



# SCRIPT YOUR FUTURE

## Lessons Learned, Looking Ahead



# WELCOME

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The National Consumers League (NCL) was founded in 1899 by renowned social reformer Florence Kelley, who dedicated her life to improving the health and welfare of all Americans – especially society's most vulnerable. More than 124 years later, NCL continues to honor Mrs. Kelley's legacy through our outspoken advocacy for the health and well-being of our nation.

We are especially proud of the *Script Your Future* campaign, which aims to improve the health of all consumers through improved medication adherence. Through community health fairs and other events, online content, wallet cards, educational posters, and other creative means, *Script Your Future* has reached millions of consumers across the country since the campaign launched in 2011.

In 2014, NCL published a report<sup>1</sup> on what we had learned so far and how *Script Your Future* was changing behavior. Nearly 10 years later, this campaign continues to grow, bringing together a broad array of stakeholders with a shared goal of improving medication adherence.

The healthcare landscape has changed significantly in recent years, but what hasn't changed are the financial, health, and personal costs of poor medication adherence.

We are pleased to provide this updated report on the medication adherence landscape, what we have learned from *Script Your Future*, and what the landscape might look like in the years to come.

**Sally Greenberg**

Chief Executive Officer  
National Consumers League  
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**THE PROBLEM:**

# Medication Adherence

For millions of Americans, medication adherence is an ongoing health challenge, resulting in poor health outcomes and billions of dollars in added costs to the nation's healthcare system every year.

The numbers are staggering:

- **Roughly 50% of Americans fail to take their medications as prescribed by their physicians.<sup>2</sup>**
- **As much as 30% of prescriptions written by primary care physicians are never filled.<sup>3</sup>**
- **Between 20-30% of patients in the U.S. do not fill or refill necessary prescriptions.<sup>4</sup>**

# THE COST OF NONADHERENCE

Every year, medication nonadherence in the U.S.  
accounts for:

**125,000**  
deaths<sup>5</sup>

**25%**  
of hospitalizations<sup>6</sup>

**50%**  
of treatment  
failures<sup>7</sup>

**\$500 Billion**  
in added costs<sup>8</sup>

## Barriers to Overcome

The barriers preventing patients from following their prescribers' orders are multi-faceted and include:

### PHARMACY BENEFIT MANAGERS (PBMS) & UTILIZATION MANAGEMENT

In attempting to maximize profits and limit costs, PBMs and health insurance companies have embraced a number of practices in the name of utilization management that delay or bar patients from receiving the medication they need. These barriers are the result of a fundamental mismatch between what constitutes "value" for payers and what constitutes "value" for patients. Simply put, PBMs and other utilization management practices tend to incentivize utilization according to **economic** value rather than **clinical** value.<sup>9</sup>

Some of the more common practices that have emerged in recent years include:

**Co-pay accumulator and co-pay maximizer programs:** These programs are designed to exhaust manufacturer co-pay assistance while preventing that same assistance from counting toward a patient's deductible and maximum out-of-pocket limit. A recent study<sup>10</sup> indicates 83% of those with commercial health insurance are subject to a co-pay accumulator program, and 73% are subject to a co-pay maximizer program.<sup>11</sup> While at least 16 states<sup>12</sup> have banned co-pay accumulator and maximizer programs, an estimated 83% of insured patients nationwide are still subject to these practices.<sup>13</sup>

**Prior authorization:** While prior authorization – a practice that requires physicians to obtain pre-approval from insurance companies before rendering care to their patients – can play a role in ensuring patients receive clinically appropriate treatment, the process has become a significant barrier to patients getting timely access to the medications they need. In a 2022 survey, 33% of physicians reported that prior authorization has led to a serious adverse event for a patient in their care; 94% reported that prior authorization has led to care delays; and 80% reported that prior authorization resulted in a patient abandoning treatment at least some of the time.<sup>14</sup>

These challenges are not limited to commercial insurance – in 2018, the U.S. Department of Health and Human Services Office of the Inspector General released an audit<sup>15</sup> of Medicare Advantage (MA) plans that showed, among other findings, that MA plans ultimately approved 75% of requests that were originally denied, raising fundamental questions about whether the prior authorization process is serving the best interests of patients.

