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## **Implementing a Screening Tool for Insurance Coverage to Improve Cost-Related Medication Nonadherence among Medicare Beneficiaries**

Jennifer Lor  
*University of Vermont*

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# Implementing a Screening Tool for Insurance Coverage to Improve Cost-Related Medication Nonadherence among Medicare Beneficiaries

JENNIFER LOR

CVMC FAMILY MEDICINE IN WATERBURY, VT

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# Problem Identification

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Medication nonadherence, defined as “not taking medications following providers’ recommendations,”<sup>1</sup> can be due to various factors.

- Cost has been identified as a major contributing factor to nonadherence.<sup>1</sup>
- Cost-related nonadherence (CRN) may include behaviors such as, skipping doses or taking smaller doses than prescribed.<sup>2</sup>

Medication nonadherence is common among patients with chronic conditions and is associated with increased healthcare utilization and adverse outcomes.<sup>1,3</sup>

Approximately 13.4% of Medicare beneficiaries report cost-related medication nonadherence.<sup>4,5</sup>

# Public Health Cost

Poor medication adherence is associated with increased morbidity and mortality and increased healthcare utilization.<sup>1,3</sup>

Between \$100-300 billion of avoidable health care costs attributed to nonadherence in US annual (3-10% of total US healthcare costs).<sup>3</sup>

If Medicare beneficiaries who were nonadherent became adherent, this could decrease annual inpatient hospital days and ED visits, resulting in thousands of dollars in savings annually per person.<sup>6</sup>

- Ex. For HTN, estimated \$5824 annually per person, or \$13.7 billion total.<sup>6</sup>

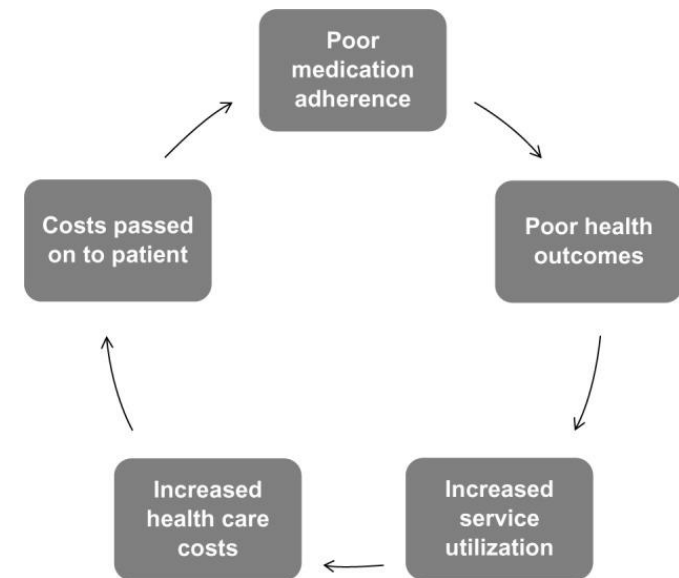


Figure 1. “Conceptual diagram displaying a mechanism that may contribute to the maintenance of the medication nonadherence problem within the US health care system.” (Iuga 2014).

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3934668/>

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# Community Perspective

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Dorothy Robinson, MSW

- Regarding common questions about medical insurance she receives from patients, “Most people don’t understand what they’ve purchased and what their insurance covers until they need to use it.”
- “Traditional Medicare covers 80% [of costs]...out of pocket the remaining 20%. [Medicare Advantage plans] talk about not having to pay a premium, but have more coverage, vision and dental included. Patients do not read the fine print...you must pay out of pocket every time you walk into a medical office. A supplemental plan would have covered that 20% [with Traditional Medicare]. [Patients] are often disappointed with Medicare Advantage plans. There’s no control over Part D embedded in a Medicare advantage plan.” (Note: Medicare Advantage plans are offered by private insurance companies.)
- When asked about whether patients return annually for each Medicare enrollment period, she said, “It’s worth re-assessing, especially regarding part D plans.”
- “[Private insurance companies] count on you not going back and changing your plan every year. Every year, the plan will go up, and they hope you don’t change it because it’s too daunting. They don’t offer any benefit for being a long-term member. But people don’t want to shop around.”

