

**Fact Sheet:**  
**Explaining Beneficiaries' Failure to Pick Up Prescriptions at Military Pharmacies**

**Background:**

- The purpose of this study was to gather information from MTF pharmacy staff and TRICARE beneficiaries to explain failure of beneficiaries to pick up medications at military pharmacies.
- The study was undertaken on behalf of the TMA Pharmacy Board of Directors to help MTF pharmacies promote adherence to prescribed regimens.

**Data:**

- Site visits were conducted February 11 and 12, 2004 at Bethesda NNMC and Walter Reed AMC pharmacies. Telephone interviews were conducted between February 18 and March 15 with pharmacy staff at Malcolm Grow Medical Center, Langley AFB, Groton NACC, and DeWitt ACH.
- Focus groups were conducted in February 2004 with 20 users of pharmacy services of the Malcolm Grow, Bethesda and Walter Reed pharmacies.
- 1214 users of the six sites were surveyed by telephone between May 10 and July 13, 2004.
- Administrative data from Composite Health Care System (CHCS) and Prescription Drugs Transaction Service (PDTs) was analyzed

**Descriptive Results:**

- Estimates of pharmacy labor cost due to non-compliance among the six sites range from 13 to 52 additional days of pharmacy staff labor per year. Estimates of this additional burden, in dollar terms, range from roughly \$21,000 to \$49,000 per 100,000 users per year. Including the costs of discarded prescriptions, total costs from unclaimed prescriptions range from \$34,000 to \$74,000 per 100,000.
- Most surveyed sites employ a queuing system for dispensing prescriptions on demand, either bank teller (users request and receive prescriptions at the same window) or assembly line (prescriptions are filled on request but users request and receive prescriptions at different windows). Of the surveyed sites, only Malcolm Grow does not dispense prescriptions on demand, but enters prescriptions on a processing queue when notified of them by CHCS.
- Though CHCS provides it, physicians rarely receive notification of patient non-compliance because they do not read CHCS email, which is not forwarded to their Outlook email inbox.
- Approximately eight percent of beneficiaries report that they have been non-compliant in the past 12 months. By contrast, according to administrative data available from four of the study sites, ten percent had been non-compliant during a three-month period ending in February 2004.
- Beneficiaries who report they are non-compliant are younger and more likely to be active duty than beneficiaries who report compliance.
- The most common reasons for non-compliance include: did not need the drug (19 percent), forgot (17 percent), drug not in stock (14 percent), wait at pharmacy too long (11 percent), and prescription not ready (11 percent). Among active duty, common reasons included: moved or left town (28 percent), did not need drug (27 percent), forgot (13 percent), pharmacy wait too long (12 percent).
- Non-compliant beneficiaries are more likely than compliant beneficiaries to give pharmacy convenience a poor rating.
- Users of Malcolm Grow, which fills most prescriptions when notified by CHCS rather than when requested by the patient, are most likely of study pharmacy users to complain of long waits.

**Conclusions:**

- Convenience and compliance at military pharmacies can be improved by on-demand prescription dispensing.
- Improved communication between pharmacy and physician (such as forwarding emails to Outlook) and pharmacy and patient (such as reminders) will improve both compliance and quality of care.
- Research and interventions to improve compliance should target active duty personnel.