**Step therapy, “fail first”:** People with chronic illnesses often experience step therapy in their care journey. “Step therapy” – sometimes known as “fail first” – is a tool used by insurers that requires patients to try a drug, or drugs, that are preferred by the insurance company before the patient can access the therapy originally prescribed by their physician. Step therapy can be an important tool to contain the costs of prescription drugs; however, when inappropriately used, this practice can undermine the clinical judgment of healthcare providers and put patients’ health at unnecessary risk. Step therapy protocols can cause unnecessary delays in care, or worse, require patients to try ineffective or potentially dangerous medications before finding the treatment most suited to their needs. The results for patients may include delayed access to the most effective treatment, severe side effects, and irreversible disease progression.

A 2018 study<sup>16</sup> revealed that health plans restrict coverage in some way in 35.3% of coverage decisions. The most common type of restriction was step therapy at 73.2%. For those plans that required step therapy, more than one-third required two or more steps per drug.







## **COST**

At one time or another, most people say they have made personal or financial sacrifices to afford needed prescriptions.<sup>18</sup> Many are ultimately unable to pay for their prescriptions<sup>19</sup>, and the problems are exacerbated when insurance premiums or out-of-pocket costs go up.<sup>20</sup> For instance, about half of insured patients must deal with prior authorization and formulary exclusions when trying to access medications prescribed by their doctors.<sup>21</sup> More than four out of five “silver” plans – the most popular plans – in the Affordable Care Act marketplace have a specialty drug tier, resulting in coinsurance requirements and higher out-of-pocket costs.<sup>22</sup>

For patients struggling to cover the cost of their medications, adherence becomes extremely difficult and gaps in treatment are almost inevitable.

## **STIGMA**

Research suggests that disease stigma can create obstacles for medication adherence. According to recent studies, most patients with chronic pain, for example, have to contend with stigmatization from providers who often refuse to fill medications or provide treatment. Stigma around psychiatric medications<sup>23</sup> and other treatments often lead patients to avoid treatment despite the advice they receive from their doctors.

## **LITERACY & LANGUAGE**

Patients with low health literacy and/or language barriers are often unable to understand the need for medications and face difficulties navigating the complex U.S. healthcare system. According to some studies, only a small minority of patients demonstrate a proficient level of health literacy. The problems are particularly acute for uniquely vulnerable populations – including elderly patients and migrants.<sup>17</sup>



## VACCINE CONFIDENCE

A related challenge – vaccine confidence – has been a longstanding public health concern. The COVID-19 pandemic provided a key demonstration of just how vaccine-hesitant some of the U.S. population is.

- The U.S. population indicates a 46% “vaccine hesitancy.” Between April 1-14, 2020, and November 25-December 8, 2020, the percentage of people in the U.S. who stated they were somewhat or very likely to get vaccinated against COVID-19 declined from 74% to 56%.<sup>26, 27</sup>
- According to a study conducted between April 2020-December 2020, fewer women self-reported they were likely to get the COVID-19 vaccine than men (51% of women vs. 62% of men).<sup>28</sup>

The impediments to vaccination are similar to the impediments to medication adherence overall. They include fear of side effects, misinformation, short duration of immunity, effectiveness, health illiteracy, and lack of insurance or financial resources.<sup>29</sup>

## TRANSPORTATION

For vulnerable and economically disadvantaged patients, regular access to affordable transportation limits visits to providers and pharmacies. In 2019, more than a million patients missed or delayed their medical appointments due to lack of transportation. In a 2014 survey of Medicaid patients, nearly half of the respondents said they would miss fewer doses of their medications if transportation were not an issue.<sup>25</sup>

## MISINFORMATION

Many patients fail to adhere to provider instructions because of something they read or watched online. For example, results from one recent study found a negative correlation between prescription medication adherence and reliance on digital content for information regarding treatment options. Respondents who got their news from online sources were also significantly more likely to believe their medications did more harm than good and that doctors over-prescribe medications. These problems were particularly acute among younger patients, the age group most at risk for non-adherence.<sup>24</sup>

## TASTE

One of the most effective ways to improve adherence to pediatric liquid antibiotics is to let children choose how their medicine will taste. Many pharmacies will customize the taste of children’s antibiotics to a child’s favorite flavor, making them less likely to spit the medicine out or refuse taking it altogether. In fact, it is estimated that over 150 million pediatric liquid antibiotics have been flavored over the last 20 years. Almost every State Board of Pharmacy allows this process to be done in the pharmacy without burdensome regulatory oversight so this proven safe service remains widely available to parents.





