What is Medication Adherence?

Medication adherence refers to whether patients take their medications as prescribed (dosage and frequency) as well as whether they continue to take a prescribed medication.¹

Barriers to Adherence among New to Therapy Patients Refilling Late

% Reporting Adherence Barrier

- Forgetfulness: 63.0%
- Cost: 13.8%
- Side Effects: 10.1%
- Doubts need for medication: 5.3%
- Regimen complexity: 4.8%
- Other: 2.9%

Solutions:
- Understand the patient and their individual barriers to adherence
- Train pharmacists in face to face motivational interviewing and practical techniques for patients
- Build an infrastructure to support and scale interventions
Current Clinical State of Adherence

Medication non-adherence is common and costly

75 percent fail to take medications as directed¹

33 percent of prescriptions are never filled¹

Up to 60 percent of the time, patients with chronic conditions do not take their medication¹

Approximately 125,000 deaths annually are attributed to non-adherence to medication therapy³

Hospital readmissions
Adverse medication events (including patient non-adherence) are at the core of the readmission problem. This leads to treatment failures and wasted resources²

Addressing Non-Adherence

Walgreens has develop patient-centered programs that focus on the individual and his/her specific barriers to adherence solutions:

New to Therapy

Well Transitions

Medication Therapy Management
Adherence Programs at Walgreens

New to Therapy Counseling

- Patients new-to-therapy for chronic conditions often have poor medication adherence that can lead to adverse outcomes and higher medical costs
- Pharmacist counseling is proven to improve medication adherence

Phone Call

Face to Face

Initial Fill

First Refill

Refill - Late

**NTT Call Therapies**
- Antidiabetics (oral only)
- Endocrine
- Calcium Channel Blockers*
- Antihypertensives
- Beta Blockers
- Diuretics

**NTT Face to Face Therapies**
- Antidepressants
- Genitourinary
- Anti-asthmatic
- Hematological
- Antihyperlipidimics
- Thyroid

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Research finds that the highest impact adherence programs feature pharmacists counseling patients when they come to pick up their medication.

Patient Days on Therapy

- 206 Days on Therapy (0 Completed Consultations)
- 222 Days on Therapy (1 Completed Consultation (NTT Only))
- 229 Days on Therapy (2 Completed Consultations (NTT & First Refill))

Providing a first and second consultation dramatically improves patient adherence.

Pharmacist consultations alone may not be enough for some patients to help achieve 80% adherence, which is why we also incorporate additional consultations when a patient is greater than 10 days late to refill, as well as additional adherence tools (I.E., Refill Reminder, Return to Stock, etc...)
New to Therapy Counseling Increases PDC

Studies demonstrate significant lift in Proportion of Days Covered (PDC) for New to Therapy Calls and Face to Face Consults.

PDC Rate Increase with NTT Calls

PDC Rate Increase with NTT F2F Counseling

* Denotes significant differences between test and control groups.
Walgreens WellTransitions®
Bridge Gaps in Care and Reduce Avoidable Hospital Readmissions
Walgreens WellTransitions®: Bridge gaps in care

WellTransitions bridges gaps in care by supporting patient recovery through several hospital-to-home transition steps designed to:

- Reduce avoidable readmissions
- Increase patient satisfaction
- Lower overall care costs

- Patient identified as eligible for the program
- Offer outpatient medication at discharge
- Counsel patients on medication
- Clinical intervention outreach with patients 48-72 hours post-discharge
- Clinical intervention outreach with patients 9 days post-discharge
- Clinical intervention outreach 25 days post-discharge
- Assess program effectiveness with robust monthly outcomes reports
Walgreens WellTransitions® Program for medication adherence has earned the exclusive endorsement of the American Hospital Association.

AHA Solutions, Inc. selected Walgreens WellTransitions program for:

- Leadership in assisting hospitals in reducing readmission rates
- Improving patients’ medication adherence after discharge

AHA Solutions awards the AHA endorsement to a product/service it believes best addresses a specific challenge for the most member hospitals.

Extend your reach into the community post-discharge

Enhance the health system’s clinical collaboration with the healthcare community

WellTransitions:
- Conducts clinical intervention calls post-discharge to review proper medication therapy and education
- Encourages patients to visit their healthcare providers for post-discharge follow-up care
- Improves visibility into patient behavior by providing reports/updates to healthcare providers

“Walgreens has consistently demonstrated its long-term commitment to supporting hospitals’ efforts to extend patient care further into their communities.”
— Anthony J. Burke, president and CEO of AHA Solutions, a subsidiary of the American Hospital Association
Results from eight hospitals that implemented the WellTransitions program from January 2013 through September 2013:

- Engaged WellTransitions patients who received at least one clinical intervention had a relative decrease of 56.7 percent in readmission rates*

- The absolute readmission rate for engaged patients decreased by 11.4 percent*

*These rates are unadjusted.

Walgreens worked with DeKalb Medical in Atlanta, Georgia to implement a medication adherence care transitions program in January 2011.

- Within 90 days, there was a 26 percent relative increase in HCAHPS’ “communication about medicines” domain score.

*This program was not the complete WellTransitions program but rather an early intervention collaboration between Walgreens and DeKalb Medical.

### Potential cost savings using WellTransitions®

*Note: Your savings will vary depending on the number of patients admitted to your institution per month and the average cost of your hospital’s readmission*

<table>
<thead>
<tr>
<th></th>
<th>Example BEFORE initiating WellTransitions</th>
<th>Example AFTER initiating WellTransitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of discharges per month</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td>Rate of readmissions*</td>
<td>20% (or 50 patients)</td>
<td>8% (or 20 patients)</td>
</tr>
<tr>
<td>Average cost of a readmission per patient**</td>
<td>$9,600</td>
<td></td>
</tr>
<tr>
<td>Total cost of readmissions</td>
<td>$480,000</td>
<td>$192,000</td>
</tr>
<tr>
<td>Potential savings per month</td>
<td></td>
<td><strong>$288,000</strong></td>
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</tbody>
</table>

*Rate of readmissions is based on pilot program results from eight hospitals.1

**The Medicare Payment Advisory Committee (MedPAC) estimates that readmissions cost about $9,600 per case.2

Medication Therapy Management

• Currently, Medicare Part D covers MTM services for targeted individuals who meet the following criteria:
  • multiple chronic diseases (such as diabetes, asthma, hypertension, hyperlipidemia, and congestive heart failure);
  • are taking multiple covered Part D drugs; and
  • are identified as likely to incur annual costs for covered Part D drugs that exceed a level specified by the Secretary.
• MTM is a methodical, proven approach to help patients take medications correctly, and includes review of medication therapy, development of a personal medication record and action plan, coordination with physician, documentation and follow up
• MTM is a key component of medication adherence

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Impact of Poor Medication Adherence

- $290 billion annual costs due to poor medication adherence – that is 13% of total national health care spending
- $100 billion per year in excess hospitalizations
- 94 million Americans do not take their medications as prescribed
- 50% of patients with depression stop taking their medications within 3 months
- 25% of all emergency room visits are the result of non-adherent asthma patients
- 90,000 hypertensive patients die prematurely every year because of poor medication adherence
MTM Expansion

• Medication Therapy Management Empowerment Act of 2013 (H.R. 1024/ S. 557), expands MTM eligibility to a single chronic disease

• Overwhelming Bi-Partisan Support:
  
  • H.R. 1024: 161 Cosponsors (81R/80D)
  
  • S. 557: 30 Cosponsors (23D/7R)