



National Adherence Survey: The Promise and Prospects of Medication Synchronization

August 2014

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NCPA Survey: The Promise and Prospects of Medication Synchronization

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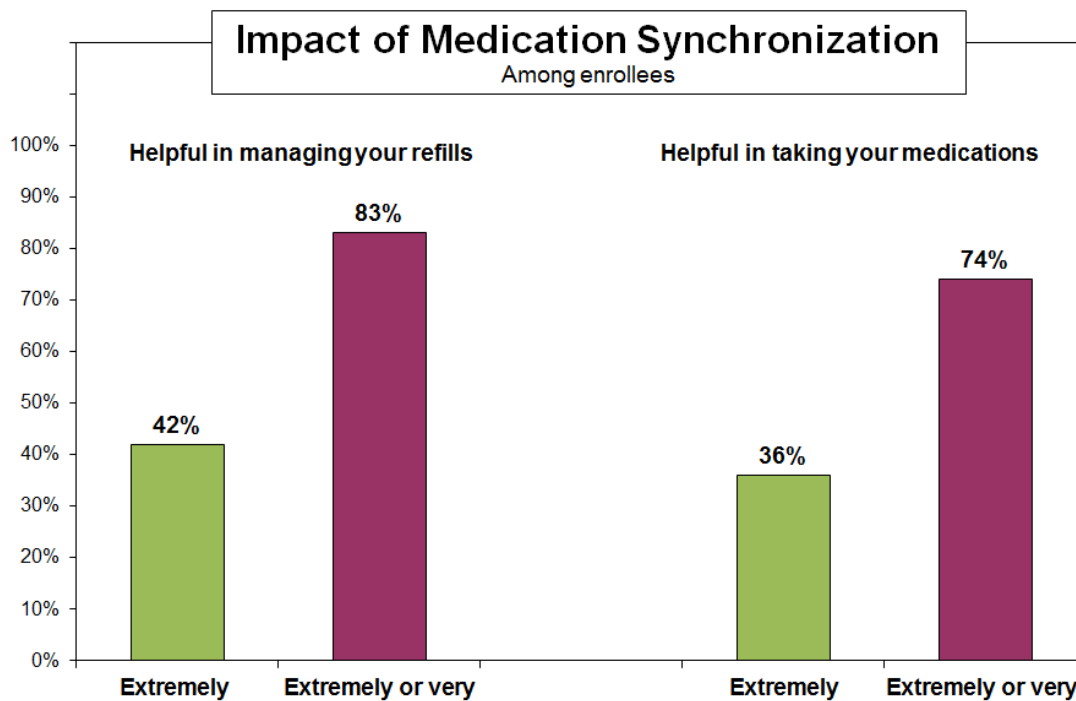
Executive Summary

Medication synchronization programs offer promising results in helping Americans take their prescription drugs properly – and substantial customer satisfaction benefits for pharmacies that make the effort.

The 2014 National Community Pharmacists Association survey finds that one in eight ongoing prescription medication users are enrolled in a med sync program, with broadly positive results: Eighty-three percent call it very or even extremely helpful in managing their refills, and 74 percent say it's highly helpful in improving their overall medication adherence.

These programs, designed to help patients manage their prescriptions, are relatively new. While current enrollment is limited, a third of ongoing medication users say their pharmacies currently offer such programs, and, among those who are not enrolled now, half are at least somewhat interested in signing up.

There are challenges: Fewer, 22 percent, express high-level interest (saying they're extremely or very interested in enrolling), and many are simply unaware of whether med sync programs are available to them. That said, results of this survey, conducted by telephone among a national, random sample of ongoing medication users age 40 and older, suggest broad potential benefits as med sync programs expand.



Among those results, the survey finds evidence that med sync programs are reaching some of those most in need. Enrollment peaks among people who have difficulty keeping track of their medications, a group at particular risk for non-adherence. It also appears to be helping them:

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Medication adherence is higher among med sync enrollees than it is among people who are highly interested in enrolling – a group that’s notably non-adherent, yet open to getting help.

In another positive outcome, med sync participants are 10 percentage points more apt than non-participants to report being highly satisfied with their pharmacy, a key measure of customer loyalty.

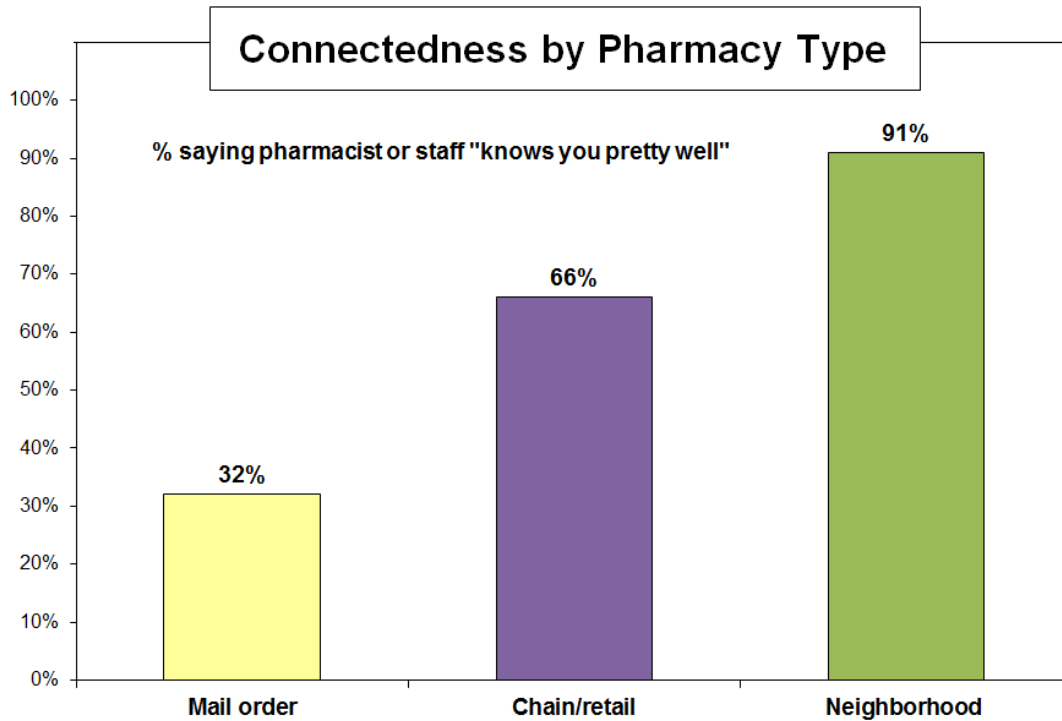
Med sync programs generally include synchronizing all medication refills to occur on a single day each month, monthly consultations with a pharmacist, week-ahead check-in calls from the pharmacy when refill orders are due and day-ahead reminders to pick them up.¹ They’re seen as a tool to address non-adherence, a problem that results in both substantial waste and potential risk to patients who don’t follow their doctors’ advice on taking medications.

Breaking the items down, the survey finds more interest in individual med sync items than in the program overall – suggesting that interest could grow as the public learns more about the program, and also underscoring elements worth stressing to consumers. Interest is highest by far in day-ahead reminders to pick up refills.

Another key finding on med sync is the importance of connectedness, a critical factor in patient engagement more broadly. As detailed in Section I of this report, people who feel a personal connection with someone at their pharmacy are substantially more apt than others to be enrolled in med sync or to be interested in enrolling. Connectedness peaks among customers of independent neighborhood pharmacies, positioning those pharmacies to take a leading role in the development of med sync programs.

¹ Often known as an appointment-based model, these programs include adherence support above and beyond the component of synchronizing medication refills. References in this report to “med sync programs” encompass all aspects of this model, not solely synchronization.

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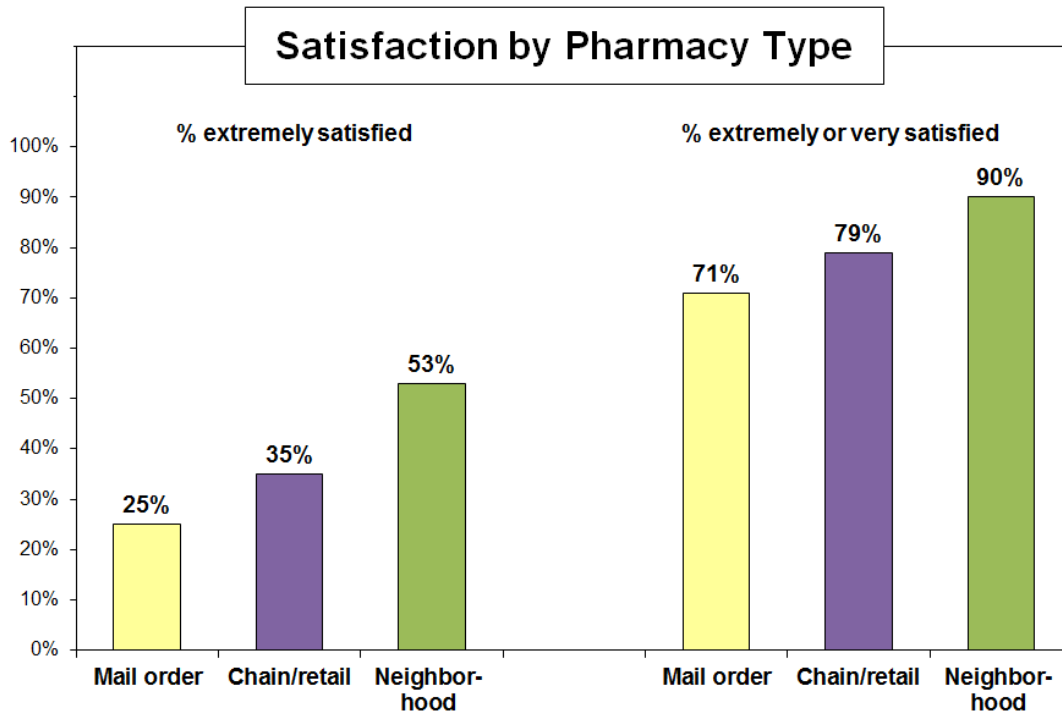
Pharmacy preference and satisfaction

Another result, striking in the internet-focused world, represents a broad endorsement of local brick-and-mortar pharmacies. Among people who get their medications from a pharmacy store, 76 percent say that's their own preference, while just 16 percent go there to mainly satisfy their insurance company. Among those who get their medications by mail, by contrast, far fewer, 43 percent, say doing so is their preference, while 46 percent say they shop that way to satisfy their insurance provider.

