Medicare Part D:

Helping Seniors in
the Donut Hole

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Disclosures

I have no financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

Objectives

- Become familiar with Medicare Part D history and terminology

- Recognize the challenges Medicare Part D patients encounter

- Discuss potential solutions to the complexities of Medicare Part D

- Describe HRSA and HRSA resources

- Apply knowledge to patient cases

Understanding Medicare

ABCs of Medicare

- Medicare
  - <u>Part A</u> – covers hospitalization services
    - No monthly premium
    - Administered by the federal government

  - <u>Part B</u> – covers outpatient services, DME, etc
    - Monthly premium
    - Administered by the federal government

ABCs of Medicare

- Medicare
  - <u>Part C</u> – Medicare Managed Care plans or Medicare Advantage
    - +/- Monthly premium
    - Administered by private HMOs and PPOs

  - <u>Part D</u> – prescription coverage
    - Monthly premium
    - Administered by private insurance companies

Insurance Terminology

- Premium
  - Payment for insurance, typically monthly

- Deductible
  - Initial amount a patient must pay before costs are covered by the insurance company

- Co-Pay
  - Amount the patient pays for medications after the deductible is met

History of Medicare Part D

- Social Security Act of 1965
  - Medicare

- Medicare Modernization Act of 2003
  - Prescription benefits

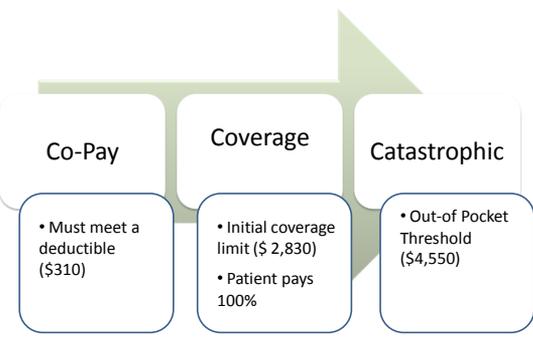- Began January 2006

Medicare Part D

- Eligibility

  1. > 65 years old

  2. Disabled with social security benefits
     - Must wait 2 years unless they have a qualifying disease or Medicaid
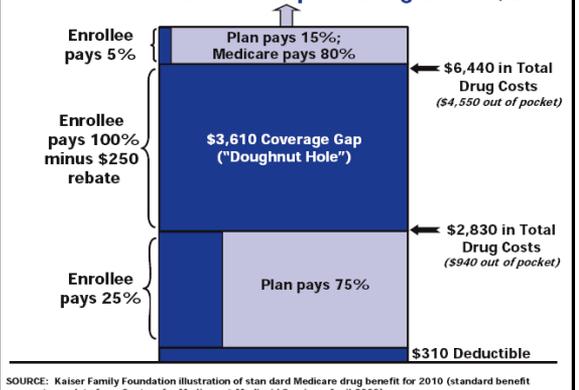
  3. Kidney failure (dialysis or transplant)

Medicare Part D

- Enrollment

  Initial
  - 7 month window

  Annual
  - November 15-December 31
  - Switch plans

  Late enrollment
  - Penalty – 1% of average premium per month
  - Exception – "credible coverage" or low-income

Stages of Part D Plans

Co-Pay
- Must meet a deductible ($310)

Coverage
- Initial coverage limit ($ 2,830)
- Patient pays 100%

Catastrophic
- Out-of Pocket Threshold ($4,550)

Standard Medicare Prescription Drug Benefit, 2010

Enrollee pays 5% | Plan pays 15%; Medicare pays 80% | $6,440 in Total Drug Costs ($4,550 out of pocket)

Enrollee pays 100% minus $250 rebate | $3,610 Coverage Gap ("Doughnut Hole")

$2,830 in Total Drug Costs ($940 out of pocket)

Enrollee pays 25% | Plan pays 75%

$310 Deductible

SOURCE: Kaiser Family Foundation illustration of stan dard Medicare drug benefit for 2010 (standard benefit parameter update from Centers for Medicare & Medicaid Services, April 2009).

Healthcare Reform

- 2010
  - One time, tax-free, $250 refund
  - Can expect 45 days after entering coverage gap

- 2011
  - 50% discount on brand-name medications
  - Deductible, Out-of-Pocket cut off = unchanged
  - Initial coverage limit = increased to $2,840

- 2020
  - No Donut Hole?

Medication Coverage

- Must offer ≥ 2 or meds from each therapeutic class

- 6 classes in which all drugs must be covered:
  1. Antineoplastics
  2. HIV/AIDS medications
  3. Immunosuppressants
  4. Antipsychotics
  5. Antidepressants
  6. Anticonvulsants

Medication Exceptions

- NOT required to be covered under Part D plans:

  - Barbiturates
  - Benzodiazepines
  - Anorexia, weight loss, or weight gain products (except when used for AIDS wasting/cachexia)
  - Fertility products
  - Hair growth products

  - Cough/cold products
  - Prescription vitamins/minerals (except for prenatal)
  - Nonprescription drugs
  - Any drug covered by Medicare Part A or B

Medication Exceptions

- Part B covers:
  - Antigens
  - Injectable osteoporosis medications
  - Epoetin alfa for renal patients
  - Clotting factors
  - Immunosuppressive drugs for organ transplants
  - Chemotherapy

  - Vaccinations (except Zostavax)
  - Parenteral Nutrition
  - Insulin for pumps
  - Nebulized medications
  - Infusion medications
  - Diabetes supplies (glucometers, test strips, lancets)

Challenges for Medicare Part D Patients

Financial

- 10% choose the plan that saves them the most money

- 26% fall into the donut hole

- Patients in the donut hole typically have >5 chronic disease states (diabetes, dyslipidemia, and cardiac disease)

Pharmacist letter
Hoadley J. Kaiser Family
J Manag Care Pharm. 2007;13:142-54Foundation. 2008 August 21.

