Early release, published at www.cmaj.ca on March 14, 2011. Subject to revision.

CMAJ

March 10, 2011

NEWS

Comparison shopping for drugs

A web-based drug comparison tool developed by a nonprofit lobby group for Americans over 50 will allow patients to price shop for prescription drugs as they would fridges or cars to ensure they're getting the best bang for their buck.

The Drug Savings Tool is the most recent in a suite of free health tools crafted by AARP (formerly the American Association of Retired Persons) to spark patient-doctor conversations about the cost, safety, efficacy and proper use of prescription drugs.

Developed in partnership with *Consumer Reports*, the tool lets patients compare the cost and efficacy of a drug to those of its brand name and generic competitors, and recommends a "best buy" based on clinical evidence. Patients can then print that information and share it with their doctor when discussing treatment options.

"Consumers are at a disadvantage in the health care market because they don't have access to credible and easy-to-understand comparative information for drugs like they do for traditional products," says Doris Peter, manager of the *Consumer Reports* Health Ratings Center.

Without that unbiased information, or an awareness that alternative treatments exist, it's difficult for patients to join their practitioners in the decision making process, she says. "The information they're currently receiving either comes from direct-toconsumer advertising, which is completely conflicted, or doctors that have as little access to digestible information about price as consumers do."

The price of ignorance is high. It's estimated the average employee in the United States will cough up \$US4386 in 2011 to cover his or her health care insurance premiums and out-of-pocket costs such as copayments and deductibles (www.cmaj.ca/cgi/doi/10.1503/cmaj.109-3713).

"Even if you have coverage, it will often come in levels or tiers, so the brand new version of a medication is going to cost you a lot more because you might have a higher copay or it might not be on your formulary," says Cheryl Matheis, senior vice president of health strategy for AARP. "We've done polls looking at the effect of the economic downturn on our members and found that people are skipping buying necessities so they can afford their medications, and vice versa. They're splitting pills, skipping doses, and even sharing prescriptions with friends."

Now, rather than "blindly paying out of pocket," price-conscious consumers can "compare the alternatives online, print out the information in a simple format and discuss their options with a doctor," she says.

While patients have turned to Google in search of such information in the past, the tool is the first to provide comprehensive, evidence-based comparisons and recommendations in a user-friendly format.

The site is designed with an older, less tech-savvy audience in mind, Matheis says. "Our membership are people aged 50 and older, and while that's the fastest growing group of internet users, we had to make something that would be easy to understand and

could be accessed in more than one way. For instance, when you're searching for a medication, you can type in the name of the drug or, if you don't know how to spell it, you can search an alphabetical list."

Information on the site is layered to prevent users from feeling overwhelmed, she says. The initial search result for a drug will turn up a printable comparison sheet detailing the cost and efficacy of various alternatives, but users can also click through for additional information about drug safety and interactions.

The Drug Savings Tool is just one of several interactive health tools on the site, including a drug interaction tool and a pill identifier. Each tool is designed to overlap others in content so that users can access information on the site in a variety of formats and from a variety of entry points.

AARP is also in the process of building a health insurance comparison tool for release later this year. — Lauren Vogel, *CMAJ*

DOI:10.1503/cmaj.109-3828