



Improving patient adherence to treatment plans:

A KEY PILLAR IN ADDRESSING THE RISING BURDEN OF NON-COMMUNICABLE DISEASES (NCDS) IN EUROPE

Therapeutic non-adherence poses challenges to health systems and patient health. The need for action on non-adherence has been recognised by international organisations such as the WHO, OECD, and the European Commission in their call for the good use of medicine. Servier is committed to supporting the recommendations of these organisations and ensuring patients in Europe can benefit the fullest from their treatment.



Supporting patients to better adhere to their treatment can save almost

200,000 lives

every year in Europe and alleviate costs of

€125 billion

to healthcare systems and society.¹ Known as therapeutic adherence, it is defined by WHO as “the extent to which a person’s behaviour – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a healthcare provider.”²

The impact of therapeutic adherence on non-communicable disease burden

Therapeutic non-adherence results in less optimal treatment outcomes, the ineffective use of healthcare resources, and premature death of patients in the most extreme situations. Non-communicable diseases (NCDs) are typically impacted by the problem of non-adherence, **which affects up to 50% of patients with conditions such as diabetes and hypertension.**³ This is a concern for the EU's ambitions to reduce the burden and the cost of NCDs.

Overall, in 2019, NCDs were the cause of around 91% (4.9 million) of deaths in the EU.⁴ The associated costs of NCDs are also substantial, with the four major NCDs (cancer, diabetes, chronic respiratory disease, and cardiovascular disease) **contributing to at least 25% of national health spending.**⁵ To address this growing problem, policymakers need to ensure the optimal prevention, diagnosis, and treatment of NCDs. Therapeutic adherence is a key component of the optimal treatment of NCDs. Only by supporting patients to follow their prescribed treatment plan will improvements be seen in their health outcomes.

Policymakers can act now

EU citizens are looking to policymakers to reverse the worrying trend of NCDs, but adherence to treatment is not included as a pillar of the EU's and Member States' strategy for NCDs. Fortunately, **many solutions to increase therapeutic adherence exist.** These range from turning multiple pills into one pill containing

several medicines (fixed-dose combination therapies), to promoting the use of real-world evidence (RWE) and digital tools in therapeutic education and adherence monitoring. Overall, solutions supporting an alliance between patients, health professionals and caregivers will all have a role to play to improve therapeutic adherence.

The EU, its Member States, as well as key actors such as industry, healthcare professionals and patient representatives, **need to seize this opportunity to act now and invest in the short and long-term to increase therapeutic adherence** and improve the overall health of the population in Europe and ensure the financial sustainability of health systems.

Non-adherence can be explained by a myriad of factors

Patients' desire to follow their treatments plans can be derailed by various obstacles, which are different for each individual and interact in various ways – relating to their socioeconomic status, the nature of the health system, how their condition affects them, treatment-related issues, and the patient's knowledge, beliefs and expectations.⁶ **Attributing blame solely to patients is misleading and often demonstrates a misunderstanding of systemic factors which affect the behaviour of patients and their capacity to adhere to their treatment plans.** Furthermore, many of chronic NCDs are asymptomatic, making it difficult for some patients to keep a constant awareness of their disease and the risks that are associated. Given the multiple overlapping issues driving non-adherence, there must be a whole-of-government response, involving patients, clinicians, and industry, to tackle this challenge.



Possible policy solutions to improve therapeutic adherence

Studies show that **policies improving therapeutic adherence save money and improve healthcare effectiveness**.⁷ At both the EU and Member State levels, a mix of smartly implemented, rapidly deployable solutions and investment of time and resources can help to promote therapeutic adherence. Potential solutions include:

PATIENTS ENGAGEMENT AND THERAPEUTIC ALLIANCE WITH HEALTHCARE PROFESSIONALS

Patient engagement is at the heart of addressing adherence, and therefore should also play a valuable role in co-creating policies to improve adherence. Organisations representing patients bring valuable experiences to the table when making policies to improve therapeutic adherence,⁸ and can support their community accordingly. For instance, patient organisations can support patients in feeling empowered to take an active part in managing their disease by improving their health literacy.⁹

PATIENT THERAPEUTIC EDUCATION

Giving patients more information about their disease and treatment does not go far enough to address non-adherence. In fact, a 2019 WHO survey found that **27.1% of patients across six European countries found it either difficult or very difficult to understand patient instruction leaflets**.¹⁰

Instead, some European countries have already recognised the benefits of empowering patients to be active partners in their care, with the support of healthcare professionals who can share their expertise and knowledge.¹¹ This is known as **Patient Therapeutic Education (PTE)**, with Switzerland and Belgium considered as pioneers in the field. In Switzerland, PTE has been at the core of the patient experience for 40 years, and healthcare practitioners' pay is linked to the time they spend on it, while Belgium integrates PTE into its health professional training courses right from the start.

