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Medicare Part D: Avoiding the “Donut Hole” and Cost- related Medication Nonadherence

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Alice Peck Day Memorial Hospital Lebanon, NH

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Problem Identification and Description of Need

Problem:

- Studies have shown that only ~50% of patients with chronic conditions take their medications as prescribed.
- Patient nonadherence can be due to forgetfulness, desire to avoid adverse side effects, and high costs of medications, particularly in patients with low incomes, multiple chronic health problems, and no prescription coverage.
- Attempting to reduce medication costs by taking less than prescribed dose does not allow for full therapeutic benefits, and may put patients at increased risk for declining health.
- Consequences of cost-related nonadherence (CRN) and underuse: increased ED visits, psychiatric admissions, nursing home admissions, and decreased health status.
- In patients with asthma, medication nonadherence has led to increased hospitalization rates and other adverse outcomes. Up to 88% of patients with asthma do not properly follow their inhaled medication regimen (Gamble et al., 2009).
- CRN behaviors are influenced by financial pressures and polypharmacy. However, physicians and other members of the health system may prevent these behaviors by fostering trust, prescribing cheaper medications, and providing access to prescription assistance programs.

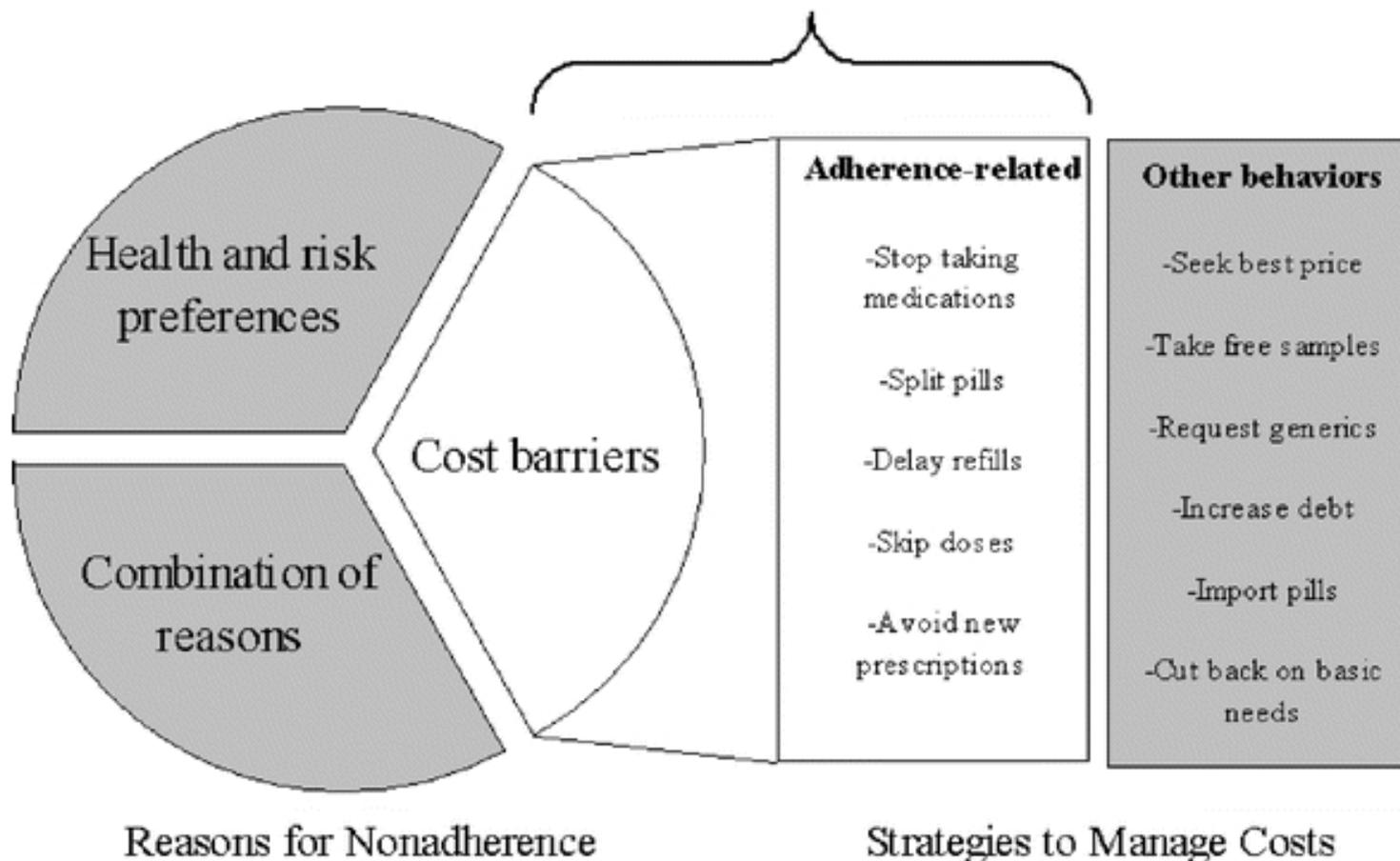
Medicare Part D Drug Plan 2015:

