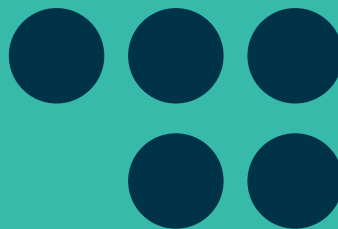
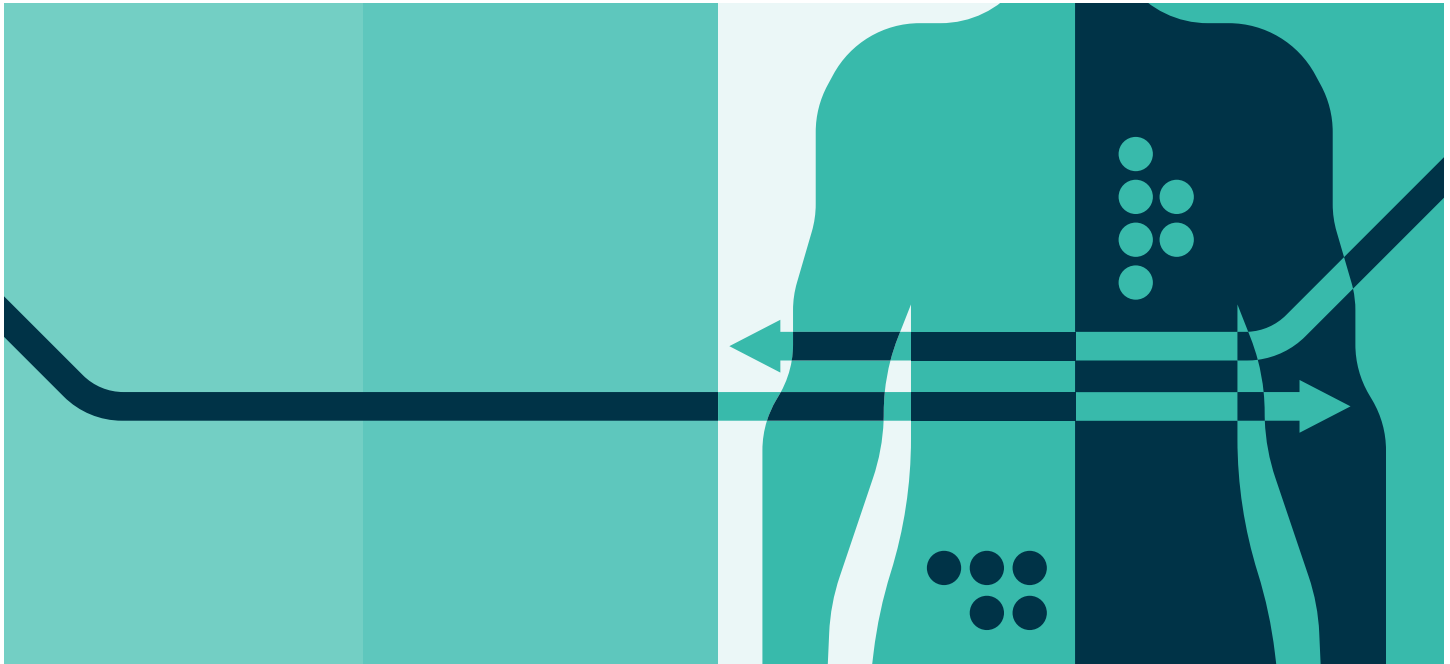


 **CVS**Health.

Health Trends Report 2020





ILLUSTRATIONS BY STORYTK

Health Trends Report 2020

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Change is the only constant in health care, and in the past decades those changes have arrived on several fronts. Advances in technology and data gathering have transformed the jobs not only of clinicians, but of all the industries that support them.

Shifting market forces has meant more pressure to manage rising costs while still delivering excellent care. The disease landscape is also shifting, the result of new cures, new infections, new sources of addiction and complex and changing attitudes toward personal wellness.

As professionals in health care, our first instincts are to look beyond the symptoms to find root causes. That impulse has come into sharp focus for CVS Health with the merger between CVS Health and Aetna in 2018. A new, unified presence across pharmacy, insurance, benefits and retail wellness sectors has brought with it a vantage unique in the current health landscape. Identifying which changes to watch—and which can lead to better, healthier outcomes for Americans—has been a core part of our mission and has led to the Health Trends Report 2020 by CVS Health.

Some of the trends we have identified relate to medicine's continued digital transformation. Data in the health care sector continues to grow more quickly than in any other major industry. As initial obstacles of interoperability and data silos are overcome, two major objectives are coming into focus: learning to manage health data responsibly and finding applications that can make health care more effective and convenient for consumers.

Data used well can help health care leaders find and address the keenest areas of need. In the United States, for instance, one in three adults is at risk of kidney disease. Yet the vast majority of those with chronic kidney disease don't know it themselves and don't get care when it can be most useful. In 2018 CVS Health launched CVS Kidney Care, a program that will, among other things, look to identify patients with kidney disease through data review and analytics, and offer an opportunity for coordinated follow up and more comfortable and cost-effective tactics in preventing and treating end-stage kidney disease.

