



NCL Medication Adherence Campaign Frequently Asked Questions

1. What exactly is medication adherence?

Adhering to medication means taking the medication as directed by a health care practitioner – whether taken in pill form, inhaled, injected, or applied topically.

Taking medication correctly may seem like a simple or personal matter, but non-adherence is a very complex and widespread problem. Many people never fill their prescriptions, or they may never pick up their filled prescriptions from the pharmacy. Other people bring their medication home, but don't follow their health care practitioner's instructions – they skip doses or stop taking the medicine. There are many reasons why people choose not to take their medication as directed, but the result is always the same – they don't receive the therapy that their health care practitioners have prescribed for them. In many cases, this means missing out on life-saving benefits and a better quality of life, and losing protection against future illness or serious health complications.

2. Why do a whole campaign about medication adherence?

Nearly three out of four Americans report that they do not always take their medications as directed, leading to serious health consequences and avoidable costs. And as more and more Americans are affected by at least one chronic condition, the costs continue to grow. **The total costs of non-adherence amount to at least \$300 billion a year**, including costs from medical complications and hospital readmissions. Our country needs a comprehensive, integrated campaign with cooperation from a variety of stakeholder groups to raise awareness of this critical health issue. Poor medication adherence is everyone's problem – and it's going to take a united effort to solve it.

3. What is the goal of this campaign?

The goal of the National Consumers League Medication Adherence Campaign is to raise awareness among consumers and their family caregivers about the importance of taking medication as prescribed as a vital first step toward better health outcomes. The campaign will focus on patients affected by three serious chronic conditions – diabetes, respiratory disease, and cardiovascular disease. It will also encourage patients and health care practitioners to better communicate about ways to improve medication adherence.

4. What kind of campaign will this be?

The campaign will be a multi-year, research-based public education effort targeting consumers with chronic conditions, their family caregivers, and health care practitioners. The effort will include

coordinated national communications and targeted outreach efforts in six cities – Baltimore, MD; Birmingham, AL; Cincinnati, OH; Providence, RI; Raleigh, NC; and Sacramento, CA. Additional cities/regions may be added to the effort as the campaign progresses. NCL will work in partnership with public and private stakeholders, including the American Medical Association, the American Pharmacists Association, National Association of Chain Drug Stores, the Food and Drug Administration, the American Diabetes Association, and the National Business Coalition on Health, to help raise awareness and disseminate campaign messages through their networks.

5. What can health care practitioners do about medication adherence?

If you are a health care practitioner (HCP) and would like help talking to your patients about taking their medications as prescribed, visit our HCP web resource in March 2011 to learn more about available campaign tools and resources.

6. What can patients and caregivers do if they have problems with medications or questions about medication adherence?

If patients have any issues with their medicine that prevent them from taking it as prescribed, they should start by talking to a doctor, pharmacist, nurse, or other health care practitioner to learn about options or tools that can help.

7. When will the campaign launch and how long will it last?

The consumer portion of the campaign will launch in May 2011, and continue for at least three years. More details about the campaign launch will be posted here as they become available.

8. When can I expect to see campaign activities happening near me?

Regional activities will be ongoing, beginning with the campaign launch in May 2011. More details about the campaign launch will be posted here as they become available.

9. Why is the National Consumers League leading this effort?

As America's oldest consumer organization, the National Consumers League has advocated for consumer interests since 1899, providing government, businesses, and other organizations with the consumer's perspective on a range of concerns – including medication information. From this position as an advocate organization, NCL is leading the charge on organizing stakeholders, and so far more than 100 diverse stakeholders have come to consensus on a campaign plan. The National Consumers League will direct and lead the campaign, with ongoing input, guidance, and support from Committed Partners.

10. What is the governance structure for the campaign?

NCL is accountable for convening, coordinating and managing all campaign activities, with the advice and support of the campaign Operating Committee. The Operating Committee is made up of the co-chairs from three working groups and government representatives. Under the Operating Committee, there are three Working Groups that meet regularly and represent the perspectives of various stakeholders: Chronic Condition Outreach, Health Care Practitioner Outreach, and Campaign

Evaluation. Various government agencies and adherence researchers will provide valuable insight about the extent and implications of non-adherence, and help to communicate important messages. Finally, our Committed Partners work to increase medication adherence by participating in campaign activities, attending meetings, and making financial and/or in-kind contributions.