- 1) **Yearly Deductible:** Pay first \$320 out-of-pocket.
- 2) **Copayment:** Paid until full cost of medications + deductible = \$2,960.
- 3) **Coverage Gap (Donut Hole):** Pay 45% of brand-name and 65% of generic.
- 4) **Catastrophic:** Spend \$4,700 out-of-pocket to get out of the Donut Hole. Pay small copayment until end of year.

Medicare Part D:

- Cost-related nonadherence (CRN) has been a problem among older adults prior to Medicare Part D medication coverage, but continues to remain a significant problem with Medicare Part D (after Jan 2006). CRN ranges from 13-36% (Williams et al., 2013).
- Most Medicare Part D enrollees will pay out-of-pocket 42-69% of their total medication cost per year (Briesacher et al., 2007).
- National surveys have found that 73% of the Medicare population attempts to reduce drug costs (Briesacher et al., 2007).
- In the Coverage Gap (Joyce et al., 2013):
 - Use of High Cost Medications (antipsychotics, antiasthmatics, CNS medications) decreased by 8-12%.
 - Use of Generic Medications with lower cost (beta-blockers, ACE inhibitors, antidepressants) decreased by 3-4%.

Cost-related Nonadherence



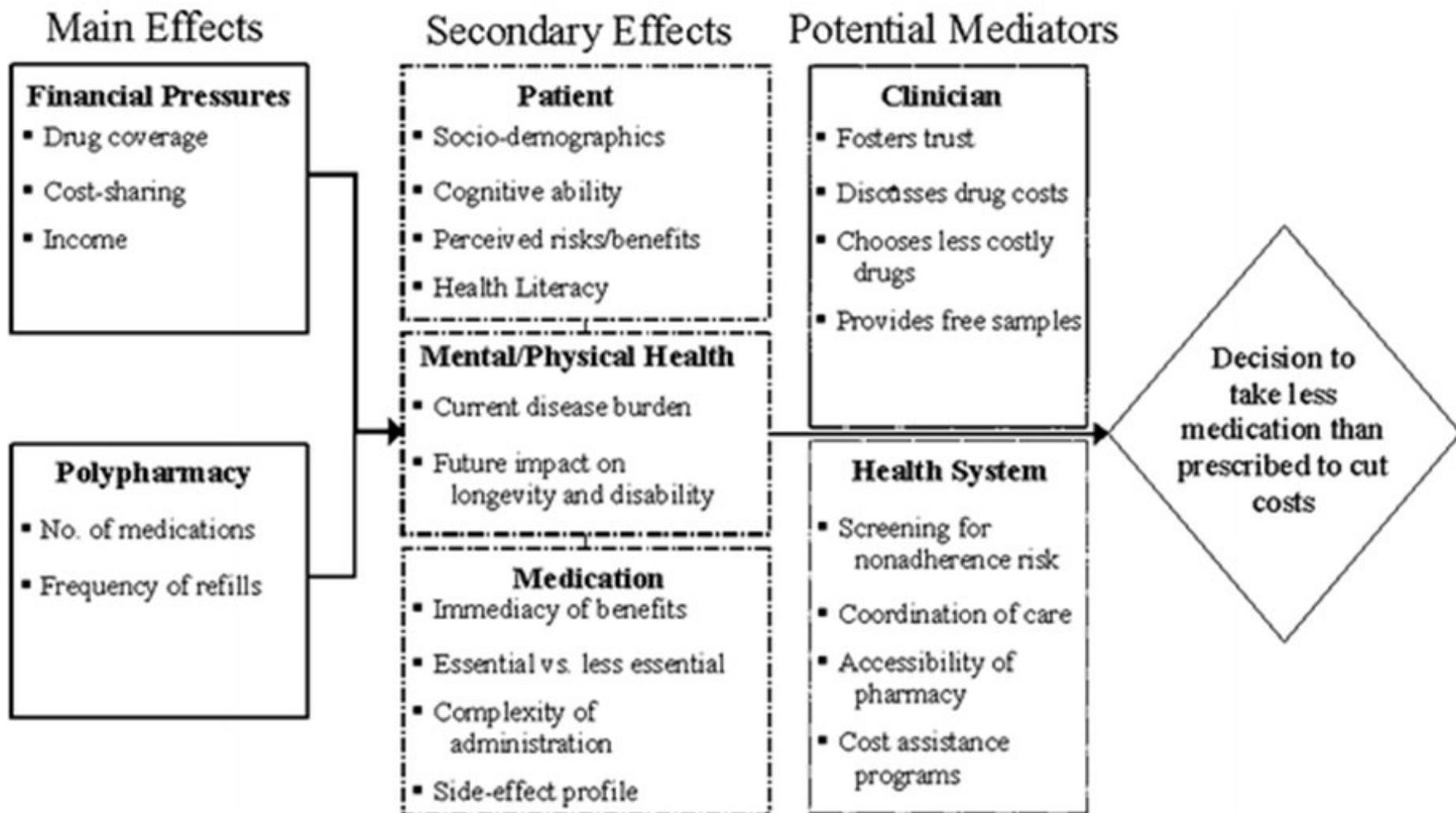
*Adapted from Cox 2001, Craig 2003, Tse ng 2004, Safan 2005