Satisfaction with medication providers overall is substantial: Eighty percent of ongoing users of prescription drugs say they're extremely or very satisfied with the place where they get most of their medications. Still, there's a range across pharmacy types: Satisfaction peaks at 90 percent among customers of independent neighborhood pharmacies, vs. 79 percent among those who use chain or retail-based pharmacies and 71 percent of those who order their medications by mail.

The differences in highest-level satisfaction – those who are “extremely” satisfied with their medication provider – are even more striking: It's 53 percent among customers of independent neighborhood pharmacies, vs. 35 percent among chain or retail-based pharmacy customers and 25 percent among those who buy by mail.

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Connectedness clearly is central to this result. People who report a personal connection with someone at their pharmacy – the sense that someone there “knows you pretty well” – are far more likely than others also to be satisfied with that pharmacy. And, as noted, this sense of connectedness is highest, by a very wide margin, among those who use independent neighborhood pharmacies.

As detailed in Section II, customers of independent pharmacies also report greater continuity – that is, seeing the same pharmacist or pharmacy staff over time – another important element of healthcare relationships.

Medication adherence

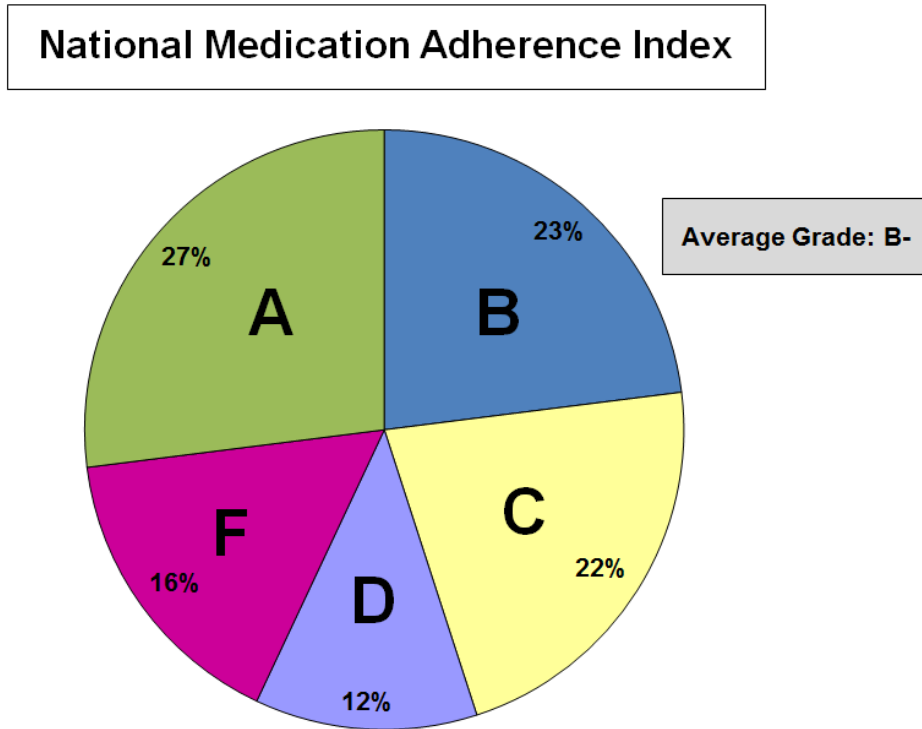
Beyond its evaluation of med sync, this survey replicates the medication adherence index first produced for the NCPA last year, again finding substantial non-compliance – an average score of 80 on an adherence scale of 0 to 100, essentially the same as last year’s average, 79.

That score is based on an average of answers to questions on nine non-adherent behaviors: whether or not, in the past 12 months, patients failed to fill or refill a prescription, missed a dose, took a lower or higher dose than prescribed, stopped a prescription early, took an old medication for a new problem without consulting a doctor, took someone else’s medicine or forgot whether they’d taken a medication. A score of 100 reflects complete adherence, while a 0 reflects non-adherence on all nine items.

Assigning letter grades, just 27 percent of ongoing medication users earn an A grade for being completely adherent. Twenty-three percent earn a B grade for being largely adherent, reporting

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one non-adherent behavior out of nine. Twenty-two percent get a C grade and 12 percent a D; they are somewhat non-adherent, with two or three such behaviors in the past year, respectively. Sixteen percent report four or more non-adherent behaviors, an F grade.



The average grade, B-, is not significantly different from last year's C+ (as noted, it's the difference between a 79 and an 80 out of 100). Actual non-adherence may be higher, given the potential for some respondents to resist admitting undesirable behaviors. In any case, given the importance of following doctors' instructions when taking prescription medications, the extent of noncompliance reported remains troubling – and, this study finds, medication synchronization holds promise as one way to address it.

Adherence results are explored in Section III of this report. Section IV summarizes results on other topics, including details on how patients obtain their medications, their health status and demographic profiles, and their attitudes toward the effectiveness and affordability of the medications they take. Two such results are heartening – a 6-point increase in the number of people who say it's extremely important to take their medications properly, and 10-point gain in the number who say they can easily afford their medications.

In sum, the results of the 2014 NCPA survey offer pharmacists and other health care providers a unique information resource as they seek to address the challenges of non-adherence, as well as particular insight into the strong potential of medication synchronization programs in advancing these efforts.

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Methodological summary

This survey was conducted July 1-20, 2014, in English and Spanish, by landline and cellular telephone, among a 50-state sample of 1,012 adults age 40 and older who have a prescription to take medication for an ongoing medical condition. This population comprises three in 10 U.S. adults, or the equivalent of about 73 million individuals, with a median age of 62 and an average of four ongoing prescriptions apiece.

The study was produced by Langer Research Associates of New York, N.Y., an independent firm specializing in survey research design, management and analysis. Sampling, interviews and data tabulation were carried out by SSRS of Media, Pa. Results for the full sample have a margin of sampling error of plus or minus 3.5 percentage points, and all differences among results described in this report have been tested for statistical significance.

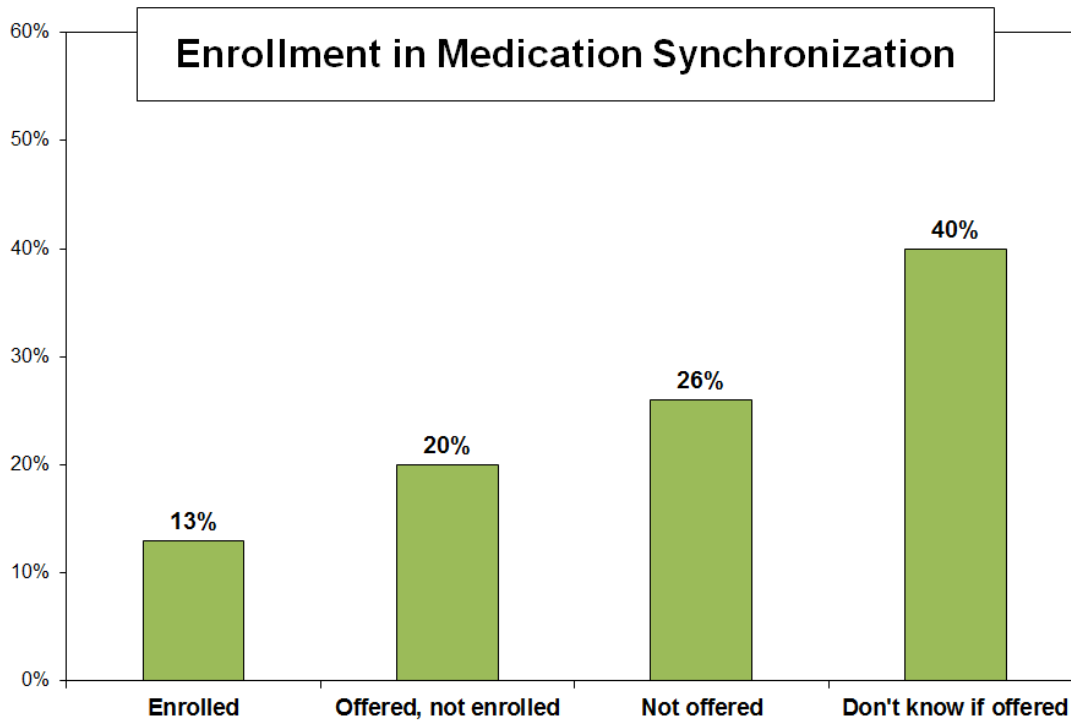
This report was prepared in compliance with the Code of Professional Ethics and Practices of the American Association for Public Opinion Research and the Principles of Disclosure of the National Council on Public Polls. Methodological details, specifications of statistical modeling and the full questionnaire with topline results are included as appendices.

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Section I: Medication Synchronization

Enrollment

Med sync is in its infancy; 13 percent of ongoing medication users age 40 and older report being enrolled in such programs. An additional 20 percent say such a program is available at their pharmacy but they're not enrolled. Twenty-six percent say no such program is available, leaving a plurality, 40 percent, unaware of whether a med sync program is available to them or not.



Growth is in the offing: Among those not enrolled now, 50 percent are at least somewhat interested in participating. At the same time, fewer, 22 percent are extremely or very interested, even at no cost – indicating a need for efforts to bolster awareness of the program and its benefits.