## DRUG SHORTAGES, SUPPLY CHAIN ISSUES, & PHARMACY DESERTS

Between 2020-2022, new drug shortages in the U.S. went up by nearly 30%, impacting nearly 300 essential medications.<sup>30</sup> In the first quarter of 2023, drug shortages reached a 10-year high due to a combination of new and unresolved shortages, according to the latest information from the American Society of Health System Pharmacists (ASHP).<sup>31</sup> As of April 2023, there were over 300 drugs in shortage – 100 more than in the same time five years ago. Within the first quarter of 2023, 47 new drugs went on shortage. Chemotherapy drugs, many of which do not have alternatives, have returned to the list of the top five drugs.<sup>32</sup>

Supply chain challenges account for at least some of these shortages. As noted in a January 2023 *Health Affairs* report<sup>33</sup>, “The recent COVID-19 pandemic and associated geopolitical challenges have further highlighted the need to proactively identify and address vulnerabilities in U.S. pharmaceutical supply chains.”

There are many factors that can cause a drug shortage beyond interruptions in the supply chain, including manufacturing capacity limitations or quality issues, raw material shortages, regulatory issues, and inventory practice. In addition, as many as 100 million Americans may currently be living in “pharmacy deserts” – areas with poor access to pharmacies and limited ability to obtain prescription medications.<sup>34</sup>

All of these circumstances can delay patients’ access to their prescriptions, making adherence extremely difficult.

## YOUNG ADULTS WITH CHRONIC CONDITIONS

Young adults (aged 18-35 years) with chronic conditions are in a unique psychosocial and developmental life stage that makes self-management extremely challenging. Many struggle with medication adherence and risk avoidable morbidity and mortality - yet there are no mechanisms to inform them of their situation. The void of young adult medicine and government oversight prevent a full understanding of this population as well as solutions to improve adherence.<sup>35</sup>



# SCRIPT YOUR FUTURE<sup>x</sup>

## OUR CAMPAIGN

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# The Search for Solutions

Poor medication adherence and vaccine hesitancy persist despite countless education and advocacy efforts in both the public and private sectors. Ultimately, this problem cannot be solved with a one-size-fits-all approach. Effective solutions require innovation and experimentation to develop new approaches in communities across the country.

That is where ***Script Your Future*** comes in.