Relationship between medication nonadherence and cost-avoidance behaviors.

Image from Briesacher et al, 2007

Public health cost and unique cost considerations in host community

- **Public Health Cost:** Medication affordability is a major public health issue
 - Medication adherence is important for chronic illnesses, because nonadherence can lead to serious health problems.
- Piette et al., 2004 surveyed chronically ill adults with asthma, heart failure, and depression, as well as patients taking medications for high blood pressure, high cholesterol, and diabetes, and found that many patients underuse medications due to cost.
 - Prescription cost and coverage affected adherence to medications treating life-threatening conditions, as well as primarily symptoms.
 - However, two-thirds of older adults studied did not tell a physician about planning to underuse medication due to cost in advance, and 35% never discussed costs of medications with physicians (Piette et al., 2004).
 - Up to 11% of adults with diabetes take less of their hypoglycemic medications due to cost.
 - Up to 20% of adults with asthma cut back on asthma medications due to cost.
- **Medicare Part D:**
 - Congressional Budget projected Part D federal spending to be \$850 billion over the first 10 years.
 - Several studies from 2009-2011 found that the Coverage Gap is associated with decreased adherence to medications (Joyce et al., 2013).
 - Coverage Gap/Donut Hole disproportionately affects chronically ill on multiple medications.
 - Cost-related nonadherence is more likely to occur while patients are in the Donut Hole due to high medication cost and knowing the prescription plan will restart the next year.
- Interventions to reduce rates of cost-related medication underuse may lead to significant reductions in chronic disease morbidity at the community level.
- Unique to Alice Peck Day (APD) community, there is no social worker dedicated to working with all patients to find cheaper alternatives or medication assistance. Only patients seen by the Geriatric Team have access to a social worker.



*=Adapted from Piette 2006

Conceptual model of cost-related nonadherence of medications.

Image from Briesacher et al, 2007

Community Perspective on Issue and Support for Project

- *Name withheld*, Manager of Department of Community Health at Alice Peck Day Memorial Hospital since 2006.
 - She has been involved in helping patients get the medications they need when they cannot afford them, in addition to her current job responsibilities.
 - Currently, there is no position at APD dedicated to social work for all patients (except the Geriatrics Team) and ensuring patients get medications if they cannot afford them.
 - She has seen patients fall into the Medicare Part D Donut Hole in September-October each year. At that time, patients may stop taking medications without telling their PCP, and they think that they can wait until January when their plan starts again. However, patients who need expensive inhalers (**asthma and COPD**) come to their PCP or the hospital in the fall (Sept-Dec) when they have exacerbations, colds, or pneumonia. Patients with **diabetes** have trouble paying for insulin, and may stop using insulin until diabetes complications send them to the doctor or hospital.
 - Drug companies allow for exceptions to allow patients to continue their medications until December 31st, but it is not clear if that is the norm for Medicare Part D patients. She is also unsure which drug companies allow for those exceptions and for which medications.
 - She believes that cost-related nonadherence of medications for patients with Medicare Part D is a problem; however, it may not be a big enough problem to warrant change in the APD system, because “no one has died because they fell into the Donut Hole.”
 - She thinks that APD should have a social worker dedicated to finding affordable medications for all patients.
 - In the past, drug companies gave samples to APD, which helped patients have medications until the end of the year. However, that is no longer allowed at APD.
 - There needs to be communication between the social workers, physicians, and patients.