Other trends are tied to the growing recognition that medicine does not stop at the office or hospital doors—and that answers don't always come from a pill bottle. The past year has seen a groundswell of new literacy about social determinants of health, including wider concern over loneliness, a state that

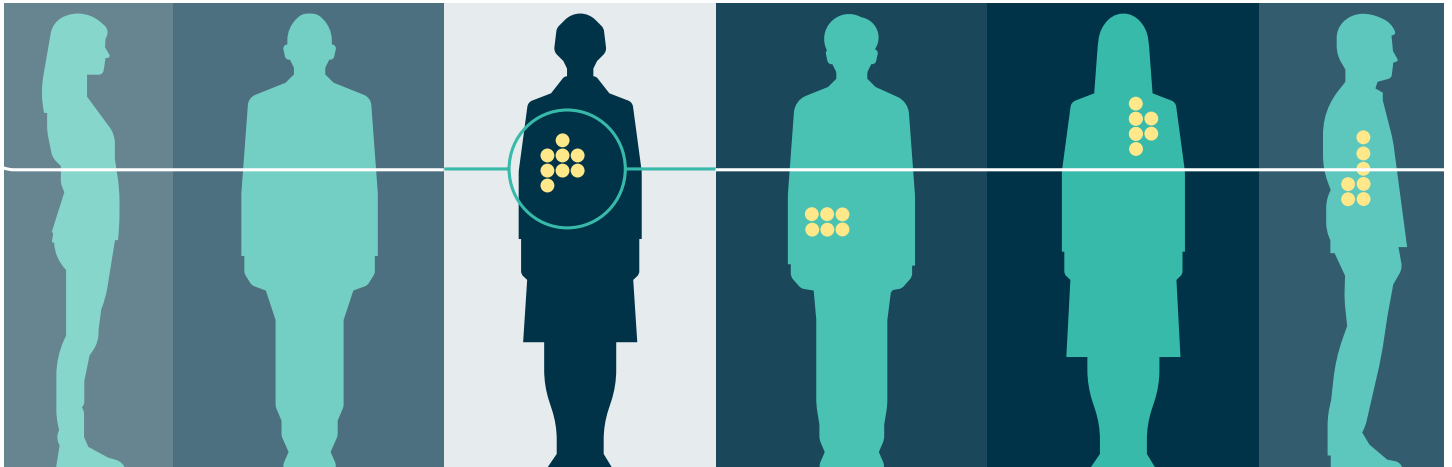
can have a worse effect on health than obesity, and which is particularly a problem among millennials, according to a recent CVS Health study.

Poverty and lack of health care access are troubling aspects of the problem, and effective solutions may need to tap resources outside of traditional health care settings. Retail touchpoints exist closer to many patients, and interventions based in retail settings may save lives, especially for those who otherwise might fall through the cracks. Pharmacy-based programs may show special promise for transforming care delivery.

The most important forces to watch, however, are consumers themselves. They are more engaged than ever in the transformation of the health care sector, driven in part by the higher stakes that come with rising out-of-pocket costs. Industry participants are under a higher obligation than ever to respond to consumers' needs and protect their interests. At CVS Health, this has led to a wave of innovations to meet consumers in their efforts at wellness, including tools to help families manage prescription costs and a new landmark program to test and label dietary supplements.

Navigating the way forward calls not only for the ability to read the road, but excitement about where the road leads. While the coming changes will bring challenges, the health care sector is also faced with a period of profound transformation. With careful and coordinated steps, and an eye for the trends at play, we can arrive in a much healthier place.

“**Navigating the way forward calls not only for the ability to read the road, but excitement about where the road leads.**”



The Digital Revolution Digs In

Smart devices and machine learning will transform the delivery of health care. But data stewardship must take center stage.

If data is the new critical resource, powering the next decade of innovation, then health care is just learning how to make use of its rich reserves. That potential has so far been slowed by a number of challenges, including a lack of interoperability between systems and devices and how to balance the tremendous positive impact on population health with a focus on patient privacy. But where those issues are being solved, data is bringing a revolution in care, especially for patients with chronic disease.

A CVS Health program launched in 2016, for instance, used data to determine when to send text messages to patients with a handful of chronic conditions, including chronic myeloid leukemia and rheumatoid arthritis. The messages contained information about side effects and symptom management, timed to arrive when the information would have the greatest effect on behavior. Results showed that participants were up to 6.3 percent more likely to refill prescriptions and achieve optimal medication adherence during these trials.

The National Institutes of Health has made data-driven medicine one of its top priorities. Their All of Us research database will gather health information from one million or more volunteers, in the hopes of sparking new insights and fields of study. It will not only include conventional health information—medical records and survey data—but also accommodate the coming wave of wearable medical devices, which are expected to double in use by 2022. These devices will come in novel forms, such as a sensor that attaches to inhalers to monitor use, as well as environmental conditions, and advises a patient to go indoors when there is too much air pollution.

The challenge for providers is to turn all of the noise into aligned signals. “No one company will invent all of the breakthrough technologies,” says Firdaus Bhathena, Chief Digital Officer at CVS Health. “Part of our role at CVS Health, given the breadth of our involvement in various areas of health care, will be to stitch the information from all of these sources into experiences that are truly meaningful and impactful in delivering real solutions at a population health level.”

“The future of digital medicine has already arrived, and the next steps are to make sure it rolls out with maximum benefit—and minimum risk—to the consumer.”

CVS Health is already finding useful ways to manage consumer data that spans its businesses in health insurance, pharmacy and pharmacy benefits management, retail clinics and stores. One application has been to use machine learning to calculate the “next best action” for a health care consumer—crunching all of this data and advising when it might be good to get an examination or take a new tactic in managing a chronic condition.

But managing that kind of data also comes with responsibility and a commitment to meeting the expectations of patients in how data will be used. “The challenge really lies in building the fundamental trust,” says Bhathena. “Trust needs to exist for people to be willing to make data about themselves available, and many of these advances depend on the availability of data.”

A recent poll of 100 hospital technology executives found that a majority of their organizations don’t yet have data governance plans in place, saying they lack the time and resources to create them. CVS Health, says Bhathena, is guided by a robust set of principles whenever it considers building and implementing a new use for patient data. “Are we able to clearly articulate to the consumer what data is required to be able to deliver a certain level of value? What will we do with the data once that value is identified? As we think of using data, do we have a clear consumer benefit?”

Companies must also keep abreast of other concerns, such as the rise in hacking and breaches of health care data. Patient records were compromised three times more in 2018 than in 2017. And that number more than doubled in just the first half of 2019. Cybersecurity must be a priority “from the executive suite down through all the employee layers,” Bhathena says, and his team at CVS Health has invested heavily in these areas and works with others in the health care industry to share information about the changing shape of cyber threats.