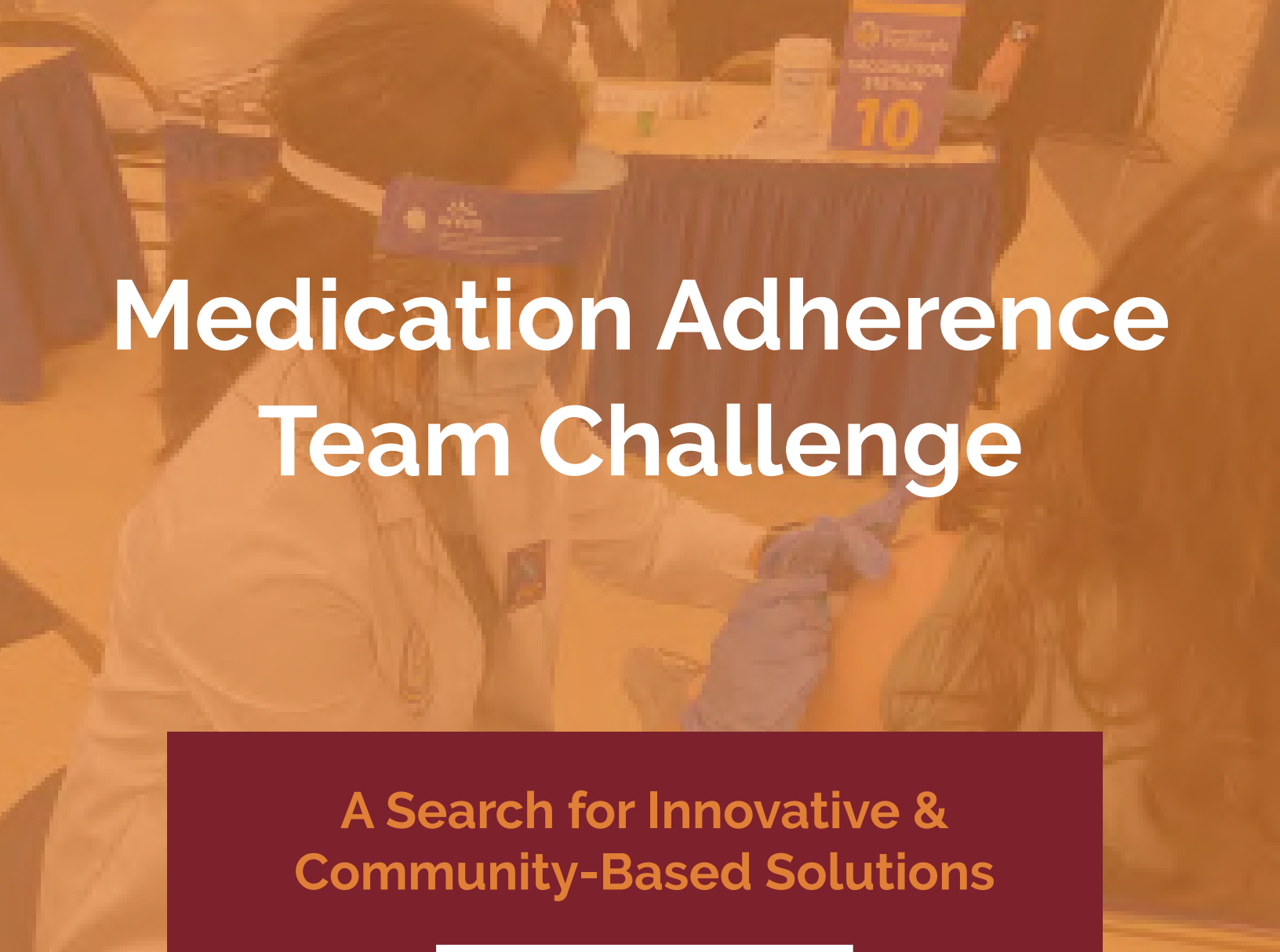
# What is *Script Your Future*?

**Script Your Future** (SYF) is a campaign the National Consumers League (NCL) launched with funding from the Agency for Healthcare Research and Quality (AHRQ) in 2011 to combat the problem of poor medication adherence in the United States. NCL leads the campaign, with partners from every sector of the healthcare system, including healthcare professionals, patient communities, family caregivers, pharmacies, schools of pharmacy, health insurance plans, pharmaceutical companies and associations, as well as government agencies and researchers.

Since its launch, SYF has:

- Supported more than 2,000 community health events
- Published hundreds of videos, social media posts, and other content online
- Engaged over 60,000 healthcare providers





# Medication Adherence Team Challenge

## A Search for Innovative & Community-Based Solutions

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One of the highlights of the SYF campaign is the annual **Medication Adherence Team Challenge**, a two-month-long intercollegiate competition among student teams and faculty at schools of pharmacy and other health profession training programs across the country.

Participants in the Team Challenge are encouraged to create innovative solutions to raise awareness about medication adherence as a critical public health issue, with an emphasis on building tools to serve their own communities.

In addition to medication adherence, NCL added vaccine confidence as a Team Challenge topic during the COVID pandemic. The teams have shown tremendous creativity and the addition of vaccine confidence has been a success – even as the COVID pandemic waned, NCL kept vaccine adherence as a focus area in the *Script Your Future* program, given its growing importance.



