

Effect of Medicare Part D and insurance type on Medicare beneficiary access to prescription medication and use of prescription cost-saving measures

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Abstract

Objectives: To examine how prescription drug access and use of prescription cost-saving measures changed after Medicare Part D was implemented and to determine their predictors in Medicare beneficiaries with different insurance types.

Design: Repeated cross-sectional study.

Setting: United States in 2005 and 2007.

Patients: Medicare beneficiaries aged 65 years or older (n = 1,220 in 2005 and n = 1,024 in 2007).

Intervention: Web-based surveys using nonprobability samples.

Main outcome measures: Access to prescription drugs and use of seven cost-saving measures.

Results: Significantly fewer participants stopped taking a prescription because of cost, applied to an assistance program, received free prescription samples, and had limited prescription access in 2007 compared with 2005. Use of cost-saving measures by Medicare Part D patients was more comparable with that by uninsured participants than patients with employer-based drug coverage. One-third of all participants and almost one-half of Medicare Part D participants had requested a less expensive prescription. Among those participants, 70% received a less expensive prescription and most thought it worked about the same as the more expensive prescription.

Conclusion: Prescription drug access and use of cost-saving measures improved somewhat following the implementation of Medicare Part D, but some access problems continued to exist for Part D participants. Requests for less expensive prescriptions were common and frequently resulted in satisfactory switches.

Keywords: Medicare Part D, drug costs and expenditures, medication access, elderly.

J Am Pharm Assoc. 2011 51:72–81.
doi: 10.1331/ APhA.2011.09239

Received December 23, 2009, and in revised form June 4, 2010. Accepted for publication June 4, 2010.

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Disclosure: The authors declare no conflicts of interest or financial interests in an product or service mentioned in this article, including grants, employment, gifts, stock options, or honoraria.

Acknowledgment: To Harris Interactive for assistance with data collection for the project.

Funding: Supported in part by an American Pharmacists Association and Centers for Education and Research on Therapeutics cooperative agreement U1- SO1 094. Funding for the baseline survey was provided by the University of Iowa Center for Improving Medication Use in the Community.

Previous presentation: American Pharmacists Association AP A Annual Meeting, San Diego, CA, March 14–15, 2009; AP A Annual Meeting, San Antonio, TX, April 3–5, 2009; and Centers for Education and Research on Therapeutics Government Dashboard, Baltimore, MD, June 3, 2009.

Prescription medications have become an increasingly important and expensive component of health care. Insurance coverage for prescription drugs helps patients afford prescription drug therapy, and differences in access to prescription medication therapy between individuals with and without prescription drug insurance have been previously documented.¹⁻³ Implementation of the Medicare Part D drug benefit in 2006 decreased the percent of Medicare beneficiaries without prescription drug insurance from 27%⁴ to estimates of less than 10%.⁵ This increase in drug coverage should have improved access to prescription medications, but patient out-of-pocket costs may have resulted in continued access problems. The design of Medicare Part D contributes to this concern. The standard benefit in Medicare Part D includes a deductible and a coverage gap or "doughnut hole" in which people who exceed a set level of drug expenditures must pay the full cost of their prescription drugs until they reach the point of catastrophic coverage.⁶ In 2007, the deductible was \$265 and the coverage gap started after \$2,400 in total drug costs. Catastrophic cov-

erage did not start until \$5,451 in total drug costs.⁶ The other main source of prescription drug insurance for Medicare beneficiaries is employer-based, mostly retiree coverage.⁶ Both Medicare Part D and employer-based prescription drug plans included patient cost-sharing features such as deductibles, coinsurance, and tiered copayments that also may contribute to access problems.

Individuals who experience difficulty paying for medications may use various cost-saving measures. One option is to alter patients' use of a prescribed medication by not filling a new medication, discontinuing an existing medication, or skipping doses. This cost-related nonadherence could affect clinical outcomes negatively. Another option is finding a less expensive source for medications. The two lower cost sources examined in this study were requesting free prescription samples and applying to a pharmaceutical manufacturer or state assistance program. Finally, patients could switch to a different, less expensive medication, either a generic equivalent or a less expensive therapeutically similar brand-name medication. Most switches to a generic equivalent can be done at the pharmacy, but switches to a therapeutically similar medication require physician approval. Previous research has shown wide variation in the use of these cost-saving measures among Medicare beneficiaries older than 65 years, with cost-related nonadherence being the most widely studied type of cost-saving measure.⁷⁻¹¹

Some previous research on the effect of Medicare Part D on prescription use and selected cost-saving measures has appeared,^{7,9,12} but the one longitudinal study reporting the effect of Medicare Part D on medication access did not control for insurance type⁷ and recent comparisons in the use of prescription drug cost-saving measures among Medicare beneficiaries with different types of coverage are lacking.

Objectives

The first objective was to examine how prescription medication access and use of cost-saving measures changed following the implementation of Medicare Part D. We also sought to examine factors affecting prescription medication access and use of cost-saving measures among Medicare beneficiaries with Medicare Part D coverage, employer-based prescription drug coverage, and no prescription drug coverage.

Methods

The study had a repeated cross-sectional design with a pre-Medicare Part D baseline survey and a post-Medicare Part D follow-up survey. A subset of relevant survey questions appears in Appendix 1 (electronic version of this article, available online at www.apha.org). The study was approved by the University of Iowa Institutional Review Board.

The target population was U.S. residents at least 65 years of age who were enrolled in Medicare. Harris Interactive maintains the Harris Poll Online Panel, which is a group of individuals who have agreed to be invited to participate in Web-based surveys. For this study, two nonprobability samples of English-speaking individuals aged 65 years or older who were U.S. residents and Medicare beneficiaries were recruited from

At a Glance

Synopsis: Pre- and post-Medicare Part D surveys revealed a slight improvement in access to prescription drug therapy and decreases in use of most prescription cost-savings measures among Medicare beneficiaries. Significantly less Medicare participants stopped taking a prescription because of cost, applied to an assistance program, received free prescription samples, and had limited prescription access in 2007 compared with 2005. Participants with Part D coverage were similar to the uninsured regarding use of many prescription cost-savings measures. Free medication samples were used by about one-half of participants, although most free sample use was related to convenience rather than cost. Requests for a less expensive prescription also were common, particularly among participants with Part D coverage, and frequently resulted in satisfactory switches.

Analysis: The authors recommend conducting further research to determine the clinical outcomes of Medicare beneficiaries' use of prescription cost-saving measures and exploring their use of other possible cost-saving measures (e.g., mail service pharmacies, generic drug programs). About one-quarter of Medicare Part D participants reported that they were less than very sure they could obtain a needed prescription drug in a timely fashion, as surprising given the predominant middle- to upper-income sample. Pharmacists can play an important role in helping Part D beneficiaries navigate drug switches, suggesting less expensive alternatives and possibly contacting physicians on behalf of beneficiaries. If a switch occurs, pharmacists can educate beneficiaries about the implication of the change and help monitor the transition process.

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