



The Costs of Nonadherence

When patients fail to take their medicine as directed, the consequences can include wasted medications, poor health and added medical expenses.

As many as 70 percent of Canadian patients are not taking their medications as directed by their physicians.¹ For example, 70% of adults with asthma – and almost 64% of children with asthma – take too little medication or none at all.¹

Up to 26% of prescriptions are never filled.² Even when prescriptions are filled, patients may miss doses, take the wrong dose, stop treatment early or never start. Any of these scenarios can lead to otherwise-preventable hospital admissions, emergency room visits, physician visits and medical tests.

In Canada, estimated direct and indirect costs totaled \$4 billion in 2013,³ and have certainly increased since. With total healthcare spending of \$264 billion expected in 2019 in Canada for an average per person total of \$7,068 per person,⁴ from a financial standpoint the price of nonadherence is considerable.

The Causes of Nonadherence

The reasons for nonadherence are varied and complex, and no one solution works for everyone. However, the most impactful solutions rely on early detection and individualized interventions.

Significant factors affecting nonadherence include behavioural issues, such as forgetfulness or procrastination. Patients who take more than a few medications may be nonadherent because they are confused by complicated dosing schedules. Remedies include offering renewal reminders or automatic renewals, encouraging 90-day fills (the norm with home delivery), providing patients with adherence aids such as timers or pillboxes and encouraging patients to consult with pharmacists to establish simplified dosing regimens.

Plan design can also encourage or discourage adherence. People with high copayments may be more likely to be nonadherent because they shoulder more of the cost of their medications.

In Canada, the prevalence of cost-related nonadherence may be over 8%⁵ and policies that reduce cost-related nonadherence should be investigated to see whether they reduce use of health care services that is a consequence of cost-related nonadherence and also allow Canadians who are currently disadvantaged in access to prescription drugs to avoid trade-offs with other essential spending.

¹ Express Scripts Canada 2018 Drug Trend Report

² 2015 Canadian Pharmacists Association national survey results http://www.pharmacists.ca/cpha-ca/assets/File/pharmacy-in-canada/Abacus_CPhA_Adherence.pdf

³ Improving Access to Affordable Healthcare April 2013 <https://9000pointsofcare.ca/wp-content/uploads/The-Plan.pdf>

⁴ <https://www.cihi.ca/en/health-spending>

⁵ Law MR *et al* CMAJ Open. 2018 Feb 5;6(1):E63-E70.

