

Benefits CANADA

Adherence to medication therapy: Often discussed, rarely investigated

Mike Sullivan | September 01, 2011



One of the biggest potential upsides to containing costs through an optimally designed plan is that plan sponsors then have the budget to ensure better health for their members.

Let's consider the case of a common source of absenteeism, short-term disability and long-term disability in the workplace: depression. What's frightening is how common both mild to moderate and moderate to severe depression are within our society—according to a 2007 paper commissioned by Bill Wilkerson of the Global Business and Economic Roundtable on Addiction and Mental Health, nearly one out of seven Canadian adults is

treating depression at any given time. While both the federal and provincial governments are beginning to take mental health seriously, it's also the plan sponsor's turn to explore what can be done.

Here are the results of one plan sponsor's experience with employee depression:

Over a three-year period, there were 709 plan members actively treating depression. Of those 709 plan members, only 46% were properly adhering to their prescribed antidepressant regimens. That means, more than half of those plan members were not taking their medication as directed. As a pharmacist, I will be the first to suggest that medication is not the only answer—some patients can be successfully treated with non-pharmacological measures. However, in this case, more than 12% of the plan members never refilled their antidepressant prescriptions after the first fill, and, given that these medications can take months to begin working, these patients have little chance for success unless they are also being successfully managed through non-pharmacological methods. Unfortunately, the data do not allow us to determine how many members didn't fill their prescriptions in the first place—we would guess that number would be material.

Of the 709 members treating depression, 56% were employees, 31.5% were spouses and 12.5% were dependent children. Within the employee subgroup, adherence to therapy was only 44%, compared with 55% for spouses and 30% for dependents. It was interesting to note that men (51%) in this plan group were actually more adherent to their depression therapy than women (44%).

When you consider that it costs less than \$1 per day to treat most patients with mild to moderate depression with drug therapy, and compare that figure to the cost of even one missed day of work (or a number of days of suboptimal productivity), the math is easy to do.

Furthermore, employers that have identified, quantified and realized savings through better management of their drug plan benefits have financial resources to focus on improving medication and treatment adherence without incurring additional costs. Such initiatives not only optimize member health but can also pay for themselves simply by focusing on responsible cost containment within the plan.

It's my hope that ensuring better health for employees will be automatic for sponsors that have saved benefits dollars through better management of their drug benefits plans.

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