The future of digital medicine has already arrived, and the next steps are to ensure that it rolls out with maximum benefit—and minimum risk—to the consumer. “If we can achieve that, ultimately, the value we all derive from this data will be an enormous benefit to patients in excelling solutions that make a meaningful difference in their lives,” says Bhathena.

What Data Makes Possible

Innovative uses of data and devices will someday move health care far from the clinic. This futuristic example shows what might someday be possible by marrying data and technology.



Demographic Data

A patient hiking in tick areas is targeted and warned to be on the lookout.



App Level Data

A bite or suspect insect can be scanned with the app. Built-in AI helps to screen for risk of Lyme disease.



Patient Data

A remote provider can consult with a patient, check allergies and send a prescription to a nearby pharmacy.



A Coming Revolution in Kidney Care

Early detection and treatment would mean better outcomes and lower costs.

About 30 million Americans—or an estimated one in seven adults—have chronic kidney disease (CKD), according to the Centers for Disease Control and Prevention (CDC), and that problem isn’t going away anytime soon. Up to three-fourths of CKD cases are caused by hypertension and diabetes, and the population of U.S. adults with diabetes alone is predicted to nearly triple by 2060. Perhaps more troubling, nearly half the people with severely reduced kidney function are still undiagnosed, which means a major missed opportunity for early diagnosis and treatment.

Kidney disease carries a heavy cost, both for those who suffer from it and for the U.S. health care system. U.S. Health and Human Services Secretary Alex Azar noted, in a recent speech to the National Kidney Foundation, that chronic kidney care represents more than one in five Medicare dollars spent, and that the funds are disproportionately focused on treating patients with later-stage disease, instead of early interventions. “We need to shift from a system that pays for sickness and procedures to one that pays for health and outcomes,” he said. “The consequences of inaction are higher nowhere else than in kidney care.”

Early detection and treatment can make a world of difference. A 2015 study published in *Nature Reviews Nephrology* suggested that identifying, treating and managing early-stage CKD can slow or even reverse the disease’s progression, especially when it goes hand-in-hand with treating comorbid conditions. The authors note that some countries and health systems using this more holistic approach to treat patients with CKD have seen better health outcomes and lower costs.

Those moves create an opportunity for innovation. CVS Health has been on the forefront of kidney care advances for some time, and launched CVS Kidney Care in 2018 to bring clinical and quality of life improvements to patients with chronic kidney disease, including end-stage renal disease. The business is focused on identification of chronic kidney disease, targeted patient engagement and ongoing education to help slow disease progression, facilitate more kidney transplants and expand home dialysis to optimize care for patients. “We are looking at innovations to each stage of disease, says Bruce Culleton, M.D., Vice President and Chief Medical Officer of CVS Kidney Care. “By utilizing assets that already exist within CVS and starting our Kidney Care business from scratch, we have the ability to be completely innovative and think outside of the box.”

“**Our goal is to improve health outcomes and the patient’s experience throughout the entire health journey.**”

In 2019 CVS Kidney Care began applying information already available through CVS Health and Aetna to identify people who may not yet know they have kidney disease. “We have a large data set to work with,” says Dr. Culleton. Predictive algorithms sort through pharmacy and medical claims, lab data and demographics to identify individuals at the highest risk for kidney failure. A similar strategy identifies patients who already have a CKD diagnosis, but may be progressing quickly to kidney failure.

Finding a patient who meets these criteria triggers a series of targeted interventions, which can include phone calls, referrals to specialists, education about kidney disease, lifestyle changes and medication compliance programs, as well as face-to-face meetings to discuss kidney care and renal replacement options. The protocol is tailored to a patient’s profile and needs, according to Dr. Culleton. “Every patient is different, and data allows us to offer individuals the interventions that are most needed at that point in time,” he says.

In July 2019, CVS Kidney Care also launched a multisite clinical trial for HemoCare, a device for at-home hemodialysis. The process of filtering blood outside the body is time-consuming and challenging for patients and their care

partners. Traditionally this is done in a supervised clinical setting, but with proper patient support systems and the right safety features built into a device, more patients should be able to perform at-home hemodialysis. In collaboration with CVS Health, the device being studied in the clinical trial was developed by DEKA Research & Development Corp., a New Hampshire-based company responsible for the development of the Segway and pioneering many medical devices.

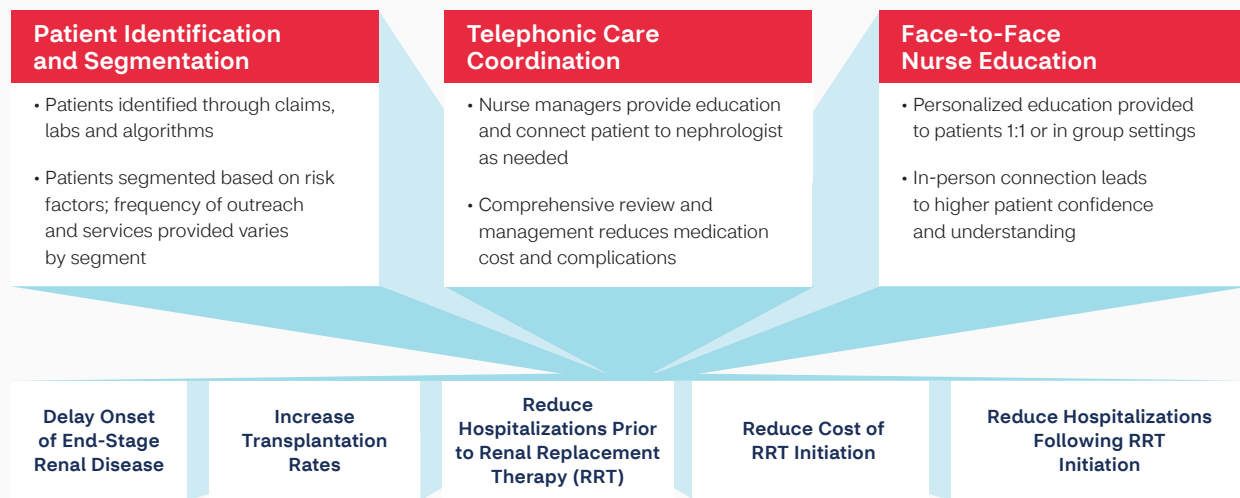
CVS Health expects to offer a comprehensive home dialysis program not only for hemodialysis, but also for peritoneal dialysis, an alternate system in which patients use a catheter in the abdomen to move dialysis fluid in and out of the abdominal cavity multiple times per day.