Community Perspective on Issue and Support for Project, cont.

- *Name withheld*, Outreach Worker at the Upper Valley Senior Center in Lebanon, NH
 - She helps connect patients to services in the community: housing, insurance, Medicare, transportation.
 - Her office is in the Senior Center, so seniors in the area find her through the Senior Center news letter, or are referred by local doctors.
 - She helps seniors enroll in Medicare Part D, choose an affordable plan, review plans yearly, and understand how the process works. Medicare is confusing to patients, and most do not understand penalties or different plan options.
 - When applying for Part D coverage, seniors receive plan comparisons and see a monthly breakdown in how much they will be spending monthly, including Total Medication Cost, Initial Coverage, Coverage Gap (Donut Hole), and Catastrophic Coverage. However, most seniors are overwhelmed by all of this information, and do not understand everything about Part D. They do not think about the Donut Hole until they are in it. They receive monthly Drug Plan Statements telling them when they will reach the Donut Hole, but most ignore the statements and throw them away.
 - The Donut Hole becomes a problem when patients are on many medications (10-15). Expensive medications include: inhalers, eye drops, skin creams, psychiatric medications (antidepressants and sleep-aids), insulin supplies for diabetes. Chronic Diseases affected include: mental health illnesses, COPD, asthma, heart disease, diabetes, skin conditions, blood pressure, and cholesterol control.
 - Patients tend to reach the Donut Hole in late summer to early fall.
- *Name withheld*, Health Insurance Specialist at Service Link Resource Center in Lebanon, NH
 - She has worked for years as a Medicare Specialist helping seniors enroll in Medicare and Part D.
 - When enrolling, She explains what the Donut Hole is and when the senior will reach it. It is a lot of information to remember, so most seniors do not worry about the Donut Hole until they reach it.
 - It is important for the physicians to be aware of their patients' insurance plans, and to prescribe the cheapest medications.
 - Expensive medications include: Multiple Sclerosis and Neurological medications, chemotherapy PO medications, inhalers, psychiatric medications, skin creams (5-FU), cholesterol, and blood pressure control.
 - Some patients may reach the Donut Hole in the first month (MS medications).

Intervention and Methodology

- **Discovered Issue:**

- There seems to be a lack of communication between the Social Workers, Outreach Workers, or Health Insurance Specialists who are signing these patients up for Medicare Part D and the PCPs.
- The patients learn about the Donut Hole and what month they will reach it when they sign up for Part D, but do not tell their physicians.
- Patients also receive monthly Drug Plan Statements that tell them how close they are to reaching the Donut Hole, but generally throw these statements out and do not inform their physicians.

- **Intervention:**

- Provide Insurance Specialists at Service Link with a form to fill out for each patient who is projected to reach the Donut Hole during their meeting to enroll in Part D or to update their plan yearly.
- This form will tell the patient what month the Donut Hole is expected to be reached, and it will also tell the physician that information in advance.
- It will serve as a reminder to the patient to bring Part D enrollment information and monthly Drug Plan Statements to appointments with PCP.
- The form will provide the PCP with Social Worker contact information, and important Prescription Assistance Program websites.
- With this form, the PCP and the Social and Outreach Workers will be in communication.
- The PCP will know before the year starts when the patient is projected to reach the Donut Hole, so efforts can be made to use generic or cheaper medications, in addition to contacting pharmaceutical companies to cover medications while in the Donut Hole ahead of time.
- Physicians at APD will also be provided with this form, so that they will be encouraged to ask about cost pressures for each medication prescribed. This form will open a dialogue between patient and physician about medication concerns affecting medication adherence.
- This form will also encourage patient education about health insurance, Medicare, Part D, the Donut Hole, medications, and the importance of medication adherence.