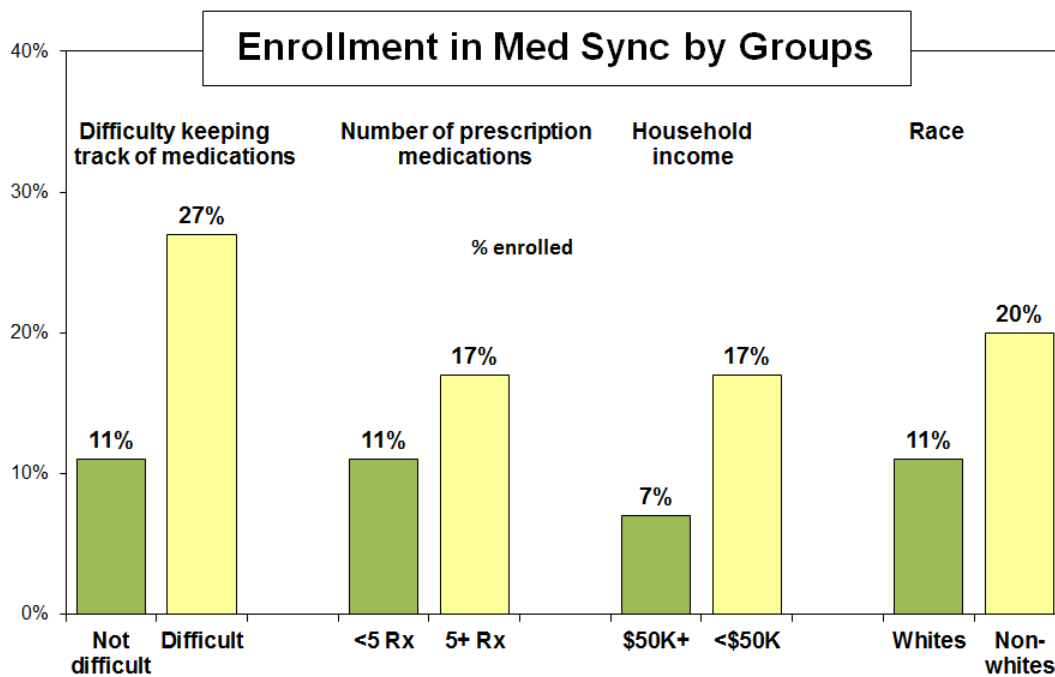
Another challenge is that while interest in med sync is particularly high among people who concede having trouble keeping track of their medications, this is a small group, just 12 percent of ongoing medication users age 40 and up. This suggests that efforts to broaden the appeal of the program will need to go beyond “help keeping track” to other desirable outcomes, such as convenience and the benefits of consultation.

Cost also is an issue for some: Thirty-one percent of those who are not enrolled in med sync say that having all their medications refilled on the same day of the month would create a financial burden for them. Many fewer, 12 percent, say it would be a “major” burden, but it means cost considerations are part of the mix.

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Helpfully, this result is mitigated by an overall 10-point increase from a year ago in the number of ongoing medication users who say it's easy for them to afford their prescriptions. That could reflect factors such as higher insurance coverage under the Affordable Care Act – being privately insured is up by 5 percentage points from last year – and an improving economy more generally.

Patients who are currently enrolled in med sync programs are equally as adherent as all other adults – including those with relatively few adherence problems. That itself appears to be an accomplishment, because characteristics of med sync enrollees suggest they might otherwise be especially non-compliant: they're more apt than others to say they have trouble keeping track of when to take their medications, a strong factor in non-adherence. Specifically, 27 percent of those who report difficulty remembering when to take their medications are enrolled in med sync programs, vs. 11 percent of others.



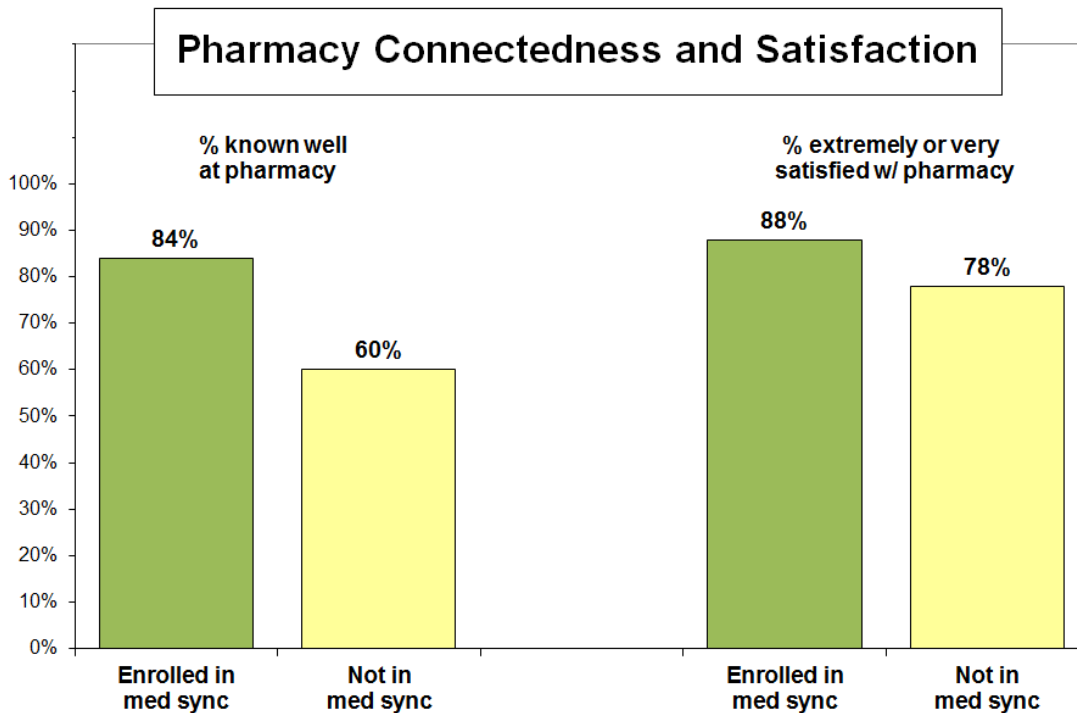
Enrollment also peaks among people who take more medications, and is somewhat higher among those in ill health vs. those whose health is good. Among other sizable gaps, med sync enrollment peaks among less well-off adults (17 percent of those with household incomes less than \$50,000 are enrolled, vs. 7 percent of those with higher incomes), and among nonwhites compared with whites, 20 vs. 11 percent.

Satisfaction among participants

As noted in the executive summary, satisfaction with med sync programs among enrollees is broad: Eighty-three percent call the program extremely or very helpful in managing their refills and 74 percent call it highly helpful in keeping them adherent. There is room to grow in the intensity of that sentiment; about half, in each case, take the highest rating, “extremely” helpful.

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There's evidence of a broader relationship among med sync programs, customers' sense of connectedness with their pharmacy and overall customer satisfaction. A sense of personal connection with a pharmacy is 24 points higher among those who are enrolled in a med sync program vs. those who are not – 84 vs. 60 percent. And med sync enrollees are 10 points more apt to report being very or extremely satisfied with their pharmacy.



While connectedness and satisfaction may enhance med sync enrollment, the reverse may hold as well, suggesting that, in addition to helping their patients, pharmacies that offer med sync can simultaneously build their own customer relationships and customer satisfaction ratings.

Impact of med sync

The impact of med sync is most evident when comparing individuals who are enrolled in such programs with those who are highly interested in enrolling. The latter group is particularly non-compliant; their interest suggests that they recognize the problem and are looking for help.

Comparison with enrollees suggests that once it's provided, med sync has an impact. The average Adherence Index grade is 82 among people who are enrolled in med sync, compared with a significantly lower score, 76, among those who are not enrolled but are highly interested.

In particular examples of med sync's apparent impact, enrollees are 16 points less likely than those who are highly interested in enrolling to have failed to fill a prescription on time, and 13 points less apt to have skipped a dose.

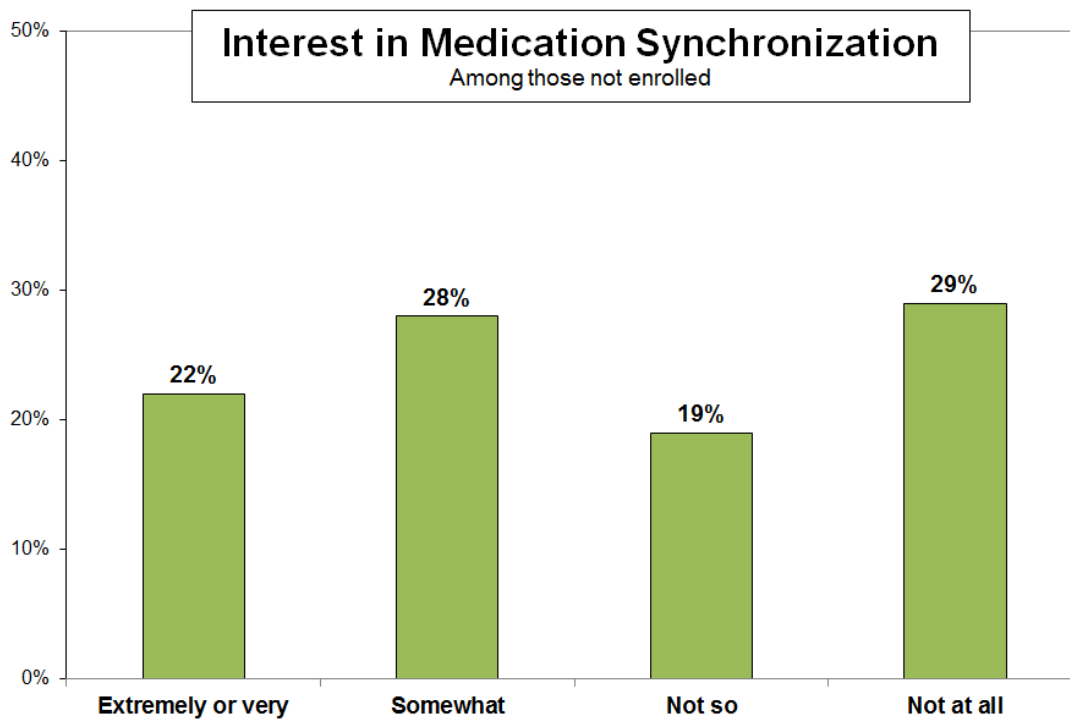
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Adherence gaps are most consistent when comparing people who are being provided specific services with those who are highly interested in them. In a few examples:

- People who currently have synchronized refills are 18 points less apt than those who are highly interested in synchronization to say they've missed a dose in the past year.
- Those who currently get day-ahead pick-up reminders are 13 points less likely than those who are highly interested in such reminders to have failed to refill a prescription on time.
- People who now get a week-ahead check-in call are 11 points less apt than those who are highly interested in those calls to say they've stopped taking a medication entirely without consulting their doctor.
- Those who have a monthly conversation with their pharmacist are 11 points less likely than those who are highly interested in doing so to have failed to fill a new prescription.

