



OHIO PHARMACISTS ASSOCIATION

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Testimony on HB 116 before the Senate Medicaid Committee

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Chairman Burke, Vice Chair Manning, Ranking Member Cafaro, and members of the Senate Medicaid Committee; I'm Ernest Boyd, Executive Director of the Ohio Pharmacists Association, and a pharmacist. We greatly appreciate the opportunity to speak in support of this important legislation. One of our greatest problems in health care is that our patients are not taking their medicines as prescribed, resulting in expensive emergency room visits and hospitalizations. How serious is the issue? Over 50% of people take the prescriptions incorrectly, directly resulting in 10% of all hospital admissions and 20% of all admissions to long-term care facilities. We have found, through several years of research, that simply getting the patient to refill all medications for chronic conditions on the same day of the month increases patient adherence to proper medication dosing.

Specifically, a study released in January of 2014 by the National Community Pharmacists Association (NCPA) showed that patients enrolled in a "medication synchronization" program averaged 100 additional days on therapy each year, and were 30% more likely to take medications as prescribed than those not enrolled. And, overall, 90% of the patients enrolled were considered "adherent" compared to 56% of those not receiving medication synchronization. This is a major breakthrough in a problem that has been recognized for more than 30 years, and will definitely reduce costs. Let me give a simple explanation of why this synchronization works.

Patients fill their prescription when they are diagnosed with a chronic disease – be it diabetes, heart conditions, blood pressure, etc. Any subsequent refills occur on a regular monthly rotation based on the date the patient initially had the drug filled by the pharmacist. Then, on a different day of the month, that same patient can get a diagnosis of low thyroid, let's say, and that prescription gets filled on the date of diagnosis. Soon, if the patient has several medications, they must return to the pharmacy many times per month, since insurance companies have not allowed early filling of prescriptions. This legislation allows the pharmacy to do a one-time "short fill" to get all the non-narcotic, chronic medications filled on the same date. So how does that change the patient's behavior?

Part of the medication synchronization program is additional counseling and watchfulness of the pharmacist. If the patient only asks for three out of five refills, the pharmacist asks, "Why?" Perhaps the patient is having side effects, and the pharmacist can work with the physician to find a different medication. In many cases, the disease has no symptoms, like blood pressure, and the patient simply quits taking the drug. The pharmacist then intervenes, discussing the importance of taking the drug to avoid stroke and other issues. Patients listen to the guidance of the pharmacist, and largely improve their medication behavior.

In other cases, the patient says the expense of the drug is too great, so again, the pharmacist can work with the physician to find a lower cost alternative, or a program to help with the cost. This is part of what pharmacists are calling “medication therapy management” or MTM, which is a paid, pharmacist-delivered service currently being offered by health plans like Caresource, one of Ohio’s Medicaid managed care programs. Caresource indicates that they are saving more than \$4 in medical costs for every \$1 they pay the pharmacists for these MTM services. Caresource fully supports the process of medication synchronization.

HB 116 allows pharmacists to give a smaller supply of a chronic medication to get the patient on a simple, monthly schedule. Medication synchronization benefits the patient, the purchaser of health care, and the entire health care system by stopping unnecessary emergency room visits, hospitalizations, and lost time from work. The insurer only pays the short fill cost once to get the medication in line with the others. It may seem counterintuitive that pharmacies would support a program that brings people into the pharmacy less often, but our interest is in better healthcare for the patient. This simple act of synchronizing the timing of refills makes a huge impact on the health of Ohioans. We strongly support the legislation. Thank you to Representative Brown and Representative Ginter for their advocacy on behalf of Ohioans battling chronic diseases. I’d be glad to answer any questions committee members may have. Thank you.