# MEDICATION ADHERENCE CHALLENGE 2023

## AWARD-WINNING SOLUTIONS



### Combining Traditional & Social Media

**Lake Erie College of Osteopathic Medicine School of Pharmacy**

**National Award  
(Best Overall Project)**

The team from the Lake Erie College of Osteopathic Medicine School of Pharmacy in Erie, Pennsylvania, used a combination of more traditional media like television news broadcasts and billboards to complement social media efforts to reach a broad audience in its community. During the course of the eight-week challenge, the students planned and executed weekly events to educate their community on the importance of medication adherence. Photos and videos were taken during the events, which were used across a variety of media, including the local nightly news broadcast, billboards around the community, and social media posts. The news segments and billboards reached an estimated 257,000 members of the community, and the social media



### Social Media

**Western University of Health Sciences**

**Media & Communications Award**

To maximize their reach, the team from Western University of Health Sciences in Pomona, California, decided to focus on using popular social media sites like TikTok and Instagram to post educational videos on the importance of medication adherence. The team also posted its videos on Facebook and YouTube, as well as on its website. Over an eight-week period, the school's videos were viewed over 3,500 times across all platforms. TikTok accounted for the most engagement, where the videos were viewed more than 2,500 times.



## Advocacy at the State Capitol

### University of Charleston School of Pharmacy

#### Interprofessional Award

The team from the University of Charleston School of Pharmacy in Charleston, West Virginia, joined pharmacists and business leaders to participate in advocacy events at the State Capitol, including Rural Health Day and Pharmacy Day. During these events, they met with dozens of legislators to advocate on the importance of medication adherence and vaccine confidence, prior authorization policies, and other key issues. Students participated directly and not only educated dozens of legislators, they also gained confidence in their ability to advocate on behalf of the policies that allow pharmacists to fully participate as healthcare professionals in patient care.



## The “3 Minute Clinic” & Community Baby Shower

### Temple University School of Pharmacy

#### Under-Represented Community Outreach Award

Through a partnership with a trusted community service organization, the team from Temple University School of Pharmacy in Philadelphia, Pennsylvania, was able to reach community members who have unstable or no housing. These community members come to a church center one Saturday morning a month to receive education on a home- or health-related issue and receive food. The school's pharmacy students were onsite at the church to check patrons' blood pressure and talk about their medications. The students also presented a “3 Minute Clinic” to educate on routine vaccinations that have booster or age requirements. Students also served as translators for community members who did not speak English. These community members may not have the time or resources to see a healthcare provider, so having access to pharmacy students was a great way to contribute and encourage them to be mindful of their health.

The team from Temple also hosted another event where they partnered with another pharmacy student organization to host a Community Baby Shower for pregnant members of a medically underserved population in their community. The event also included panel discussions on gestational diabetes and women's health. Students displayed poster presentations on pediatric vaccinations, safe drug disposal, and medication adherence.





## Community Pharmacies & Using Students' Unique Skills

University of Pittsburgh  
School of Pharmacy

### Technology Innovation Award

The Pitt Pharmacy team created innovative technologies where students had the ability to learn about cardiovascular emergencies in real time. Students ran simulations with *simman*. This “patient” can have a range of health concerns, from a heart attack to atrial fibrillation. Students learned how cardiac disorders are treated and performed simulations as instructors for future pharmacy students. In addition, student organizations hosted events with virtual reality technology where students could “treat” patients for these cardiovascular events.

“As head of the technology and innovation committee, Script Your Future was a great experience that allowed me to work with new people, come up with awesome ideas, and to play a part in a national campaign to empower patients. Part of my future goals as a pharmacist is to make sure that patients are as knowledgeable about their own health as their health providers. It’s all too often that I see issues that could have been avoided if anyone had spent the time to teach patients about their conditions rather than just sending them off with their medications, and I’m glad I was able to contribute to the cause!”

– 2023 Script Your Future Team Challenge participant from University of Pittsburgh School of Pharmacy, Pittsburgh, PA



MORE SOLUTIONS:

# State & Federal Policy

Lawmakers at both the state and federal levels are actively looking for ways to help expand the pharmacist's role as a healthcare provider. For that expansion to be successful over the long term, pharmacists must be able to be compensated for providing healthcare to patients beyond dispensing medications.