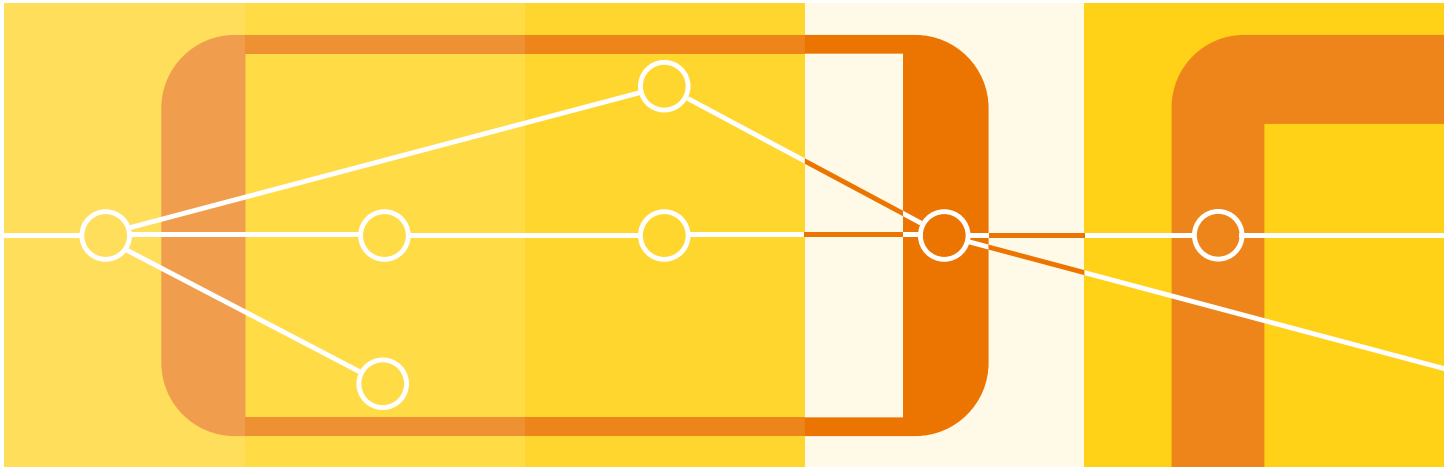
This course of action reflects CVS Health’s commitment to identify and aggressively manage chronic diseases early on—with interventions and an emphasis on helping patients adhere to their therapy. The company is using the same philosophy in its approach to cancer and diabetes, finding cost-effective strategies that lead to better outcomes.

“Our goal is to improve health outcomes and the patient’s experience throughout the entire health journey,” says Dr. Culleton.

A Plan for Early Intervention

Early intervention can slow the progression of CKD. The CVS Kidney Care model aims to catch patients earlier on in their disease, discovering candidates through machine learning algorithms that sift through patient records. Patients identified with CKD then receive a series of follow-up interventions, which can include education, case management and telemedicine.





A Dose of Connection

What should the health care system do to counter an epidemic of loneliness?

Despite living in an increasingly connected world, a large portion of people in the United States regularly feels alone. “During my years caring for patients, the most common pathology I saw was not heart disease or diabetes; it was loneliness,” writes Dr. Vivek Murthy, the former U.S. Surgeon General, in an article for *Harvard Business Review*.

One out of every three adults 45 years and older identifies as lonely, according to a survey by AARP. The 2019 Path to Better Health Study from CVS Health shows the problem is crossing over to younger generations, with millennials reporting alarming rates of social isolation. While their life rich in social media may provide a veneer of hyperconnectivity, more than half say they don’t know where to go to meet new people, and 48 percent say they no longer have a desire to be social outside of their homes.

Conditions that foster social disconnectedness have been steadily on the rise. More than one-quarter of people in the United States now live alone, more than half of adults are unmarried and one in five have never married. Census data shows fewer children per household and increased rates of childlessness, and other surveys note that most adults don’t know their neighbors.

A lack of connection can have a corrosive effect on health. Loneliness and social isolation are risk factors for depression, impaired cognitive performance, progressive dementia, compromised immune systems, cardiovascular disease and hypertension. A lack of companionship can even rob years from a life. “We have robust evidence that loneliness and social isolation increase the risk for premature mortality,” says Julianne Holt-Lunstad, a professor of psychology and neuroscience at Brigham Young University. Holt-Lunstad’s team undertook two meta-analyses of literature on the topic. The first looked at 148 studies, representing more than 300,000 participants, and found that more social connection was associated with a 50 percent reduced risk of early death. The second study found that social isolation could increase the risk of premature death more than obesity.

Some public officials have taken note. In Great Britain, the country appointed its first-ever “Minister for Loneliness” in 2018 to head up a government-led response. On this side of the Atlantic, the U.S. government is looking to expand community-based partnerships with universities, faith-based organizations and various other nonprofits to combat isolation among seniors, according to Assistant Secretary for Aging Lance Robertson.

Big strides are also taking place among health care companies. CVS Health has made a priority of connecting people, in part at its MinuteClinics and growing number of HealthHUB locations. “We’ve been evaluating wellness through the lens of social determinants of health for quite some time,” says Karen Lynch, President of the Aetna Business Unit and Executive Vice President of CVS Health. “If we want to help people achieve their best health, we have to look at the whole person, not just their symptoms. That means understanding and addressing all dimensions of well-being, including mental health and social connectedness.”

MinuteClinic locations, for example, have partnered with the nationwide Age-Friendly Health Systems initiative, which is exploring new models of health care for the elderly, including screening for loneliness and social isolation. At certain HealthHUB locations, more than 20 percent of the floor space is devoted to health care services, such as wellness and personalized care, with rooms available for CVS Health professional and community partners to host group events, including health classes and group support meetings. These serve as spaces where health care consumers, young and old, can meet their health care needs and socialize at the same time.

