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WEB EXCLUSIVES

Human Behavior: The Other Side of Controlling Drug Costs

by David J.M. Whitehouse

Understanding how human psychology and health psychology impact compliance with medication regimens and drug-related costs can control expenses and also attain the best possible outcomes for patients. As direct-to-consumer advertising and consumers' interest in their own health are playing a greater role, trust between provider and patient can lead to greater compliance. Both health care professionals and patients have a role in preventing drug abuse. Companies should offer health education along with strong employee assistance plans (EAPs).

Human behavior has a significant impact on pharmacy-related expenses. While that may be a truism, its implications are much deeper. Understanding how human psychology and health psychology impact compliance and drug-related costs is one way to reach the goal of longer-lasting solutions to controlling health care expenses as well as attaining the best possible treatment outcomes.

Direct-to-Consumer Advertising

The Kaiser Family Foundation's June 2003 study, *Impact of Direct-to-Consumer Advertising on Prescription Drug Spending,* reinforced the notion that direct-to-consumer advertising will continue to grow. Promotional spending by pharmaceutical manufacturers has risen steadily in recent years, more than doubling from $9.2 billion in 1996 to $19.1 billion in 2001, an average annual increase of 16%. While most promotional spending (86%) remains directed at physicians, a growing proportion is directed at consumers, especially through television ads. Pharmaceutical manufacturers use several types of promotion, each of which has been growing in recent years:

- **Detailing:** (29% of spending) is the sales activities of drug representatives directed toward physicians. Most detailing is directed at office-based physicians ($4.8 billion), the rest at hospital-based physicians ($700 million).
- **Sampling:** (55% of spending) is the free drug samples that pharmaceutical representatives provide to office-based physicians. Sampling, valued at retail pharmacy prices, totaled $10.5 billion in 2001. Recently, samples are also being made available through DTC advertising venues like TV, newspapers and the Internet.
- **Direct-to-consumer advertising:** (14% of spending) includes advertisements targeted toward consumers through magazines, newspapers, television, radio and outdoor advertising.
- **Medical journal advertising:** (2% of spending) is the value of professional journal advertisements.

At the same time, consumers are increasingly seeking active participation in their own health care, aided in part by the wealth of information available on the Internet. Moreover, physicians may have less discretion over choice of brand-name drugs than they once did as a result of direct and indirect constraints placed on their prescribing behavior by managed care.

The public has certainly become more aware of DTC advertising in recent years—The percent saying they had seen or heard an ad for a prescription medication grew from 63% in 1997 to 85% in 2002. Additionally, 30% of adults say they have talked to their doctor about a drug they saw advertised and 44% of those who talked to their doctor received a prescription for the medication they asked about.

Pharmaceutical companies will certainly continue to aggressively advertise their products directly to consumers. Drugs that are heavily advertised to consumers typically rank high in sales—Six of the top ten drugs advertised through DTC were among the top 20 drugs in dollar sales and in the number of prescriptions dispensed in 2000. Sales of the most heavily advertised drugs have increased much more rapidly than for other drugs—from 1999-2000, the dollar sales of the 50 most heavily promoted drugs in-

creased 32%, while the sales of all other drugs increased 14%; the number of prescriptions sold increased 25% for the top 50 promoted drugs, compared to 4% for all other drugs.

Clearly one of the major drivers of the prescription drug trend is consumer demand. This demand can be manipulated and driven by the same psychological forces used in any marketing campaign: an appeal to a fuller or more complete life (sexually, emotionally, or recreationally), or the hopes of obtaining a "dream." Prescription drug use will continue to trend upward. The need to improve how prescription drugs are prescribed and controlled will similarly grow in importance.

Adherence to Treatment Plans: What Are the Facts?

Although the term *noncompliance* is frequently used instead of *nonadherence,* the former term is a very paternalistic, top-down term that frames the patient-provider relationship in a highly authoritarian and legalistic manner. Using the term nonadherence, on the other hand, breaks down any real or perceived barriers that can form—consciously or otherwise—between the patient and provider.