# Recent Legislation

## Federal

Members of the House of Representatives recently introduced the Equitable Community Access to Pharmacist Services Act of 2023 (H.R. 1770)<sup>36</sup>, a bipartisan bill to continue Medicare coverage for pharmacist-administered tests for common respiratory illnesses, such as influenza, respiratory syncytial virus (RSV), strep throat, and COVID-19.

During the COVID-19 pandemic, pharmacists were reimbursed under Medicare for performing these types of tests. But, with the May 2023 lapse of the federal Public Health Emergency, that coverage expired. In addition to resuming coverage for testing, this legislation would allow pharmacists to prescribe treatments and administer vaccinations for these common respiratory conditions.<sup>37</sup>



## State

There are similar ongoing efforts at the state level to expand pharmacists' role in healthcare. While some states allow pharmacists to prescribe specific medications, modify therapy, and conduct lab tests, the rules and requirements vary across jurisdictions. Key organizations and advocates support model state-level legislation called the Pharmacist Prescribing Authority Act<sup>38</sup>, which would empower pharmacists to prescribe FDA-approved medications under specific circumstances.

A hand is shown interacting with a large hexagonal grid composed of smaller triangles. Each triangle contains a different medical icon, including a caduceus, a heart, a DNA helix, a pill, a kidney, a lung, a tooth, a plus sign, a heartbeat line, a test tube, and a microscope. The background is a blurred image of a person in a white lab coat, suggesting a healthcare setting. Blue lines and a ruler-like scale are overlaid on the left side of the image.

## LOOKING AHEAD

# Future of Pharmacy

While pharmacists have traditionally been viewed as “behind the glass” dispensers of medication, in recent years they are increasingly seen as critical partners in a multi-disciplinary care team. Pharmacists ensure that patients not only receive the correct medication and dosing, but that they have the guidance they need to use the medication safely and effectively – as such, pharmacists are becoming much more involved in the management of patient care and have become formal members of integrated healthcare delivery models.<sup>39</sup>



# The Changing Landscape

The “all hands-on deck” model of patient care – which gained additional momentum in response to public health emergencies like the COVID-19 pandemic and the opioid crisis – is further transforming the way patients and clinicians are participating in healthcare, and pharmacists have become even more essential to the care continuum.

Recent research<sup>40</sup> found that over the next eight years, a majority of pharmacists will likely transition from transactional care – dispensing medication and sending a patient on their way – to more direct patient care responsibilities. Pharmacists in ambulatory clinics, health systems/hospitals, and home delivery pharmacies already tend to serve as advisors to patients with specific diseases, or work with a larger care team to help manage complex patient care. As more and more pharmacists take on these types of roles, this trend will continue to grow.

Most people do not realize that pharmacists are trained to perform a range of complex clinical functions around therapy optimization. Rather, most people see pharmacists behind the counter dispensing pills and occasionally giving advice on prescription and over-the-counter (OTC) medications, not knowing that as part of their professional degrees, pharmacists receive extensive training on medication management to optimize treatment options; medication side effects, interactions and duplications; interpreting lab results; performing physical exams; and administering vaccines. In fact, 53% of U.S.-licensed pharmacists are doctors of pharmacy, who receive as much classroom clinical instruction as medical doctors – a fact that would surprise most people.<sup>41</sup>

## FUTURE PHARMACIST ROLES: OPTIMIZING PATIENT CARE

In a December 2021 *Deloitte Insights* report<sup>42</sup> - “The Pharmacists of the Future” - research participants envisioned various future roles for pharmacists falling into four major categories:



### Primary Care

Supplementing or extending primary care services in chronic condition management, prevention and wellness, diagnosing and treating minor acute illnesses, supporting mental health and aging in place.



### Specialty Care

Applying pharmacotherapy expertise in more specialty areas, including oncology, cell and gene, and rare diseases.



### Digital Health

Providing access to point-in-care diagnostics, prescribing digital therapeutics, and helping patients find digital health tools to suit their needs. Assisting in the setup and configuration of devices and apps.



### Population Health

Assuming more analytical roles to identify health improvement opportunities, develop algorithms for clinical decision support, and design programs that improve population health.