Interest in med sync

Med sync, then, shows promise in addressing the needs of unenrolled patients who are at particular risk for non-adherence. Nonparticipants who express high levels of interest in med sync or its individual components – coordinated refills, week-ahead reviews with the pharmacy, day-ahead reminders and monthly meetings with a pharmacist – exhibit lower levels of medication adherence than others. Their interest in the program implies recognition of the adherence challenges that they face, and that med sync is designed to help.



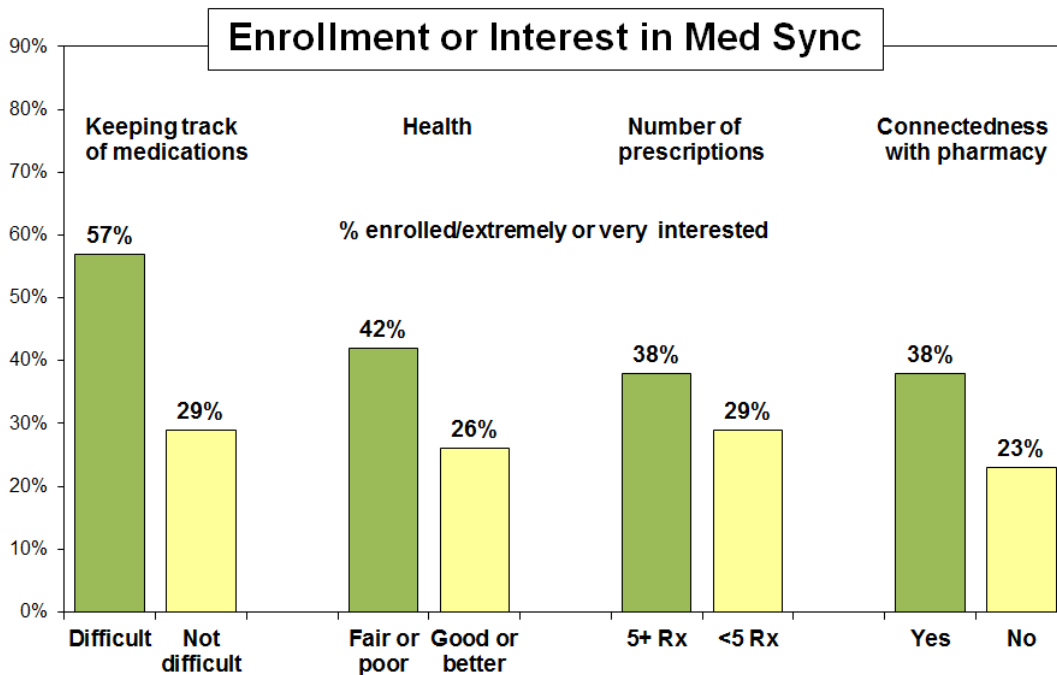
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Indeed there are a number of similarities between med sync enrollees and those who are not enrolled but are highly interested. Most notably, strong interest in participating in a med sync program is twice as high among people who have difficulty keeping track of their medications than among others (40 percent vs. 20 percent), and it's about twice as high among those who report being in only fair or poor health vs. those in at least good health (32 vs. 17 percent). In statistical modeling, difficulty keeping track of medications is the single strongest positive predictor of interest in med sync; health status is another (worse health, higher interest).

Demographically, strong interest in med sync is highest among nonwhites, and particularly among blacks; among lower-income and less-educated adults; and in two regions, the Northeast and South. (Race is another strong predictor in statistical modeling.) Interest is notably low among patients age 70 and older, who simply may be more resistant to new approaches; 37 percent in this group say they're not interested at all, the most in any age group.

Strong interest in med sync also peaks, at 27 percent, among customers of independent neighborhood pharmacies (it's lowest, 16 percent, among mail-order customers), and among people who take five or more medications (26 percent are interested in med sync, vs. 20 percent of those on fewer medications). Interest also is higher among people who report side effects from their medications – another group apparently looking for help.

Combining these groups – those who are enrolled in med sync, along with those who are very or extremely interested in participating – sharpens the distinctions. This group comprises nearly a third of ongoing medication users age 40+. Their key characteristics follow:



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- Among individuals who have difficulty keeping track of their medications, 57 percent are enrolled in med sync or are highly interested in it, vs. just 29 percent of others.
- Among those in fair or poor health, 42 percent are enrolled or highly interested, vs. 26 percent of those in better health. (Enrollment or interest also peaks among those taking five or more medications, at 38 percent, vs. 29 percent of others.)
- Among people who feel someone at their pharmacy knows them well, 38 percent are enrolled or highly interested in med sync, vs. 23 percent of those who lack a personal connection.
- Being enrolled or interested also is highest among customers of independent neighborhood pharmacies (where, as noted, personal connections are higher), at 37 percent, vs. 26 percent among mail-in customers. (It's between the two, 33 percent, among users of other types of pharmacies.)

Being enrolled or highly interested is nearly twice as prevalent among people with incomes less than \$25,000 than those with higher incomes, 45 percent vs. 26 percent. It reaches 58 percent among blacks (and 47 percent among all nonwhites) vs. 28 percent among whites, 36 percent of those who lack a college degree vs. 24 percent of graduates and 36 percent in the Northeast and South vs. 27 percent in the Midwest and West.

These results should help pharmacies identify those most likely to benefit from med sync, as well as those most interested in participating.

Med sync components

There's variation in levels of interest in particular areas of med sync programs. Among people not now receiving the service, 46 percent are highly interested in receiving a day-ahead reminder that their prescriptions are ready for pickup; fewer are especially interested in week-ahead check-ins by the pharmacy (32 percent), synchronized monthly refills (31 percent) or monthly in-person consultations with the pharmacist (27 percent).

Again, as with med sync overall, adding in those who are "somewhat" interested in these services boosts the total interest levels, to 68 percent for day-ahead reminders, 58 for week-ahead check-ins by the pharmacy, 51 percent for in-person consultations each month and 50 percent for synchronized monthly refills.

Interest in individual items is higher than interest in med sync programs more generally, suggesting that efforts to better inform people about the elements of a med sync program could boost interest. It also indicates that stressing day-ahead reminders – the service of greatest interest – could do the most to stir interest.

Across the individual items, results among groups are similar to those for interest in med sync overall – it's highest in many cases among people who have trouble keeping track of when to take their medications, who have multiple prescriptions and who have a personal connection with their pharmacy, as well as among lower-income and less-educated adults and nonwhites. Interest generally is lowest among those age 70+ and among mail-order customers.

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For individual items, some of these gaps are quite large. For example, people who have trouble keeping track of their medications are 26 points more apt than others to be highly interested in a day-ahead reminder to pick up refills, 22 points more interested in a monthly consultation with a pharmacist and 20 points more interested in a week-ahead check-in call.

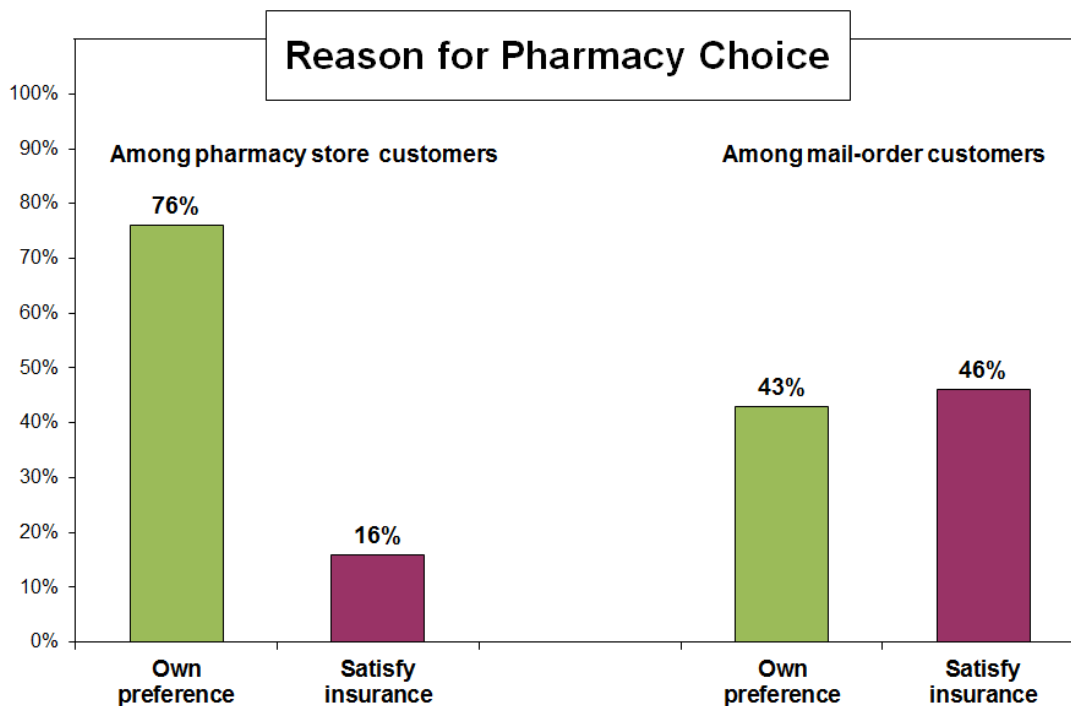
Strong interest in all four items is higher, by double-digit margins, among those in fair or poor health, those with lower incomes and nonwhites, compared in each case with their counterparts. Also, interest in three items – synchronized refills, week-ahead contacts and monthly consultations – is higher (by 12, 9 and 9 points, respectively), among people taking five or more medications vs. those taking fewer than that. Finally, people who report having a personal connection with their pharmacy are 15 points more apt to be highly interested in a monthly meeting with the pharmacist, and 10 points more likely to be interested in same-day refills.