Loneliness and isolation are especially prevalent among older adults. To address this issue, Aetna has developed a Social Isolation Index to help estimate each Medicare member's risk of social isolation. The Index, which is based on claims data and multidimensional information related to social determinants of health, helps to identify high-risk Medicare beneficiaries. They will get proactive outreach from specially trained consultants within Aetna's Resources for Living program. Consultants, who are available to all Aetna Medicare Advantage plan members and their caregivers, can refer members to local services in a wide range of areas, including some that address socialization needs, such as classes or recreational activities.

Aetna is also involved in pilot programs in three states with Meals on Wheels to provide daily hot meals and a caregiver visit to members with chronic conditions. A 2015 study showed that seniors interested in meal delivery are among those most at risk for loneliness—two in five would have little social contact without the program—and participants had lower levels of loneliness after 15 weeks in the program. "We're working to better identify socially isolated seniors and connect them with resources and support to reduce loneliness," Lynch says.

The Building Healthier Communities initiative is another program launched in 2019 by CVS Health, the CVS Health Foundation and the Aetna Foundation. It works with local partners at the neighborhood level to promote, among other goals, affordable transportation and new walkable destinations—both keys to a connected community, especially for seniors with limited mobility. "Social connectedness at the individual- and community-level may seem far removed from the health care system, but we see the effects when they are ignored. When we tackle the root cause of these issues, within the community, we can begin to deliver real change that has national impact," Lynch says.

One in five Americans feel lonely, and...



say it has hurt their health



say it has hurt their relationships



say it affects their job performance



say it leads to thoughts of self-harm

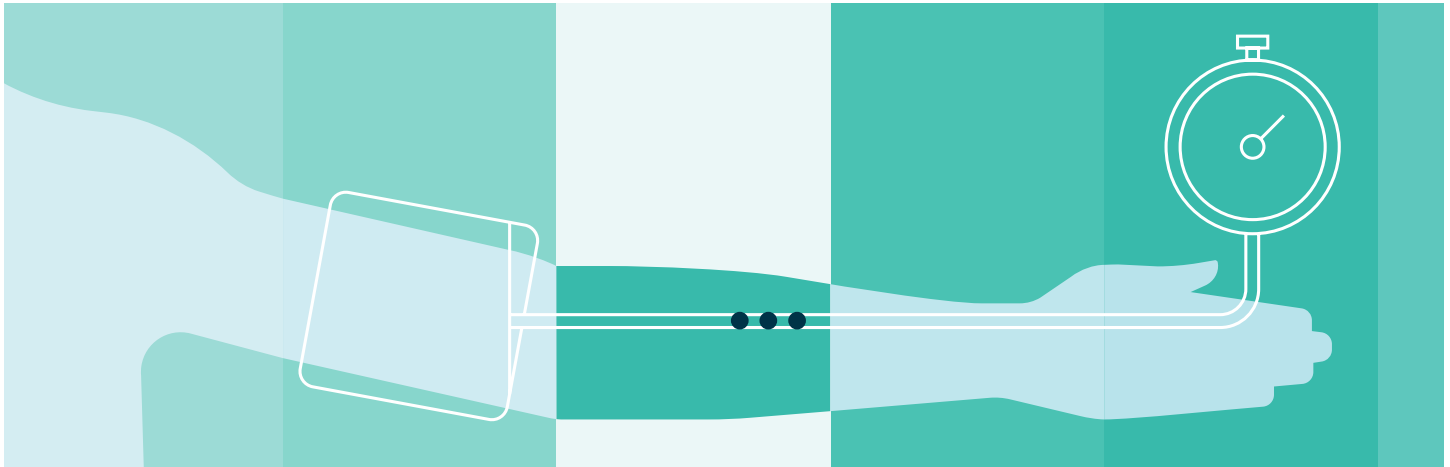


say they cope with alcohol or drugs



say they have no one to confide in

SOURCE: Kaiser Family Foundation (2018)



Rethinking the Outposts of Community Care

Residents of underserved communities can face a lifetime of poor health outcomes. Pharmacies help bridge the gap.

Nearly 40 million people in the United States have trouble putting food on the table or a roof over their heads, according to the U.S. Department of Agriculture and the U.S. Census Bureau. All too often, that economic struggle goes hand-in-hand with poorer health. Researchers at the Massachusetts Institute of Technology have recently found that the richest 1 percent of the country lives, on average, more than 10 years longer than the poorest 1 percent. As income inequality has grown over the last 15 years, so has the gap in life expectancy.

A wide body of research has tried to explain why this health gap exists, and much of it stems from how difficult it is for poorer Americans to access health care. Poorer Americans are more likely to be uninsured or underinsured, go without preventive measures or wait until an illness is severe before

seeking care. Critically, many also live in areas with far fewer hospitals and primary care physicians.

Retail points of care, such as pharmacies, are one way to fill the gap in access. “Pharmacists and pharmacies are the most readily available health care access point for most people,” says Christine Cassel, an adjunct professor of medicine at the University of California, San Francisco School of Medicine, and a past president of the National Quality Forum, a Washington, D.C.-based nonprofit. “The pharmacist has been an underutilized health care resource and that’s changing in a very meaningful way.”

“**A wide body of research has tried to explain why this health gap exists, and much of it stems from how difficult it is for poorer Americans to access health care.**”

Recent programs have pharmacists performing expanded services, including education and behavioral counseling. In a federally funded Texas-based pilot, pharmacists recruited from various locations in the area visited the homes of seniors with diabetes and hypertension, offered medication management and health education sessions and followed up

on care plans. The program’s participants reduced their blood pressure, increased their understanding of diabetes and more readily took prescribed medications.

“Together they can offer a more sustainable model to provide health care to those who need it most.”

