Ohio Senate Medicaid Committee
Proponent Testimony, House Bill 116

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Chairman Burke, Vice Chair Manning, Ranking Member Cafaro, and members of the Senate Medicaid Committee, thank you for this opportunity to testify in support of HB 116 regarding medication synchronization. As a pharmacist, I am particularly interested in seeing this bill become law as I believe it will remove unnecessary barriers to improving patients' medication adherence. I've been a pharmacist for more than 20 years in a variety of settings. I owned my own community pharmacy for 12 years in my hometown; I've been in leadership roles within large health systems at Cleveland Clinic and Kaiser Permanente; and my current role is at Exact Care Pharmacy which specializes in this specific area of patient care. Common to every practice setting has been the goal to assist patients in achieving optimal outcomes and maximizing the benefit of their pharmaceutical care. This is something that all pharmacists and caregivers strive to achieve every day. This bill offers pharmacists throughout the state of Ohio an opportunity to help patients achieve those goals.

The importance of medication adherence in improving patient outcomes is well established, as are the challenges in achieving it. Some key statistics that reinforce the importance of this include:

- Half of all patients do not take their medications as prescribed[i], and more than 1 in 5 new prescriptions go unfilled[ii]
- Adherence statistics are lowest among patients with chronic illnesses[iii], and at least 125,000 Americans die annually due to medication adherence issues[iv]
- Non-adherence is estimated to cost more than $100 billion in avoidable hospitalizations, and as adherence declines, emergency department visits increase by 17% and hospitalizations rise by 10%[v]
- The potential savings from adherence-related disease management could be up to $290 billion annually, representing 13% of health spending[vi]

Numerous medication synchronization programs have been developed by community pharmacies to assist patients in overcoming several of these adherence challenges. These programs generally include timing all of a patient's refills to occur on a single day each month, and may include additional steps such as a monthly consultation with a pharmacist, specialized prescription packaging to assist with medication administration, and various types of reminder programs. Synchronizing the refill process reduces the number of trips to the pharmacy each month, which can be significant given the number of prescription medications some patients take each month. Patients who are mobility challenged or rely on family or friends to take them to the pharmacy, benefit from this phenomenon, as do patients who live in group homes or assisted living facilities.

Studies show that these programs work. In general, they result in greater satisfaction with their pharmacy experiences and a significant improvement in the Proportion of Days Covered (PDC), a key adherence statistic, which improves by an average of 32.5% over patients who are not using a synchronization program. "First fill" abandonment for new chronic prescriptions was reduced by 90%[vii].

I have seen how impactful this type of program can be time and time again. The benefits of these synchronization programs for patients who are medically fragile, homebound, live in assisted living

facilities or are otherwise incapable of taking care of themselves, patients with mental health challenges, and for family members who are tasked with taking care of elderly parents, have all described these programs as life changing.

This bill helps to address one of the biggest challenges pharmacies and patients face when trying to synchronize their fill date: managing their insurance coverage. Patients who are on multiple medications may have their fills dates spread across several different dates throughout the month. Trying to implement the initial synchronization may become very expensive for them if their insurance plan will not allow for partial-fills or "refill too soon" overrides. Patients may end up paying a full 30-day copayment for a partial fill, or have to pay for one or more prescriptions completely out of pocket in order to synch up their prescriptions. For patients who are on expensive medications, or who have high copayments, this initial synchronization can cost a significant amount of money and can often be an impediment to the initial launch. If the sync processes cannot be accomplished in the first month due to these patient barriers, it may take multiple months to finally align the dates through multiple fill cycles. New prescriptions or changes to existing prescriptions mid-month start the cycle over again each time, making this an ongoing challenge.

The Centers for Medicare & Medicaid Services (CMS) has recognized the significance of these synchronization programs and the impact on patient adherence, and in 2014 they implemented a mechanism for Medicare D beneficiaries to obtain a partial fill and pay a corresponding pro-rated portion of their copayment. They stated that the added benefits of reducing waste and aiding adherence far outweighed any additional operational costs.

HB 116 presents the opportunity to extend this flexibility to all insured Ohioans by providing a mechanism for partial fills to be done with pro-rated out of pocket expenses for patients. This initiative mimics similar efforts in other states that have also recognized the benefits of these programs in reducing health care costs and improving patient outcomes. The financial impact to third party payers is negligible and can be implemented using industry standard claims submission processes. There is essentially no downside to implementing this program, and on behalf of the pharmacy community and tens of thousands of Ohio residents, I strongly support the passage of HB 116.

I thank the committee for the opportunity to present this perspective. Please do not hesitate to contact me for additional information on this issue.

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[vi] NEHI Research Brief, "Thinking Outside the Pillbox: A System-wide approach to Improving Patient Medication Adherence for Chronic Disease." NEHI, 2009.

[vii] National Community Pharmacists Association. "Assessing the Impact of a Community Pharmacy-Based Medication Synchronization Program on Adherence Rates". http://www.ncpanet.org/pdf/survey/2014/ncpa-study-results.pdf