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Section II: Pharmacy Preference and Satisfaction

In results much like last year's, 76 percent in this survey say they get their ongoing medications from a pharmacy store, vs. 19 percent who shop by mail. (Of the rest, 3 percent say they do both and 2 percent get their medications another way.) Pharmacy store customers include 33 percent who use chain pharmacies, 14 percent who patronize independent neighborhood pharmacies, 14 percent at grocery store pharmacies and 12 percent who use pharmacies within retail stores.

As described in the executive summary, people who get their ongoing medications from pharmacy stores are much more apt to say they do so out of their own preference rather than to satisfy their insurance company, 76-16 percent, while those who use mail order divide on the question, 43-46 percent.



That preference is reflected to some extent in another result, customer satisfaction. It is high overall, but especially so – and particularly in terms of being “extremely” satisfied – among customers of independent neighborhood pharmacies. Ninety percent of those customers are highly satisfied, including 53 percent extremely satisfied. At non-independent pharmacy stores (chain, grocery and retail combined) 79 percent are extremely or very satisfied, 35 percent extremely so; at mail-order pharmacies it's 71 and 25 percent, respectively.

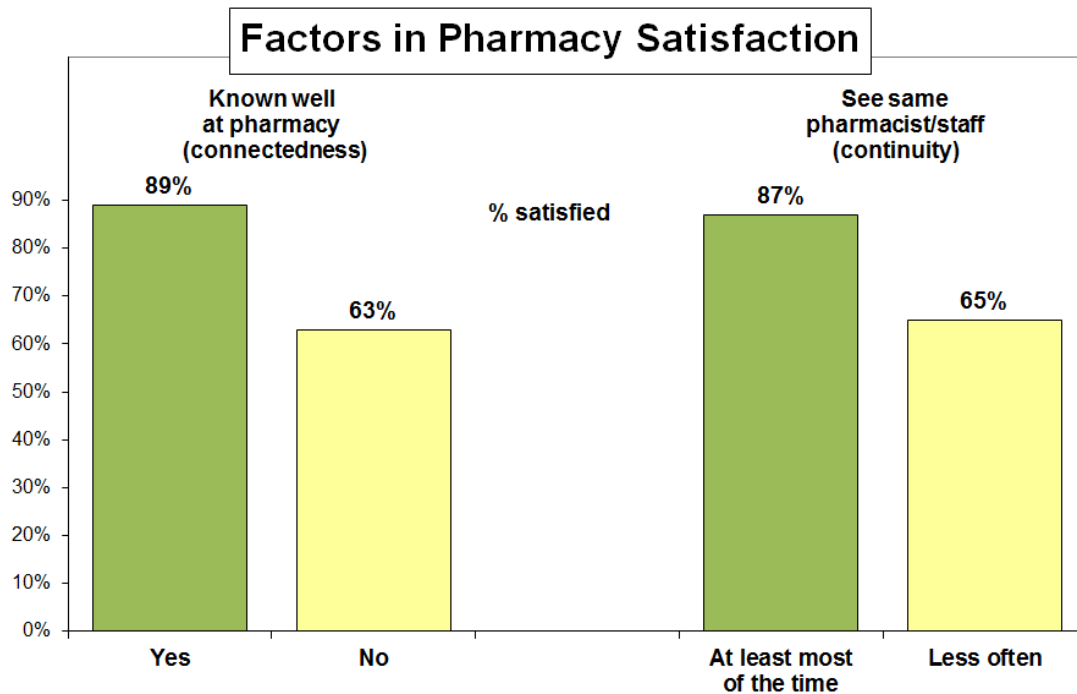
Notably, pharmacy locations are popular regardless of the frequency of visits. Among their customers, 76 percent report visiting at least once a month to pick up their medications – and satisfaction is equally high among more-frequent and less-frequent visitors. (Among those who use mail order, far fewer place an order on at least a monthly basis, 30 percent.)

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Pharmacy stores – and in particular independent pharmacies – prevail in their satisfaction ratings nonetheless, chiefly because of two other measures – connectedness and continuity.

In the first, a remarkable 91 percent of independent pharmacy customers say that someone at their pharmacy knows them pretty well. That drops to 66 percent of chain pharmacy customers and just 32 percent of those using mail-order pharmacies. It matters: Among those who report a personal connection with their pharmacy, 89 percent are highly satisfied with it, vs. 63 percent among those who lack connectedness. Indeed, in statistical modeling, the sense of a personal connection is by far the single strongest predictor of pharmacy customer satisfaction.

Continuity – usually or always seeing the same pharmacist or pharmacy staff – also predicts satisfaction, and the topmost of these, “always” seeing the same person, is more than twice as prevalent among independent pharmacy customers as among chain pharmacy users, 58 vs. 25 percent. Among those with continuity, 87 percent are very or extremely satisfied with their pharmacy. Among those who lack continuity, satisfaction falls to 65 percent. (Continuity with a personal doctor, as well as with a pharmacy, shows essentially the same effect.)



Two other noteworthy factors interact with customer satisfaction. Strong satisfaction is 17 points higher, 80 vs. 63 percent, among patients who feel that their medications are working well – another reason to encourage adherence. And, as noted in Section I, patients who are enrolled in med sync programs are 10 points more apt that others to be highly satisfied with their pharmacy, 88 vs. 78 percent, and 24 points more apt to report a personal relationship there.

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Customer profiles

There are some substantial differences among people who use various types of pharmacies, including, as noted, their levels of connectedness, continuity and satisfaction – all highest, by wide margins, among customers of independent neighborhood pharmacies.

Independent pharmacy customers also are much more likely than others to express an especially strong understanding of their health problems. Mail-order customers, for their part, are notably uninterested in med sync, and less apt than others to see adherence as extremely important.

	Chain pharmacy*	Mail order	Independent pharmacy
Know you pretty well	67%	32%	91%
Not really	33	63	7
See the same pharmacy staff			
Every time	25	-	58
Most of time	44	-	28
Less often NET	27	-	12
Satisfied with pharmacy			
Extremely	34	25	53
Very	45	46	37
Less satisfied NET	21	29	9
Understand health problems			
Extremely well	43	45	58
Less well NET	56	55	42
Interested in med sync			
Extremely/very	22	16	27
Somewhat	32	22	24
Not so/at all	44	61	48
Take exactly as prescribed			
Extremely important	61	44	62
Less important NET	39	56	38

*"Chain pharmacy" in this table refers to chain, grocery and retail store pharmacies combined.

There also are a variety of differences in terms of population groups. For example, use of mail-order pharmacies is more prevalent among older and higher-income adults, in the West, among men and among whites, compared with others.

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Main pharmacy type by group

	Chain pharmacy*	Mail order	Independent pharmacy
Men	51%	23%	15%
Women	64	15	14
Northeast	59	19	15
Midwest	64	16	12
South	59	15	19
West	53	27	9
40-49	68	11	16
50-59	61	12	17
60-69	57	21	12
70+	53	27	11
<\$25K	62	10	20
\$25-50K	57	20	15
\$50-75K	62	17	12
\$75K+	57	27	8
HS/less	62	14	17
Some coll.	50	22	18
College+	61	24	8
Whites	57	20	14
Nonwhites	64	12	16
<3 Rxs	67	15	11
3+ Rxs	55	21	16

*"Chain pharmacy" in this table refers to chain, grocery and retail store pharmacies combined.

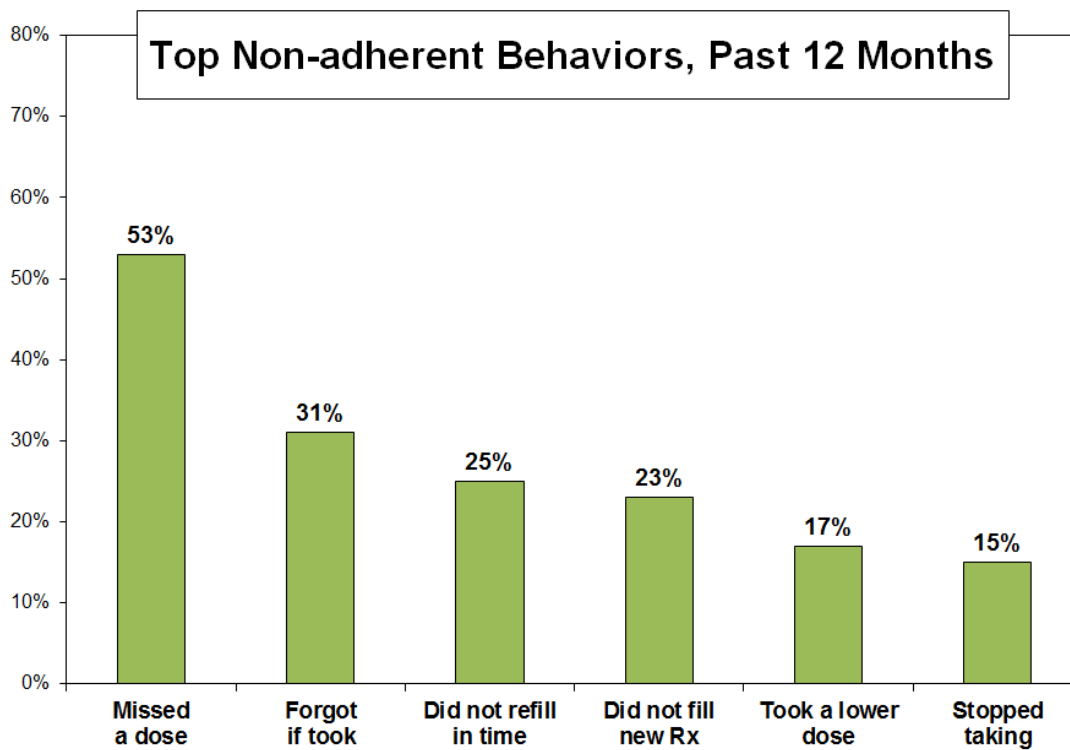
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Section III: Medication Adherence

Medication adherence is a major concern, given the direct costs of medications that are dispensed but not taken, or not taken properly; the health risks of failing to follow doctors' instructions on what medications to take, when and for how long; and the costs of care for medical problems related to non-adherence.