Intervention Form: Additional Information

Information for Patient:

- What to bring to your next appointment with your PCP:
 - This form!
 - Medicare Part D enrollment information
 - Monthly Drug Plan Statements
- This information will help your PCP prescribe medications for you that are affordable to try to prevent you from reaching the Coverage Gap, and to make a plan once you have reached it.

Information for the Provider:

- This patient probably will reach the **Coverage Gap/Donut Hole in Medicare Part D**
- Make sure the patient understands what will happen in the Coverage Gap and has a plan to stay on medications during this time.
- At each visit, ask your patient if any medications have been **stopped due to cost**.
- **Your Options:**
 - Prescribe generic or cheaper alternatives to brand name medications
 - Inform your patient which medications are essential!
 - Use a **Prescription Assistance Program**:
 - www.needymeds.org
 - www.RxAssist.org
 - Contact your hospital's **Social Worker or Community Health Director**:
 - **Alice Peck Day Memorial Hospital**: 603-443-9548
 - **Dartmouth Hitchcock Medical Center**: 603-650-8399

Results/Response

Results for Providers:

- Discovered a disconnect between what Social/Outreach workers tell patients during Medicare Part D enrollment, and what they remember and tell their physicians.
- Since the month in which patients will fall into the Donut Hole is projected at the time of enrollment, this information will be valuable to physicians so that they can develop alternative strategies to cover costs of medications while in the Donut Hole or try cheaper alternatives/generic medications to ensure medication adherence.

Results for Patients:

- By asking patients if cost is a barrier to medication adherence, we are identifying a significant reason as to why patients are not taking their prescription medications, particularly at the end of each year.
- Patients usually do not say that they are not taking medications due to cost unless specifically asked.
- Medication adherence will hopefully increase as a result of providing cheaper alternatives or avoiding the Part D Donut Hole.
- Patients will be educated about the importance of medication adherence while in the Donut Hole.

Evaluation of effectiveness and limitations

Evaluation of Effectiveness:

- Effectiveness could be evaluated based on how many people turn in the form to their PCP.
- Effectiveness could also be evaluated based on how many fewer patients at APD reach the Donut Hole or stop taking their medications in 2015 compared to in previous years.
- This intervention form is a simple way to establish communication between physician offices and the Social/Outreach workers who helped the patient enroll in Medicare Part D.
- The patient will discover that there are Social/Outreach Workers and Insurance Specialists that can help with insurance questions and medication coverage, in addition to physicians.

Limitations:

- The patient has to bring the intervention form with them to PCP appointments, or it can be faxed while enrolling in Medicare.
- The PCP has to take the time to talk to the patients about insurance, medications, and cheaper alternatives.
- There is no dedicated social worker (except for the Geriatrics Team) at APD who has the job of finding affordable medications for all patients.
- Nurses, MA's, and Physicians do not always have the time to find cheap medications for patients and fill out Prescription Assistance Applications during office visits.

Recommendations for future interventions/projects

- **Establish Open Communication between Physicians and Social/Outreach Workers:**
 - This intervention form is designed to establish communication between PCP's and the workers who help patients enroll in and change Medicare Part D plans.
 - PCP's can refer their patients to the Social/Outreach Workers at the Senior Center and Service Link for help with Medicare Part D plans.
 - Social/Outreach Workers can contact PCP offices when patients come to them with problems affording medications. They do not know the indications of all medications prescribed.
- **Group Help Sessions:** for people enrolled in Medicare Part D
 - Once patients enroll in Part D, they can attend a help session to learn how to read their monthly Drug Plan Statements, develop strategies for how to afford medications when they fall into the Donut Hole, help patients learn what medications cost, and make a plan to pay for medications out-of-pocket.
 - Have patients notify PCP or a social worker when they fall into the Donut Hole and cannot afford their medications to prevent patients from stopping the medications and developing complications from cost-related nonadherence.
- **Community Health Workers:** started in urban areas to help manage chronic diseases training lay people to help patients.
 - Possibility to utilize community volunteers to help patients get to the doctor, take medications correctly, help seniors understand the Donut Hole and their Drug Plan Statement monthly.
 - Physicians can identify patients who need extra help, and connect them with a Community Health Worker.
- **Social Worker position at APD:** job dedicated to helping all patients afford their medications and prevent cost-related nonadherence and subsequent medical complications.
 - The current Social Worker for the Geriatrics Team should have her role expanded to include all patients, or at least all geriatric patients at APD on other teams and those on Medicare.

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