11. What will the campaign measure, and how will NCL know if it worked?

This campaign will measure awareness of medication adherence – nationally and in a few select cities. We will conduct a national baseline survey in early 2011 to measure basic awareness of medication adherence as a health issue, and compare those results to another survey planned for the end of the campaign. NCL will also conduct pre- and post-campaign testing of awareness in each city. By measuring knowledge about medication adherence and the number of people who believe it to be an important health concern, we can measure the reach and effectiveness of our efforts.

In addition, the campaign’s evaluation working group will explore ways to measure changes in medication adherence behavior, such as prescription refills and self-reported behavior, that occur as a result of the campaign and complementary interventions.

12. Where does the funding for the campaign come from?

NCL has brought together more than 100 public and private stakeholder organizations to develop and implement the campaign. Many partners have already pledged their financial support – nearly \$3 million to date – toward our minimum campaign goal of \$5 million for the three-year campaign. To date, financial supporters include health care practitioner organizations, federal government agencies, pharmacists and pharmacies, patient groups and pharmaceutical companies. A list of financial sponsor is also available on the NCL adherence page OR [HERE](#) (link).

13. Why does the campaign focus specifically on diabetes, respiratory disease and cardiovascular disease?

Seventy-five percent of health care spending goes toward care for people with chronic conditions. The importance of medication adherence can apply to any condition, but for this campaign we chose to focus on three chronic conditions where adherence is especially important to good health outcomes. Diabetes, respiratory disease (asthma and COPD) and cardiovascular disease (high blood pressure, high cholesterol and heart disease) are chronic conditions that affect millions of Americans and cost hundreds of millions of dollars every year to treat, but which also have an established medication component that can help prevent complications and future illness.

14. How can the campaign be both national in scope and focused in certain cities?

We know medication adherence is an important issue all over the country, so this campaign will involve a national survey and national media to raise awareness about adherence. We will also work with national partners, including health care organizations and practitioner groups, to share campaign messages and resources through their networks across the country.

Our efforts in specific cities will reflect the national messages while complementing existing local medication adherence efforts and providing additional supports, such as paid advertising. What we learn from our work on the local level can help inform and improve the national campaign.

15. How did NCL choose the cities for the campaign?

We used specific criteria determined by the campaign stakeholders to help identify cities where the campaign can have the greatest impact. These criteria included media market size, local prevalence of target chronic diseases, geographic diversity, demographic diversity, local presence of partner organizations, and local presence of other complementary efforts or organizations related to medication adherence. For our six initial cities, we chose Baltimore, MD; Birmingham, AL; Cincinnati, OH; Providence, RI; Raleigh, NC; and Sacramento, CA.

16. How is the government involved in the campaign?

A number of government agencies have pledged their support for this campaign, and will assist NCL in advisory roles and by helping to disseminate adherence tools and resources. The Agency for Healthcare Research and Quality provided the initial planning funds for the campaign; NCL is also working with the Department of Health and Human Services, Drug Enforcement Agency, Food and Drug Administration, FDA Office of Women's Health, Health Resources and Services Administration, and the Office of the Surgeon General.

17. How can my organization get more involved in local campaign activities?

The first step to getting more involved in this campaign is to become a Committed Partner – a sign-up form is available [here](#). If your organization is located in one of the six initial target cities (see above), NCL will connect you with the campaign coalition in your area to learn more about participating in specific campaign activities.

18. What does it mean to be a stakeholder or Committed Partner of the campaign? How do I become one?

Stakeholders are any organizations, agencies, and companies that have an interest in improving health and want to help improve medication adherence. Committed Partners are stakeholders that have officially signed on to demonstrate their support for the campaign, whether by contributing in-kind through participation in working groups and expert input or through financial contributions. Committed partners agree to honor and follow the campaign guiding principles, which can be viewed [here](#).

Campaign Partners also realize valuable benefits from their participation, such as shaping the campaign through membership in working groups and committees and gaining access to messaging and materials for distribution to their constituencies. If your organization is interested in joining the campaign, you can access the sign-up form [here](#).

19. Who are the campaign's Committed Partners and spokespeople?

The campaign's Committed Partners include a wide range of stakeholders from health care organizations, practitioner groups, government, insurance plans, pharmaceutical companies and business organizations. [A full list of Committed Partners can be viewed here.](#)

We are currently working to identify spokespeople from various sectors among our Committed Partners.