While the NCPA Medication Adherence Index measures nine potentially non-adherent behaviors, a few stand out, with results quite similar to last year's. Leading the list, more than half of ongoing medication users age 40 and up, 53 percent, say there's been a time in the past year when they've simply missed taking a dose of their prescription medication. Nearly one in three, 31 percent, has forgotten whether or not they'd taken a dose as prescribed. About one in four hasn't had a prescription refilled in time or didn't fill a new prescription at all.

Others are lower, but still prevalent. Seventeen percent – one in six individuals – say they've taken a lower dose than they were supposed to; however this is the one non-adherent behavior that's improved from last year by a statistically significant margin, down by 5 points, a result that's related to some people having less trouble with the affordability of their medications and some being more apt to call it extremely important to remain adherent. (See Section IV.) Fifteen percent, meanwhile, have stopped taking a prescription medication entirely, without consulting a doctor.



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Lowest on the list by far, 4 to 6 percent concede taking more of a medication than prescribed, taking an old medication for a different health problem without asking the doctor or taking someone else’s prescription medication. Indeed, non-adherence overall would be more prevalent if these low-incidence items weren’t included in the index – a score of 73 rather than 80. But they are important – highly risky – non-adherent behaviors, and their relative rarity is a positive.

In any case, as noted, these self-reports of non-adherence may best be seen as a starting point in grasping the extent of the problem, since social desirability might disincline some respondents to report noncompliant behavior.

Adherence among groups

Adherence levels differ across a range of groups, peaking among older adults, those in better health and those who are less interested in med sync, presumably because they feel they don’t need the help. Adherence also is higher among people who feel their medications help them lead a better life and who feel well-informed about their health and prescriptions. It’s notably low among people who find it difficult to keep track of their medications, as noted, a comparatively small but at-risk population.

No significant differences are apparent when evaluating other groups, including gender, income, region, pharmacy type, education, urban/suburban/rural status and insurance status.

These results, similar to last year’s, can help direct health care professionals to the groups most in need of assistance with medication adherence. Key differences are listed in the table below; all are statistically significant.²

NCPA Adherence Index among groups – sig diffs			
Age:		Rx works:	
65+	84	Great deal	82
50-64	79	Less so NET	75
40-49	72		
		Rx side effects:	
50+	82	Little or none	82
40-49	72	Grt deal/smwT	77
Health:		Taking Rx as prescribed:	
Exc/very good	84	Extremely imp.	82
Good	81	Less important	78
Fair/poor	76		
		Difficult to keep track:	
Rx > better life:		No	81
Great deal	83	Yes	71
Less so NET	74		
		See same pharm. staff:	
Understand your health:		Every/most time	81
Extremely well	83	Less often NET	75
Less so NET	78		

² The sole exception is the non-significant difference between those enrolled in med sync and those not enrolled and less interested, with scores of 82 and 84, respectively.

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Employment status:		Whites	81
Retired	83	Nonwhites	77
FT/PT employed	80	Understand Rx:	
Other	76	Extremely well	81
Med sync:		Less so NET	78
Enrolled	82	Married	81
Not enrolled, more interested	76	Not married	78
Not enrolled, less interested	84	See same doctor:	
Affording Rx:		Every time	81
Easy	82	Less often NET	77
Difficult	74	Pharmacy staff:	
		Knows you well	81
		Not really	78

Particularly interesting, in light of this study's focus on medication synchronization, is the relationship between individual services and adherence. Among people who are highly interested in having their medications synchronized, for instance, the Adherence Index is quite low, a score of 76. Adherence is among its highest, by contrast, among those who already have all their prescriptions refilled on the same day (albeit a small sample size in this survey).

Similarly, the index is notably low among people who are extremely interested in med sync components, including week-ahead contact by their pharmacy (an index score of 72), as well as among those most highly interested in monthly meetings with their pharmacist and day-ahead pickup reminders (index scores of 74 and 76, respectively).

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Section IV: Additional Findings

Other findings include two small but positive changes from last year. In one, 56 percent see it as “extremely important” to take their medications exactly as prescribed, up 6 points from the 2013 NCPA survey. In another, 75 percent say it’s easy for them to afford their medications, up 10 points.

In the first, seeing adherence as extremely important is up disproportionately among those younger than 50, college graduates, those in better health and women. As last year, this attitude is most prevalent among people who use pharmacy stores vs. mail-order pharmacies, 60 vs. 44 percent, and among those who feel a personal connection with their pharmacy, 60 vs. 49 percent.

Finding it easy to afford medications rose among a range of groups. In one apparent reason, it’s 7 points higher among people who have private health insurance vs. others – and the overall number who report having private insurance is up by 5 points from last year, from 47 to 52 percent.

Additional results help round out an understanding of ongoing prescription medication users. Among them:

- Thirty-five percent are on auto-refills, up slightly from 31 percent last year.
- Three in 10 either order refills or pick up medications for others in their household.
- Of those who use pharmacy stores, 78 percent usually go there personally; 14 percent say someone else goes (including 11 percent who say it’s someone living in their household and 3 percent who say it’s someone from outside the household) and 8 percent take delivery.

Also of note is the prevalence of factors that impact adherence – items including experiencing side effects, viewing medications as less than highly effective, feeling less well informed about medications and being in poor health:

- A third say their medication causes unpleasant side effects; this is especially prevalent among those who are in ill health, take five or more medications or are younger than 70, compared with others.
- A quarter say their medications are less than highly effective – a view that’s most prevalent, naturally, among those in ill health.
- Two-thirds say they understand “extremely” well how and when they’re supposed to take their medications; fewer, 46 percent, say they’re extremely well-informed about their health in general.
- Three in 10 are less than fully convinced that their medications will help them live a better or longer life. That’s highest among those in ill health and those who lack a personal connection with their pharmacy.
- Just 28 percent say their health is excellent or very good, fewer than the 38 percent who say it’s fair or poor. (Thirty-four percent take the midpoint, reporting “good” health.)

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Section V: Conclusions and Recommendations

The 2014 NCPA survey establishes the value of medication synchronization, marks some of its challenges and points to promising paths to realizing its potential. While relatively few people participate in such programs now, those who are enrolled report positive impacts – as well as a greater personal connection and higher satisfaction with their pharmacy.

Strong interest in joining a med sync program peaks among individuals who are low in adherence, indicating that they recognize a need for support. And, importantly, adherence is higher among med sync enrollees than it is among those who are interested but not enrolled.

Interest and awareness are fairly limited: Nearly half those who are not enrolled are unaware whether their pharmacy offers med sync or not, and just 22 percent are highly interested in participating. But that increases to half if those who are “somewhat” interested are included, signaling opportunity to make the case.

There’s a range of interest levels, moreover, in various components of med sync. Interest peaks, by a substantial margin, in receiving a day-ahead reminder that refills are ready; monthly in-person consultations with a pharmacist are least compelling, perhaps given the time commitment. Further, three in 10 express concern about paying for all their medications on a single day, far from a majority but an obstacle for some.

Stressing both the convenience afforded by med sync, as well as the assistance with adherence it can provide, appear to be promising paths. So, too, may be simple efforts to increase awareness of the program – especially its more popular elements – and to encourage word of mouth, given its broad support among current enrollees.

This study also finds a natural place for independent neighborhood pharmacies as leaders in developing med sync programs. That’s because interest in enrolling is higher among people who feel a personal connection with their pharmacy, and this sense of connectedness is highest by far among independent pharmacy customers. The connectedness and continuity provided by independent pharmacies also help boost their especially strong customer satisfaction ratings.

Adherence, for its part, remains a serious concern, both overall and within particular groups – including, for example, those age 40 to 49, those in ill health, those who question the efficacy of their medications and those who have trouble paying for them.

That said, while overall adherence has not improved in the past year, two positive signs emerge: An increase in the number of people reporting that their medications are easy to afford, and an increase in the number who recognize that it’s extremely important to take their medications as prescribed. Both those shifts, while fairly modest, are in the right direction. And medication synchronization, this survey finds, holds forth the prospect of real gains in combating the high costs and potential health risks of prescription medication non-adherence.

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Appendix A: Questionnaire and Topline Results

*= less than 0.5 percent

The next questions are about prescription medications you take on an ongoing, regular basis. They are not about any over-the-counter or herbal medicine you might take, or prescription medication you might be taking for a short-term problem. We are only interested in ongoing long-term prescription medications.

1. How many different ongoing medications are you currently prescribed to take?

	1-2	3-4	5+	No opinion	Mean	Median
7/20/14	32	32	36	*	4.40	3.00
3/10/13	32	33	35	*	4.37	3.00

2. Where do you get (your prescription medication/most of your prescription medications) - is it (from a pharmacy), (by mail) or some other way?

	----- From a pharmacy -----			By mail	Other way	Never filled an Rx (vol.)	No op.
	NET	Pharm.	Pharm. & mail (vol.)				
7/20/14	79	76	3	19	2	*	0
3/10/13	75	73	2	20	5	0	*

3. (IF PHARMACY/PHARMACY AND MAIL, Q2) What type of pharmacy do you use to get (this medication/most of these medications) - is it (a chain pharmacy), (a grocery store pharmacy), (a pharmacy in a retail store) or (an independent neighborhood pharmacy)?