Pharmacies also have taken the lead by offering preventive health screenings, which can help detect risks for such chronic conditions as diabetes, hypertension and heart disease—a significant part of overall preventive care. The CDC estimates that regular preventive care could save more than 100,000 lives per year, but many people cannot afford even basic screenings or cannot easily get to the facilities where they are offered at a lower cost.

“Many families in this country are still under- or uninsured and struggle to find the care they need,” says Eileen Boone, CVS Health Senior Vice President of Corporate Social Responsibility and Philanthropy. “Without regular access to care, the likelihood of chronic conditions and complications from those conditions increases. In particular, multicultural communities disproportionately suffer from many chronic conditions which, when left untreated, can be life-threatening.”

Recognizing that eight out of 10 Americans live within 10 miles of a CVS Pharmacy location, CVS Health operates Project Health, an annual campaign offering free screenings that can reach deep into underserved communities. The events are held in select CVS Pharmacy locations in the United States and Puerto Rico, and offer tests that measure blood pressure, body mass index (BMI), glucose and total cholesterol. The service is open to everyone and requires no appointment. CVS pharmacists and nurse practitioners also are available to review each person’s medications and answer questions, and can provide referrals to nearby no- or low-cost medical facilities if follow-up care is needed. “People love this program,” Boone says. “They not only get the screenings, but have a chance to sit with a CVS pharmacist or nurse practitioners to discuss their health concerns.”

Since it began 13 years ago, Project Health has delivered more than \$127 million in free health care services to 1.6

million Americans. These screenings are how an estimated one-third of attendees first become aware of a health concern or condition, Boone says. Of more than three million screenings, 42 percent found abnormal blood pressure readings, 31 percent abnormal glucose readings and 35 percent abnormal cholesterol levels. More than 87 percent of patients who attend Project Health events report following up with their primary care physician and were significantly more likely to proactively discuss their blood pressure, BMI and blood sugar levels.

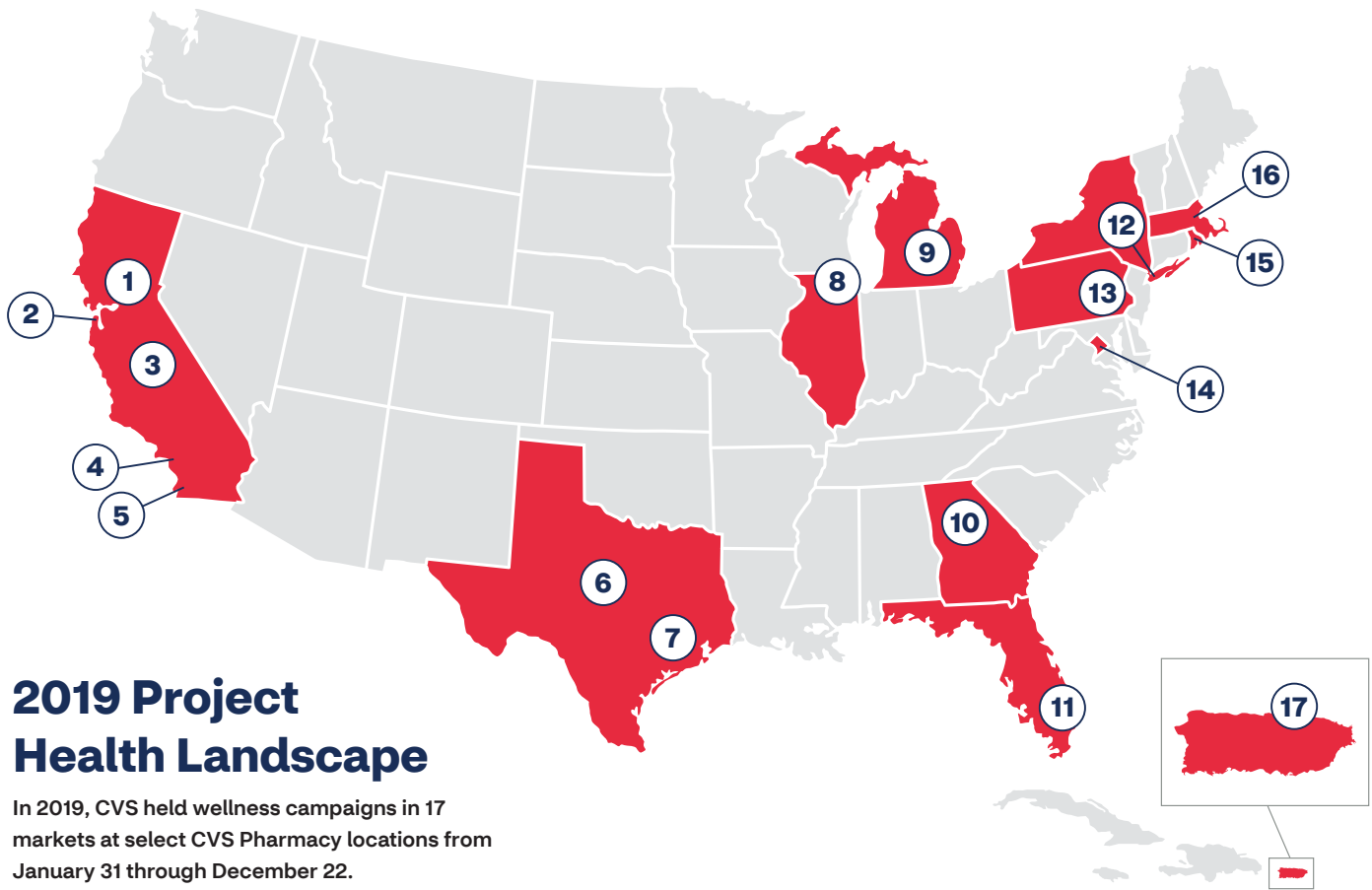
Project Health is part of CVS Health’s Building Healthier Communities initiative, through which the company and its philanthropic affiliates will give \$100 million over five years through 2023 to support critical programs and partnerships with local and national nonprofit organizations—targeting, in particular, more underserved and underinsured communities. Project Health also is adding new screening tools for participants, beyond biometric measures, to include such measures of social determinants of health as education, housing and access to fresh and healthier foods.