Justin Karlitz-Grodin, MD

- When asked about a screening tool for insurance coverage, he said such a tool could be administered in a way “similar to the PHQ2 screening [dot phrase] our nurses use...”

**Prescription Medications and What to Consider When Enrolling in Medicare or Changing Medicare Plans**

The Annual Enrollment Period for Medicare Advantage and Part D plans runs from October 15 through December 7. Special Enrollment Periods for Part D = 63 days after employer/union or Veteran's Administration coverage ends, or when the employment ends (whichever is first); or if you receive Extra Help (see bullet below) among other certain events (See Medicare.gov for more info.)

- See if you qualify to receive **Medicare's Extra Help/Part D Low-Income Subsidy** for help paying for prescription drugs.

**What's the difference between Medicare Part D and Medicare Advantage plans?**

Original Medicare is a governmental plan, and you can join a separate Medicare drug plan to get drug coverage (Medicare Part D). Medicare Advantage is a private plan, and Medicare drug coverage (Part D) is included in most "bundled" plans.

**Note!** Some Medicare Advantage plans have affordable premiums, but be sure to consider all associated costs when choosing a plan.

**Get assistance** with applying and choosing a plan that's best for your needs. You can speak with a counselor/Medicare expert:

- Central Vermont Council on Aging  
802-477-1364
- Vermont Age Well offers Medicare classes. You can also contact Vermont's State Health Insurance Assistance Program (SHIP) for assistance with selecting a plan.  
800-642-5119

**Consider these factors** when deciding what plan to choose:

- Is there a deductible? How much is the premium?
- What medications are you currently taking? Does this plan cover your medications? How much would these drugs cost with this plan?
- Is your pharmacy in the plan's network?
- Can you use a mail-order pharmacy?

**Are you already enrolled in Medicare and need help paying for medications?**

University of Vermont Medical Center Health Assistance Program (HAP)

- Can help clients who qualify financially access medications
- You need to meet income guidelines and provide income documentation and complete intake before HAP can assist you
- Call HAP at 802-847-6984 or email [help@healthassistanceprogram@UVMhealth.org](mailto:help@healthassistanceprogram@UVMhealth.org)

NeedyMeds.org

- Use NeedyMeds drug discount card to save on medications
- Search Diagnosis-Based Assistance database for programs that help with cost associated with specific diagnoses
- Find coupons and other manufacturer offers in Coupons, Rebates, & More database

Figure 2. Initial draft of flyer intervention.

# Intervention and Methodology

Initial idea: administer flyers to patients identified in clinic as having CRN, which would include information on Medicare enrollment and resources to help pay for medications

Final idea: screening tool for insurance coverage, used for every Medicare patient at their annual Medicare wellness visit

This screening tool could be implemented as a "dot phrase" in the Epic EMR system that clinicians or intake nurses could use. This intervention would include the following questions:

- Do you have any concerns or questions about health insurance coverage?
- Would you like additional information or want to talk to someone about insurance coverage?
- Would you like to talk to a social worker today or have them contact you at a later date/time?