	Chain	Grocery	Retail	Independent neighborhood	Military hosp (vol.)	Other (vol.)	No opinion
7/20/14	42	17	15	18	3	3	2
3/10/13	41	16	18	20	2	3	*

2/3 NET:

	7/20/14	3/10/13
From a pharmacy/pharmacy and mail NET	79	75
Chain/grocery/retail/military/other NET	64	60
Chain pharmacy	33	31
Grocery store pharmacy	14	12
Retail store pharmacy	12	14
Pharmacy in a military hospital/clinic	2	1
Other pharmacy	3	2
Independent neighborhood pharmacy	14	15
By mail	19	20
Some other way	2	5
Never filled an Rx	*	0
No opinion	0	*

4a. (IF PHARMACY, Q2) Which of these is the bigger reason that you use this pharmacy - is it mainly (your own preference) or mainly (to satisfy your insurance company)?

	Own preference	Satisfy insurance	Both equally (vol.)	Neither/other (vol.)	No opinion
7/20/14	76	16	4	2	1

4b. (IF BY MAIL, Q2) Which of these is the bigger reason that you get your medications this way - is it mainly (your own preference) or mainly (to satisfy your insurance company)?

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	Own preference	Satisfy insurance	Both equally (vol.)	Neither/other (vol.)	No opinion
7/20/14	43	46	4	6	1

4a/4b NET

	Own preference	Satisfy insurance	Both equally (vol.)	Neither/other (vol.)	No opinion
7/20/14	69	22	4	3	1

5. In most cases, (is/are) your ongoing prescription medication(s) refilled automatically, or do you have to personally request refills?

	Automatically	Upon request	Depends on the medication (vol.)	Never filled prescription (vol.)	No opinion
7/20/14	35	61	4	0	*
3/10/13	31	65	4	*	*

6. Are you currently responsible for refilling or picking up ongoing medications for others in your household, or not?

	Yes	No	No opinion
7/20/14	30	70	0

7. (IF NOT BY MAIL, Q2) In most cases do you go to the pharmacy to pick up ongoing medications, does someone else go to the pharmacy, or do you have them delivered?

	NET	I go	Someone else goes	Delivered	No opinion
7/20/14	92	78	14	8	*

8. (IF SOMEONE ELSE, Q7) Is that someone who lives in your household, or someone who does not live in your household?

	In household	Not in household	No opinion
7/20/14	78	22	0

7/8 NET

	NET	I go	Someone in household goes	Someone not in household goes	Delivered	No opinion
7/20/14	92	78	11	3	8	*

9a. (IF PICK UP, Q7/8) Just your best estimate, how often do (you or does someone in your household/the person who gets medications for you or others in your household) go to the pharmacy to pick up ongoing medications - is it about...?

	7/20/14
At least once a month NET	76
Once a week	6
Two or three times a month	21
About once a month	49
Once every two months or less NET	23
Once every two months	8
Once every three months	15

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Less often than that 1
 No opinion *

9b. (IF BY MAIL, Q2) Just your best estimate, how often do you or does someone in your household place an order for ongoing medications - is it about...?

7/20/14
 At least once a month NET 30
 Once a week 1
 Two or three times a month 12
 About once a month 17
 Once every two months or less NET 68
 Once every two months 11
 Once every three months 54
 Less often than that 3
 No opinion 1

10. In the past 12 months, have you (gotten a new prescription for an ongoing medical condition that you have NOT filled for one reason or another), or have you (filled every new prescription you've received)?

	Not filled Rx	Filled Rx	No new Rx (vol.)	No opinion
7/20/14	23	69	8	1
3/10/13	20	72	8	1

11. In the past 12 months, have you ever [ITEM] for one reason or another, or has that not happened?

	Yes	No	No opinion
a. not had a prescription refilled in time			
7/20/14	25	74	*
3/10/13	28	72	*
b. missed a dose of your prescription medication			
7/20/14	53	47	*
3/10/13	57	42	1
c. taken a lower dose of your prescription medication than you were supposed to			
7/20/14	17	82	*
3/10/13	22	78	*
d. stopped taking a medication entirely without consulting a doctor			
7/20/14	15	85	0
3/10/13	14	86	*

10/11 NET:

	Ever not filled or taken medication as prescribed	Always fill and take medication as prescribed	No new Rx (vol.)	No opinion
7/20/14	65	27	8	1
3/10/13	68	24	8	1

12. In the past 12 months, have you ever [ITEM] for one reason or another, or has that not happened? How about... [NEXT ITEM]?

Yes	No	Never filled Rx (vol.)	No opinion
-----	----	------------------------	------------

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a. taken more of a prescribed medication than you were supposed to				
7/20/14	6	94	0	0
3/10/13	6	94	0	0
b. taken an old prescription medication for a different health problem without asking the doctor				
7/20/14	5	95	0	*
3/10/13	7	93	0	*
c. taken someone else's prescription medication				
7/20/14	4	96	0	0
3/10/13	5	95	0	*
d. forgotten whether or not you've taken a prescription medication				
7/20/14	31	69	0	*
3/10/13	30	70	*	*

13. In general, would you say your overall health is excellent, very good, good, fair or poor?

	--- Excellent/very good ---				--- Fair/poor ---			
	NET	Excellent	Very good	Good	NET	Fair	Poor	No opinion
7/20/14	28	6	23	34	38	24	14	*
3/10/13	30	7	23	34	36	26	10	*

14. How often do you see the same health care provider when you go in for a health care appointment - every time, most of the time, some of the time, rarely or never?

	----- Usually -----				--- Rarely/never ---			
	NET	Every time	Most of the time	Some of the time	NET	Rarely	Never	No opinion
7/20/14	91	67	24	5	3	2	1	*
3/10/13	93	68	25	4	3	2	1	0

15. Thinking about where you get (most of) your prescription medication(s), do you feel like it's a place where they know you pretty well, or not really?

	Yes	No	Never filled an Rx (vol.)	No opinion
7/20/14	64	35	1	1
3/10/13	63	35	1	1

16. (IF FROM PHARMACY/PHARMACY AND MAIL, Q2) When you go to the drug store for ongoing prescription medication, how often do you see the same pharmacist or pharmacy staff - every time, most of the time, some of the time, rarely or never?

	----- Usually -----				--- Rarely/never ---			Never goes (vol.)	No op.
	NET	Every time	Most of the time	Some of the time	NET	Rarely	Never		
7/20/14	70	31	39	16	8	5	3	3	2
3/10/13	71	34	37	15	12	7	6	NA	2

17. Overall, how satisfied are you with the place where you get (most of) your prescription medication(s) - would you say you're...?

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	--- More Satisfied ---				-- Less/Not satisfied ---			
	NET	Extremely	Very	Somewhat	NET	Not so	Not at all	No opinion
7/20/14	80	36	44	17	3	2	1	*

18. Some pharmacies offer a program in which all medications are refilled on a single day of the month. Also the pharmacist talks with patients regularly to discuss their medication. Are you personally enrolled in a program like that, or not?

	Yes	No	No opinion
7/20/14	13	86	1

19. (IF ENROLLED IN A SYNCHRONIZATION PROGRAM, Q18) Overall, how would you rate this program in terms of [ITEM] - would you say it's...?

Summary Table 7/20/14

	---- More Helpful ----				--- Less/Not helpful ----			
	NET	Extremely	Very	Somewhat	NET	Not so	Not at all	No op.
a. Helping you manage your refills	83	42	41	10	7	3	4	0
b. Helping you take your medications when you're supposed to	74	36	38	13	12	2	10	1

20. (IF NOT ENROLLED IN A SYNCHRONIZATION PROGRAM, Q18) As far as you know, does your pharmacy offer a program like this, or not?

	Yes	No	No opinion
7/20/14	24	30	47

21. (IF NOT ENROLLED IN A SYNCHRONIZATION PROGRAM, Q18) (If this program were available/If a program like this was available) at your pharmacy at no additional cost, how interested would you be in participating?

	-- More Interested --				-- Less/Not interested --			
	NET	Extremely	Very	Somewhat	NET	Not so	Not at all	No opinion
7/20/14	22	7	15	28	49	19	29	1

22. Now please tell me how interested you'd be in each part of a program like this. If you already receive this service, just say so. First is [ITEM]. Are you...? How about [ITEM]?

(For each item, results are among those not enrolled in med sync or otherwise already receiving this service)

Summary Table 7/20/14

	- More Interested -				-- Less/Not interested --				No op.
	NET	Extremely	Very	Smwt	NET	Not so	Not at all		
a. Having all your medications refilled on a single day of the month		31	15	16	19	49	14	35	*

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b. Being contacted by your pharmacy a week before your refills are due to confirm what medications to refill and review any changes to your medications or health

	32	13	19	26	42	12	30	1
--	----	----	----	----	----	----	----	---

c. (IF DO NOT RECEIVE MEDICATION ONLY THROUGH THE MAIL, Q2) A reminder from your pharmacy the day before your refills are ready to be picked up

	46	19	27	22	32	7	24	1
--	----	----	----	----	----	---	----	---

d. (IF DO NOT RECEIVE MEDICATION ONLY THROUGH THE MAIL, Q2) A monthly in-person conversation with your pharmacist when you pick up medications to address any problems or questions you may have

	27	10	17	24	49	18	31	*
--	----	----	----	----	----	----	----	---

23/23a. (IF NOT ENROLLED IN A SYNCHRONIZATION PROGRAM) If all your refills were scheduled for the same day of the month, whatever you have to pay would all be due at that time. Would you see that more as a (convenience) or more as a (financial burden)? (IF FINANCIAL BURDEN) Would that be a major financial burden, or a burden but not a major one?

-- Financial burden --

	Convenience	NET	Major	Not major	No opinion
7/20/14	61	31	12	19	8

24. In general, how well you think you understand [ITEM]?

Summary Table 7/20/14

	----- Well -----				----- Not well -----			No op.
	NET	Extrmly	Very	Smwt	NET	A little	Not at all	
a. Your health and any health problems you may have	88	46	41	10	3	2	1	*
b. How much and when you're supposed to take your prescription medication(s)	98	68	29	2	1	*	*	*

25/25a. Again, thinking only about prescription medication(s) you take on an ongoing, regular basis, is it sometimes difficult to keep track of what to take and when to take it, or not? (IF DIFFICULT) Is this difficult very often, somewhat often or just sometimes?