Of the 3.3 million total screenings since the launch of Project Health:



Ideally, corporate programs work in tandem with other community health projects, and this has been true of Project Health. A YMCA program, for instance, now refers its participants to CVS Pharmacy for free screenings. Together they can offer a more sustainable model to provide health care to those who need it most. “We must support action at the community level to help improve the health of underserved populations,” says Boone. “We do this so we can improve health outcomes in the communities we serve and lower overall health care costs.”

(See next page for infographic.)



2019 Project Health Landscape

In 2019, CVS held wellness campaigns in 17 markets at select CVS Pharmacy locations from January 31 through December 22.

**1-5. Sacramento, CA
San Francisco, CA
Fresno, CA
Los Angeles, CA
San Diego, CA**
240K
biometric screening participants

6. Dallas-Fort Worth, TX
190K
attendees since 2007

7. Houston, TX
\$13MM
worth of free medical services provided

8. Chicago, IL
202K
biometric screenings performed

9. Detroit, MI
483
events since 2010

10. Atlanta, GA
213K
biometric screenings performed

11. Miami, FL
131K
biometric screening participants

12. New York, NY
\$3.8MM
worth of free medical services provided

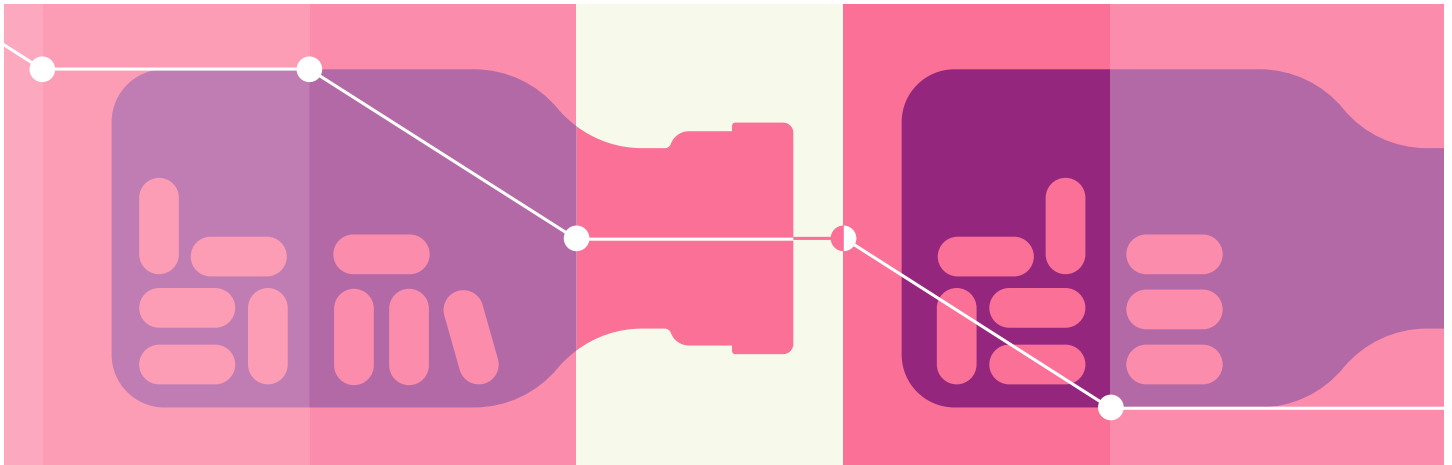
13. Philadelphia, PA
1,950
smoking cessation counseling sessions

14. Washington, DC
700
events since 2010

15. Providence, RI
4K
biometric screenings performed

16. Boston, MA
9K
biometric screenings performed

17. Puerto Rico
\$4.9MM
worth of free medical services provided



Where Cost Transparency Works

More clarity in drug costs might help consumers manage tightening health care budgets by letting them make more informed decisions.

Drug pricing is one of the most discussed topics in health care, and for good reason. Price increases for both brand name and generic medications have far exceeded the rate of inflation, and specialty drugs have shown double-digit increases over the past decade. Rising costs for certain drugs—including insulin—make headlines, and a recent national poll commissioned by CVS Health found that 79 percent of Americans are concerned about prescription drug costs and how they will affect their families' budgets.

The U.S. health care system is complex. One potential solution has been to make prices more readily available to consumers. With more transparency about out-of-pocket prices, the public can make smarter choices about their treatments and providers, just as they would when shopping for groceries or an airline ticket.

Both the public and private sectors are looking for solutions along these lines to better help patients understand potential

drug costs. It is proving to be challenging to find the best path forward, however. For example, a recent rule proposed by President Donald Trump would have forced pharmaceutical companies to publish the list price of drugs in their television ads, but it was struck down by a federal court.

“With more transparency about out-of-pocket prices, the public can make smarter choices about their treatments and providers, just as they would when shopping for groceries or an airline ticket.”

It would be more helpful, however, for patients to know their real costs when discussing a new medication with their physicians. Without this information, patients sometimes receive a treatment plan that is financially burdensome, which can lead to serious health consequences. An estimated one-third of the prescriptions are never filled, and unexpected costs contribute to that figure, even though most people would ask for a lower-cost alternative instead of forgoing treatment if they had the option, according to the CVS Health study.

CVS Caremark, the pharmacy benefit management business of CVS Health, has led the way in launching a number of tools to help consumers clarify out-of-pocket costs. Known as the Real-Time Benefits program, these tools can be accessed online, by mobile app, at the pharmacy counter or, most critically, at the time of prescribing. In fact, the program is accessible via the electronic health records (EHRs) for physicians of CVS Caremark members, allowing a physician to check within seconds if the drug they are prescribing is covered for their patient. The database also identifies up to five lower-cost, clinically appropriate alternatives or therapeutically equivalent generics that are specific to the member's formulary and pharmacy benefit plan.