However, while progress is being made, there remain significant barriers to this transition. The types of care pharmacists can deliver to patients is governed by scope of practice laws and regulations, which can vary greatly state to state. In many instances, existing payment models assign greater value to the product dispensed than to the clinical services that improve patient outcomes. While there have been some gains, unless pharmacists are recognized as providers or suppliers who can bill commercial and government payors for a range of their services, they will not be paid for them. The segregation of medical and pharmacy benefits creates disincentives for payers and providers to consider pharmacy as a component of care, reinforcing the silos between community and clinical pharmacy.<sup>43</sup>

## **DRUG DELIVERY INNOVATIONS**

Improving adherence is recognized as one of the most impactful and cost-effective strategies for improving the health of the general population. There are excellent examples of intervention strategies rooted in patient-centric education, empowerment, and communication, but pharmacists also have additional tools to promote and encourage medication adherence through innovative drug delivery systems (DDSs). DDSs represent a viable alternative that can directly mitigate many common impediments to adherence, including frequent dosing, adverse effects, and a delayed onset of action.

Some existing DDSs have already positively influenced patient acceptability and improved rates of adherence across various disease and intervention types that can be broken down into four categories: chronic, relapsing/remitting, acute, and prophylactic which broadly encompass most conditions that are currently treatable/addressable using DDS.<sup>44</sup>

These include well known methods such as extended-release oral formulations, wearable insulin delivery devices, needle free vaccines, and drug-eluting patches and implants. Novel DDSs have the potential to initiate a paradigm shift and redefine what constitutes an “acceptable” treatment option in the near future. Some examples of these novel approaches include ingestible systems that make biologics orally bioavailable; sense-and-respond systems that autonomously regulate the concentration of a drug; and pulsatile-release systems that mimic multi-dose regimens with a single injection.

As these DDS innovations continue to evolve, so will the role and responsibilities of the pharmacist in their safe and effective use.

## WHAT CONSUMERS WANT

Patients often see pharmacists as their trusted “go to” health professional who is easily accessible. In fact, patients visit their community pharmacies nearly twice as often as their physicians or other qualified healthcare professionals.<sup>45</sup>

## Americans Trust Their Pharmacies

**80%**

of U.S. patients consider  
their pharmacist to be  
integral part of their  
healthcare team<sup>46</sup>

**61%**

of U.S. adults would  
prefer to receive a  
greater care of health  
services from their

In the coming years, pharmacists will undoubtedly provide more patient-centered care that requires a high level of accountability, but with returns that will improve outcomes and the overall patient experience.





# How to Get Involved

**“Overall, this was a great experience because we were able to make a direct difference in our community. It was an eye-opening experience that allowed us to see the weaknesses in the healthcare system in order for us to become better future healthcare providers. We will always be able to take on what we learned from this experience and use it in our future careers.”**

**– 2023 *Script Your Future* Team Challenge participant from California  
Northstate University College of Pharmacy**

To get involved in *Script Your Future*, visit <https://scriptyourfuture.org>. There you will find tools in several languages that are available free of charge to use in your community.

Another way to get involved is to have your college or university participate in the *Script your Future* Team Challenge, which is open to schools of pharmacy and other health profession training programs. To participate in the Team Challenge, each group must establish a team- one School/College of Pharmacy and an optional additional Health Profession School (e.g., Medical, Nursing, Public Health, etc.). Teams are strongly encouraged to partner with and include other entities in their activities, such as another health professions school, community organization, health department, and/or other established entity. A School/College of Pharmacy may have multiple Teams participating in the Challenge. Teams must also appoint a Dean or an appointed Faculty Advisor to serve as the Team Point of Contact. The Team Point of Contact can be from any health profession school and will serve as the primary contact with Challenge organizers. Teams are required to designate a Student Representative to serve as the student contact for the Challenge. The final step in getting involved in the *Script Your Future* Team Challenge is to submit a Letter of Intent. The Team Challenge typically starts early in the calendar year and runs for 8-10 weeks.

For more information on the Team Challenge, visit <https://scriptyourfuture.org/team-challenge-main>.

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[Winning Strategies Washington](#) and [MBH Media & Communications](#) contributed to this report.



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