adherence intervention. Pro-rated co-pays would reduce the patient out-of-pocket cost for starting on a medication synchronization program. This policy is already being implemented at the federal level. Through recent changes in policy, CMS now allows partial fills in the Medicare Part D program. In implementing this change, and noting that pharmacies should receive a full dispensing fee for partial fills, CMS stated:

*We believe that we have sufficiently accounted for the tradeoffs and implications of the potential impact of our requirement, both in the proposed rule and in this final rule with comment period. In the preamble and the Regulatory Impact Analysis section of the proposed rule and this final rule with comment period, we specifically accounted for the additional dispensing fees, as well as the administrative and programming costs that we believe Part D sponsors will incur in implementing this requirement. Despite these costs, we continue to estimate savings in the hundreds of millions each year to the Part D program.*

**Model Legislation**
Legislation is needed that would further enable beneficiaries to synchronize their medications so that they could order and receive them on the same day each month, instead of having to make multiple visits to the pharmacy. This would reduce medication waste, as well as the poor healthcare outcomes that result from decreased medication adherence. Additionally, the legislation would ensure that a pharmacy receives a full dispensing fee as determined by the contract it has with the individual or group health
plan. Dispensing fees will be associated with each dispensing event and should not be affected by medication synchronization. The pharmacy should not be penalized with a lower dispensing fee for dispensing pursuant to medication synchronization; the pharmacy overhead costs remain the same.