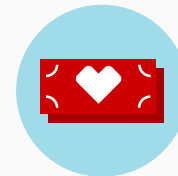
CVS Caremark currently has almost 180,000 prescribing physicians using Real-Time Benefits within their EHRs. This figure is expected to grow to 200,000 prescribers by the end of 2020, and further double to 400,000 by the end of 2021.

Federal programs have recently chosen to follow suit. In May 2019, the Centers for Medicare & Medicaid Services (CMS) announced a rule that Medicare Part D plans had to adopt tools that would provide clinicians with out-of-pocket costs for prescription drugs at the time a prescription is written, which CMS Administrator Seema Verma says would "ensure that pharmaceutical companies have to compete on the basis of price."

"Our program not only improves the prescriber-member experience, but also results in fewer claim rejections at the pharmacy and helps get more affordable drugs to the member faster," says Deric Rice, President of CVS Caremark and Executive Vice President, CVS Health. The program is also having a positive effect on members' health. A study of member claims data by CVS Health found that the program has demonstrated a 14 percent improvement in primary adherence for patients whose original prescription was not covered on the patient's formulary, compared to a control group without Real-Time Benefits. "Our hard work has had real impact," Rice says.

How More Transparent Costs Can Help

Conversations at point of care can help patients understand and plan for drug prices.



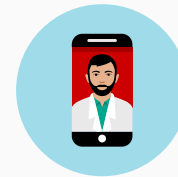
24%

of Americans find it hard to afford prescriptions, and...



29%

of those skipped doses because of cost.



41%

of Americans ask doctors about cheaper alternatives, and...



35%

of those with CVS Real-Time Benefits got help moving to on-plan or lower-cost drugs.

SOURCE: Kaiser Family Foundation (2019)



More Scrutiny in the Self-Care Market

Interest in wellness products is heating up. So is the consumer need for clarity about what these products actually contain.

Americans are taking control of their own health as never before, spending more than ever on fitness, personal care and healthy eating. Part of that trend includes a wider use of dietary supplements, now part of a daily routine for about three-quarters of U.S. consumers. The global market for these products is expected to top \$57 billion by 2021, almost double its size from only 10 years before, according to the *Nutrition Business Journal*.

But consumers have concerns about these products. A recent study on three memory supplements found that two of them did not contain the listed active ingredient. Another study found that among popular brands of Vitamin E, some had only 60 percent of the dose marked on the bottles, while others had more than 150 percent.

Manufacturers can test their supplements with third-party organizations, such as the U.S. Pharmacopeia (USP) and the National Safety Foundation (NSF). These organizations screen

for measures of quality and safety and validate that the product matches what is on the label. Unless consumers know to look for those certifications, however, they stand a chance of buying something that hasn't been held to these standards.

Retailers can help. In 2019 CVS Pharmacy rolled out its Tested to Be Trusted program, a first-in-the-industry initiative that requires supplements sold by the company in stores and online—some 1,400 products—to undergo third-party testing, either with USP, NSF or another independent third-party testing company approved by CVS. CVS Pharmacy's requirement of third-party testing of vitamins and supplements underscores its commitment to being a trusted retailer and health partner where consumers can shop for proactive wellness solutions with confidence.

Some of the products the company has tested since the program was announced did not pass initial testing. Most of the failures were due to inaccurate claims on the label—for example, not having enough of any stated ingredient in the supplement panel. Any product that failed testing was pulled from shelves and remanufactured or had the label updated to match product testing results.

This program is just the latest showing that health care retailers can play a critical role in informing the consumer. Tested to Be Trusted echoes other programs from CVS Health, including a move to discontinue sunblock products with SPF less than 15. The company also reformulated 600 store-brand products to remove chemicals such as parabens, phthalates and formaldehyde donors.

(See next page for infographic.)

Tested for What

The CVS Tested to Be Trusted program looks for a range of quality measures, adulterants and contaminants.



Chemicals

Chemical testing is conducted to verify the content of claimed ingredients.



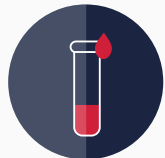
Caffeine

Caffeine is an ingredient of risk that can be in a number of products, including pre-workout, energy and weight loss products.



Protein

Protein is commonly tested by verifying nitrogen levels.



Heavy Metals

Heavy metals testing looks for arsenic, cadmium, chromium, lead and mercury.



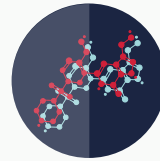
PCB/Dioxins

These contaminants are commonly found in products containing fish.



Banned Substances

Certain supplement categories or ingredients are at a higher risk of banned substances, including stimulants, steroids, narcotics, masking agents and other items.



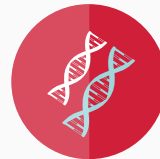
PDE5 Inhibitors

PDE5 inhibitors are the active drugs found in Viagra, Cialis and Levitra. Male enhancement products are often adulterated with these ingredients.



Pesticides

Supplements containing herbal ingredients are screened for pesticides.



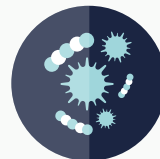
DNA

Using next-generation DNA sequencing, products with herbal ingredients are tested to verify the presence of the species claimed to be in the product.



Stimulants

Like caffeine, some product categories, including weight loss products, have a high risk of being spiked with illegal stimulants.



Microbes

Tests screen for product safety and compliance against harmful levels of pathogens, such as *Campylobacter*, *Salmonella*, *E. coli* and *Listeria*.

SOURCE: Courtesy of CVS Health

Conclusion

The direction of health care is no longer a topic limited to a few industry leaders. It has become a national conversation, especially as Americans prepare to head to the polls in November. The trends at play are important not only to those wealthy enough to afford the latest advances, but also to the traditionally underserved. These forces will shape the professions in the front line of hospitals and clinics and also every organization that helps to coordinate and support consumer wellness.

CVS Health now touches nearly every point in that health care cycle, from the preventive care of a daily supplement to urgent care and the management of a chronic condition. It is our responsibility to learn from our unique vantage in the industry, and plan for the road ahead. Together, we can make the health care delivery ecosystem smarter, more efficient and better for consumers.