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		----- Difficult -----				
		Very	Somewhat	Just	Not	No opinion
		NET	often	often	sometimes	difficult
7/20/14	12	3	2	7	87	1

26. How important do you think it is to take your medication(s) exactly as prescribed? Is it extremely important, very important, somewhat important, not so important, or not important at all?

		--- More Important ---			- Less/Not important -				
		NET	Extremely	Very	Smwt	NET	Not so	At all	No opinion
7/20/14	93	56	37	6	*	*	0	*	
3/10/13	93	50	43	7	1	1	0	0	

27. How much do you feel that your prescription medication(s) [ITEM] - a great deal, somewhat, not so much, or not at all?

a. (is/are) working for you

		-- Great deal/smwt --		-- Not so much/at all -			Depends on	No opinion
		NET	Grt deal	Smwt	NET	Not much	At all	med (vol.)
7/20/14	97	73	24	2	1	*	*	1
3/10/13	96	76	20	2	2	1	*	1

b. (causes/cause) unpleasant side effects

		-- Great deal/smwt --		-- Not so much/at all -			Depends on	No opinion
		NET	Grt deal	Smwt	NET	Not much	At all	med (vol.)
7/20/14	33	8	24	66	20	45	1	1
3/10/13	30	8	22	70	19	51	*	1

c. will help you live a better or longer life

		-- Great deal/smwt --		-- Not so much/at all -			Depends on	No opinion
		NET	Grt deal	Smwt	NET	Not much	At all	med (vol.)
7/20/14	93	69	24	5	3	2	*	2
3/10/13	93	69	23	4	3	1	*	3

28. Do you have health insurance, or not? (IF HEALTH INSURANCE) How do you obtain your health insurance? Is it through your or your spouse's employer; directly from a health plan or insurance company; or through public programs, such as Medicare or Medicaid?

		7/20/14	3/10/13
Have health insurance NET		93	90
Private insurance NET		52	47
Through your or your spouse's employer		40	39
Directly from a health plan or insurance company		12	9
Through public programs, such as Medicare or Medicaid		39	39
Other		1	4
Does not have health insurance		7	10
No opinion		*	0

29. (IF INSURED) Does your insurance help cover the cost of prescription medication(s), or not?

		Yes	No	No opinion
7/20/14	88	11	1	
3/10/13	89	10	1	

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30. How easy or difficult is it for you to afford the cost of your prescription medication(s) - very easy, somewhat easy, somewhat difficult, or very difficult?

	----- Easy -----			----- Difficult -----			
	NET	Very	Somewhat	NET	Somewhat	Very	No opinion
7/20/14	75	43	32	25	16	8	1
3/10/13	65	36	29	34	25	10	*

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Appendix B: Methodology

This survey for the National Community Pharmacists Association was conducted by cell and landline telephone July 1-20, 2014, among a national random sample of 1,012 adults age 40 or older with ongoing, long-term medical conditions for which they have been prescribed one or more medications. Results for the full sample have a 3.5-point error margin, including a design effect due to weighting of 1.4.

The survey was produced and analyzed by Langer Research Associates of New York, N.Y., with sampling, data collection and tabulation services provided by SSRS of Media, Pa., via its SSRS Omnibus survey.

The omnibus survey consists of 1,000 random-sample telephone interviews per week, including 500 via cell phone and a minimum of 30 in Spanish. Calls are made to a fully replicated, stratified, single-stage, random-digit-dialed sample of landline telephone households and randomly generated cell phone numbers designed to represent the adult population of the United States.

Within each landline household, interviewers asked to speak with the youngest adult male or female at home; if no person of that gender was at home, interviewers asked to speak with the youngest adult of the other gender. Cell phone interviews were conducted with the adult answering the phone.

The data were weighted to represent the study's target population via a multistage process. This initially corrects for unequal probabilities of selection depending on the number of adults in the household and the nature of telephone service in use. The final weighting stage involves post-stratification adjustment to correct for systematic nonresponse using known demographic parameters; the sample undergoes iterative proportional fitting ("raking") to match the most recent March Supplement of the U.S. Census Bureau's Current Population Survey by age (by gender), education, race/ethnicity, marital status and Census region (by gender). Respondents' telephone status (cell-phone only, landline only or mixed user) is included, based on the most recent estimates available from the U.S. Centers for Disease Control's National Health Interview Survey.

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Appendix C: Statistical Modeling

The statistical models included in this report were conducted using linear regression, which measures the relationships among attitudinal and demographic variables and predicted outcomes, such as scores on the NCPA Adherence Index or interest in medication synchronization. A regression measures the independent strength of the relationship between each predictor with the posited outcome, known as the dependent or outcome variable.

While they do not establish causality, such models reveal the strength of the relationship between each predictor and the dependent variable, with other predictors held constant. They therefore illustrate what variables explain the most unique variation in the dependent variable.

To conduct the modeling, key questions were recoded as continuous variables where possible (e.g., 1 = not satisfied at all, 2 = not so satisfied, 3 = somewhat satisfied, 4 = very satisfied and 5 = extremely satisfied). Categorical or dichotomous variables, including many demographic measures, were recoded as binary variables (e.g., 0 = female, 1 = male). The NCPA Adherence Index, already on a 0-100 scale, did not need to be recoded.

The dependent variables modeled include:

1. Extent of interest in med sync, with those already enrolled in med sync coded at the highest end of the scale (Q18 and Q21).
2. An index of the helpfulness of med sync in managing refills and taking medications when you should (Q19a-b).
3. Respondents' satisfaction with their pharmacy (Q17).
4. The NCPA Adherence Index, a continuous variable indicating patients' average adherence in the past year on nine adherence behaviors: failing to fill a new prescription, failing to refill a prescription in time, missing a dose, taking a lower dose than prescribed, stopping taking a medication without consulting a doctor, taking a higher dose than prescribed, taking an old medication for a new problem, taking someone else's prescription medication and forgetting whether or not you've taken a prescription medication (Q10, Q11a-d, Q12a-d).

All models include the following demographic variables: age, gender, race/ethnicity, education, region, employment status, household income, marital status, presence of children in the household and urban/suburban/rural status.

Pharmacy type, insurance status and type, whether or not respondents' insurance helps cover the cost of medications, the number of medications taken and whether or not respondents already have their medications refilled automatically also were entered as predictors.

Attitudinal predictors included respondents' ratings of their own health (Q13), how often they see the same health care provider when they have an appointment (Q14), whether or not they feel there's someone at their pharmacy who knows them well (Q15), the frequency with which they

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see the same pharmacist or pharmacy staff (Q16), their satisfaction with their pharmacy (Q17), whether or not they're enrolled in a medication synchronization program (Q18), their difficulty keeping track of when and how to take medications (Q25) and the extent to which they feel they can afford their medications (Q30).

Further predictors were the extent to which respondents feel informed about their health and health problems (Q24a), feel informed about how much and when to take their prescription medications (Q24b), see it as important to take their medications exactly as prescribed (Q26), think their medications are working for them (Q27a), say their medications cause side effects (Q27b) and think their medications help them live a better life (Q27c).

In predicting satisfaction and adherence, being enrolled in a med sync program (Q18) also was entered as a predictor.

Significant predictors of each of the dependent variables are presented in the tables below.

Model 1: Predicting interest in med sync.³

	Standardized coefficient (β)	Significance test (t)
Extent it'd be a burden to pay for all Rx's at the same time	-.24	6.87***
Ease of affording Rx	-.17	4.59***
Difficulty keeping track of how/when to take Rx	.16	4.62***
Personal connection with pharmacy	.11	2.90**
Race: Nonwhite	.10	2.77**
Overall health rating	-.09	2.39*
Has auto-refill	.08	2.53*
Extent Rx causes unpleasant side effects	.08	2.90*

Model $R^2 = .21, p < .001$

Here and below: *** $p < .001$, ** $p < .01$, * $p < .05$

Model 2: Predicting how helpful med sync is in managing refills and taking medications as one should, among those who are enrolled.

	Standardized coefficient (β)	Significance test (t)
--	--------------------------------------	---------------------------

³ In addition to all previously listed predictors, an expanded model included personally going to the pharmacy to pick up medications, the frequency with which respondents go to the pharmacy to pick up medications and frequency of placing mail orders as predictors; they were not significant. Results are listed for the original, more parsimonious model.

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Health insurance helps cover the cost of Rx	.34	3.28**
Frequency seeing the same pharmacist or staff	.30	2.19*
Employment status: Full-time employed	.28	2.16*
Insurance: None	.21	2.00*
Personal connection with pharmacy	.20	2.02*

Model $R^2 = .31, p < .001$

Model 3: Predicting satisfaction with pharmacy.

	Standardized coefficient (β)	Significance test (t)
Personal connection with pharmacy	.28	7.65***
Pharmacy type: Chain/grocery/retail	-.21	3.26**
Frequency seeing the same pharmacist or staff	.15	2.82**
Ease of affording Rx	.12	3.57***
Extent Rx causes unpleasant side effects	-.11	3.24**
Employment status: Retired	-.10	2.16*
Extent Rx helps you live a better/longer life	.08	2.12*
Frequency of seeing the same healthcare provider	.07	2.23*

Model $R^2 = .26, p < .001$

Model 4: Predicting the NCPA Adherence Index.

	Standardized coefficient (β)	Significance test (t)
Income: Less than \$50K	.18	3.12**
Ease of affording Rx	.17	4.59***
Extent Rx helps you live a better/longer life	.14	3.86***
Age	.14	3.09**
Difficulty keeping track of how/when to take Rx	-.13	3.87***
Satisfaction with pharmacy	.12	3.29**
Extent of understanding health and health problems	.10	2.61**
Marital status: Married	.09	2.54*
Importance of taking Rx exactly as prescribed	.09	2.57*

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Overall health rating	.08	2.13*
Health insurance helps cover the cost of Rx	-.08	2.06*

Model $R^2 = .24, p < .001$