# Results

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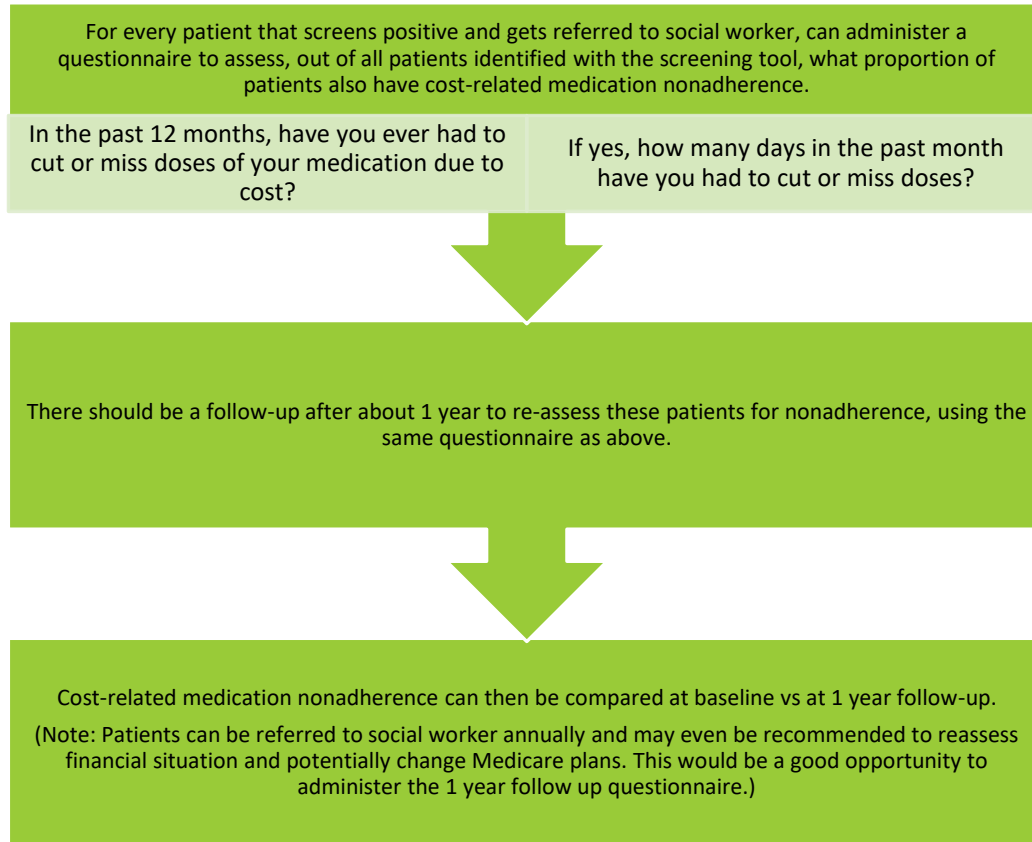
From interview with Dorothy Robinson, MSW:

- Flyer had “too much information...could overwhelm patients and then they shut down.”
- However, a screening tool like the one proposed in this project “has never been implemented [in our system],” and there is not already a “template or dot phrase for it.”

From interview with Dr. Karlitz-Grodin, MD:

- This screening tool would be inexpensive and easy to administer, which are “some of the qualities of an effective screening test.”

# Evaluation of effectiveness and Limitations



Limitations may include:

- Limited personnel and availability
  - There is only one social worker working at our clinical site on a given day. Our social worker also covers other clinical sites in the CVMC network.
- Other financial or social barriers that impact medication adherence
  - Aside from insurance premiums or co-pays, there can be other factors in a patient's life that makes affording their medications difficult, such as food, housing, etc.

Figure 3. Outline for evaluating effectiveness of screening tool.



# Future Interventions

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- The screening tool proposed in this project asks broad questions regarding insurance coverage that make it a suitable tool to administer at all annual physical/wellness visits, not just Medicare wellness visits. While this project focuses on medication nonadherence among Medicare beneficiaries, insurance coverage can be an issue for any patient.
- There is a “Care Gaps” section in a patient’s chart on Epic that helps clinicians organize various health items, such as immunizations and cancer screenings, and their “due dates.” An item could be added to this section, with the due date being the year a patient turns age 65: Education on Medicare. This item would require that a patient attend a class on Medicare to help prepare them should they choose to enroll in a Medicare plan that year.
  - The Vermont Councils on Aging offer these types of classes, which can be attended online via Zoom or in person.

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