There are many essential ingredients to adherence: mutual understanding, patient-provider partnership, patient buy-in, a shared sense that the proposed treatment is rational and takes into account the individual not only as a biological entity but as a person in a social context. This means taking into account a wide range of factors that can impact a patient's ability to follow the treatment plan, such as busy schedules, family responsibilities and job commitments, side effects and timing of medication, money, distance to the pharmacy, memory, stress, etc.

Even the most carefully constructed treatment plan fails when the patient doesn't adhere to the treatment recommendations. The most obvious result of noncompliance is that the disorder may not be relieved or cured. The Office of the U.S. Inspector General estimates that noncompliance results in 125,000 deaths from cardiovascular disease alone. Additionally, if patients did take their drugs as directed, up to 23% of nursing home admissions, 10% of hospital admissions, countless physician visits, diagnostic tests and unnecessary treatments could be avoided.

Trust in the physician is crucial. Patients are considerably more likely to follow their treatment plan if they have a good relationship with their physician. This relationship should be one in which the physician includes the patient in the decision-making process while demonstrating concern regarding the patient's adherence to the treatment plan. Clear prescription instructions and explanations of why the treatment is necessary and what to expect (delayed benefits, general adverse effects, etc.) also help ensure adherence. Encouraging patients to ask questions and express their concerns can help them come to terms with the severity of their illness and intelligently weigh the advantages and disadvantages of a treatment plan. Discussing the unconscious mechanism of denial of illness and how it leads to "forgetting" or otherwise not taking the drug as directed can help patients avoid that pitfall. They should be urged to report any unwanted or unexpected effects to their physician before adjusting or stopping the treatment on their own. Patients often have good reasons for not following a regimen, and their physician can make an appropriate adjustment after a frank discussion of the problem.

Prescription Drug Abuse: The Flip-Side of Nonadherence

Prescription drug abuse is the drug abuse issue in its purest form. We now live under the misguided belief that any movement out of perfect emotional and physiological homeostasis is terrible and should be instantly corrected. Like thermostats providing constantly perfect temperatures, we want constantly perfect emotional states and physical comfort. Pain, distress, sadness and anxiety all need instant correction. This belief also holds that the correction must be convenient, easy and require as little effort as possible.

The 1999 *National Household Survey on Drug Abuse* estimated that 1.6 million Americans used prescription pain relievers nonmedically for the first time in 1998. This represents a significant increase since the 1980s, when there were generally fewer than 500,000 first-time users per year. From 1990 to 1998, the number of new users of pain relievers increased by 181%; the number of individuals who initiated tranquilizer use increased by 132%; the number of new sedative users increased by 90%; and the number of people initiating stimulant use increased by 165%. In 1999, an estimated four million people—almost 2% of the population age 12 and older—were currently (use in past month) using certain prescription drugs nonmedically.

Prescription drug abuse is also costly. In April of 2004 the Council of State Governments, in its *Prescription Drug Diversion Program* report, recounts that the misuse and abuse of prescription drugs was responsible for as much as $100 billion in annual health care costs.

Health care professionals and patients both have a role in preventing abuse of prescription medications. For example, when a doctor prescribes a pain relief medication, antidepressant, or stimulant, the patient should follow the directions for use carefully, learn what effects the medication could have and understand

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any potential interactions with other medications. The patient should read all information provided by the pharmacist. Physicians and other health care providers should screen for any type of substance abuse during routine history-taking, with questions about which prescriptions and over-the-counter medicines the patient is taking and why. Over time, providers should note any rapid increases in the amount of a medication needed—which may indicate the development of tolerance—or frequent requests for refills before the quantity prescribed should have been used.

Only when we partner in educating and supporting people, showing how EAPs—not drugs—may provide better emotional and practical support, and spend more time listening to the issues and not merely medicating the symptoms, will we make any meaningful gains. The most progressive companies are those that incorporate health educators with strong EAP benefits. This is the real foundation of a holistic approach to human asset management.

This article is excerpted from the Foundation's *Employee Benefit Issues—The Multiemployer Perspective—Volume 46.* David Whitehouse presented this paper at the Annual Employee Benefits Conference in 2004.

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