FIXED DOSE COMBINATIONS

Complex treatment plans that require patients to take multiple pills at different times can make adherence difficult and psychologically daunting. Combining multiple medications into a single-pill, or **Fixed dose combinations (FDCs)**, can be a solution and can help lower health risks and costs to the health systems,¹² while improving patients' quality of life. A study looking at FDCs for the treatment of hypertension found that **taking a single-pill increased the percent of patients highly adherent to a triple therapy from 27% to 60% in just one year, reduced mortality and cardiovascular events by 23% and decreased costs by almost €700 for each patient**.^{13,14}

DIGITAL SUPPORT TOOLS

Patients increasingly seek to use digital health tools to manage their conditions. Tools such as smartphone applications can remind them to take their medications, help them track their medication use, and connect them with healthcare providers. Such solutions put patients in control of their care, can be quickly deployed, and help lower overall healthcare system costs. In fact, it has been estimated that AI-enabled monitoring tools to improve adherence could **save up to 20,000 lives and up to €45.6 billion per year in Europe**.¹⁵

Healthcare professionals play a very important role in promoting and ensuring therapeutic adherence and so should be closely involved in the development of policies that address non-adherence.¹⁶ Multidisciplinary support for patients is also a key factor in facilitating adherence, as shown in a study that found this to be the case in heart failure patients.¹⁷

What can EU Member States do?



- 1** **Recognise adherence as a key success factor** for action in chronic disease care and set out objectives for improved adherence.
- 2** Use the Healthier Together Initiative funding to **replicate national best-practices on disease self-management** and therapeutic adherence improvements.
- 3** **Replicate best practice on training for healthcare providers, including GPs, pharmacists and nurses, on patient therapeutic education (PTE)**, fund doctors and reimburse patients for specific patient therapeutic education consultations, and consider the uptake of innovative funding solutions (such as lump-sum payments to HCPs) to prevent non-adherence and educate patients.
- 4** **Involve all relevant stakeholders in integrating action on adherence into local and national health strategies**, and provide the funding needed to reap the full benefits of increased therapeutic adherence.
- 5** Acknowledge the unique features and value of **fixed-dose combinations (FDCs)** based on molecules already on the market, with flexibility in the health technology assessment (HTA) process, including via **use of real-world evidence** or scientific literature & existing pharmacovigilance data.
- 6** Implement **co-development of technology with patient organisations** to build trust through community involvement and add value in reimbursement decisions.
- 7** Consider adherence benefits when making decisions on **reimbursement for apps and wearables**.
- 8** Alleviate patient and healthcare professional concerns about trust and data protection by providing reassurance in the form of **specific data security guidance for telemonitoring app users**.

What can the EU do?



- 1 Via the European Health Data Space (EHDS):
 - Use **common European health record format** as a tool for effective, consistent follow up on therapeutic adherence.
 - **Encourage and facilitate storage of Real-World Data and research to translate it into Real-World Evidence**, especially but not only on adherence, efficacy and safety that can support the market access process for FDCs and reduce cost barriers to their development.
- 2 **Encourage Member States to collect and report data on therapeutic adherence** to assess the outcomes of patient adherence policy interventions.
- 3 In the General Pharmaceutical Legislation:
 - **Recognise the value and the specificities of FDCs** by providing more flexibility in the authorisation and reimbursement decision-making processes, given that they consist of well-established medications, particularly for companies that generate data on the real-world benefits of these medications.
 - Replicate measures designed to inform patients about antimicrobial resistance, together with patient organisations, to **place patient cards in the packaging of medicines that often require long-term use, providing practical adherence advice** and signposting patients to support services.
- 4 **Establish relevant funding calls to support implementation of best practices on PTE and RWE studies on therapeutic adherence** under the EU4Health and Horizon Europe programmes.
- 5 Support **Member States in establishing national initiatives** on adherence to treatment, including via Healthier Together and other EU health funding tools.
- 6 Use the European Year of Skills programme funding to **help healthcare professionals boost their skills** and confidence dealing with digital health tools.
- 7 **Integrate the psychological aspects of long-term illness and adherence** into the EU Comprehensive approach on Mental health.
- 8 **Mainstream therapeutic adherence in all future EU-level efforts to tackle NCDs** and include relevant measures to mitigate adherence difficulties.
- 9 **Include adherence statistics in the European Semester assessment reports** on Member State health systems to raise awareness and allow civil society to hold government to account.

Now is the time to **act**

The upcoming EU elections and the biggest pharmaceutical legislative reform in twenty years offer an opportunity for transformative change for patients all over Europe. Seizing the chance to address the complex drivers of non-adherence will make our societies healthier, improve patients' lives, and lead to cost savings for the healthcare systems. It will also help reduce the growing burden of NCDs in the EU, both in prevention and management. Decision-makers on both the EU and Member State level should recognise the importance of therapeutic adherence for people and societies, and commit to investing in training, research, and best practices implementation. Crucially, patients need to be supported and empowered, as active partners in managing their conditions.



The Servier Group, an independent international pharmaceutical company governed by a non-profit foundation, is committed to cooperating with healthcare providers, patients, and policymakers to make this a reality.

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