Financial

- Cost-related nonadherence (CRN) increases

- 32% underutilize medications due to cost

- 9-21% neglect basic needs to afford medications

- Inability to afford medications = increased risk of ED visits and hospitalizations

JAMA. 2004;292:952-960
JAMA. 2008;299:1922-1928
Am J Health-Syst Pharm. 2007;64:1029-1030

Polypharmacy

- Definition:
  – Use of multiple medications
  – Duplications in therapy
  – Unnecessary medications

- Medication use in the Medicare population:
  – >40% use ≥ 5 meds
  – >12% use ≥ 10 meds

Gurwitz JH et al. *JAMA*. 2003;289:1107-1116.
Cresswell KM et al. *British Medical Bulletin*. 2007;83:259-274.

Adverse Drug Events

- Increase with . . .
  – Polypharmacy
  – Chronic Disease States
  – Decreased renal/hepatic clearance

- 30% of hospitalizations are due to ADEs

- Over 27% of ADEs identified are considered preventable

Gurwitz JH et al. *JAMA*. 2003;289:1107-1116.
Cresswell KM et al. *British Medical Bulletin*. 2007;83:259-274.

Health Literacy

- Definition
  – "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions"

- Health Status Relationship
  – "stronger predictor of a person's health than age, income, employment status, education level, and race"

http://nnlm.gov/outreach/consumer/hlthlit.html

Health Literacy

- Vulnerable Populations
  – Elderly (age 65+)
  – Minority populations
  – Immigrant populations
  – Low income
  – People with chronic mental\physical health conditions

http://nnlm.gov/outreach/consumer/hlthlit.html

Solutions for Medicare Part D Patients

Help with Medications

1. Low Income Subsidy (LIS)

2. State Pharmaceutical Assistance Programs (SPAPs)

3. Patient Assistance Programs (PAPs)

4. Drug Discount Cards

5. Generics/Cheaper Alternatives

Low Income Subsidy

- aka Extra Help

- Financial assistance with Medicare Part D costs

- Eligibility

	Monthly Income ($)	Resources ($)
Married	1,821.25	25,010
Single	1,353.75	12,510

Low Income Subsidy

- Resources include:
  – bank accounts, stocks, bonds

- Resources do not include:
  – home, car, life insurance policies*, help with living expenses*

- Higher incomes may be still be eligible

Low Income Subsidy

- Provides financial help with Medicare Part D premiums, deductibles, and co-pays

- No donut hole

- Eliminates late enrollment penalty

- Patient can change Medicare Part D plan

Low Income Subsidy

- Apply anytime!
  – www.socialsecurity.gov/extrahelp

  – Call Social Security at 1-800-772-1213

  – Visit the local Social Security office

State Pharmaceutical Assistance Programs

- North Carolina HIV SPAP
  – HIV and <300% FPL
  – www.epi.state.nc.us/epi/hiv/adap.html

- North Carolina NCRx
  – Medicare and >65 years old
  – www.ncrx.gov

	Monthly Income ($)	Resources ($)
Married	2,124.75	33,139
Single	1,579.33	22,090

Patient Assistance Programs

- Administered by pharmaceutical companies

- Provide free medications

- Consider:
  - Pharmaceutical company
  - Medication
  - Patient's income

Patient Assistance Programs

Needy Meds www.needymeds.org	Rx Assist www.rxassist.org
• Search for PAPs by Drug Name or Company • Drug Coupons • Drug Discount Card • Disease-Based Assistance	

Other Assistance Programs

- Not administered through pharmaceutical companies

- Offer *discounts* on generic and brand medications

- Income is considered

Other Assistance Programs

Xubex www.xubex.com	Rx Outreach www.rxoutreach.com
• Discount Mail Order Pharmacy • Drug Discount Card • Co-Pay Assistance • Free 30-day supply	• Discount Mail Order Pharmacy

Drug Discount Cards

- Needy Meds

- Rx Assist

- Xubex

- NCDrugCard.com

- Buncombe County
  - Pick up from any County Dept

Generic/Cheaper Alternatives

- Have they tried a cheaper alternative?

- Is it on the discount list (aka $4 list)?

- Do they need the medication?

Help Navigating Resources

1. Council on Aging (COA)

2. Seniors Health Insurance Information Program (SHIIP)

3. Medication Assistance Programs (MAP)

4. 211

5. YOU!

Council on Aging

- Local organization

- Provide:
  - Resource coordination
  - Need, risk, and safety assessments
  - Home visits
  - Medicare assistance (A,B,D, LIS)
  - Senior dining and activities
  - Tax aide
  - Transportation

- www.coabc.org

- Senior Directory Link

SHIIP

- Subdivision of the Council on Aging

- Provide assistance with all things Medicare
  - Picking out a Part D plan

- www.ncshiip.com

- Link to resources and information

Medication Assistance Programs

- Assist patients with PAPs and resource coordination

- ABCCM
  - Buncombe County Residents
  - Provide Medications
  - Contact: (828) 259-5339

- Mission Hospital MAP
  - Provide medications, education, and disease management
  - <200% FPL
  - Contact: (828) 213-5549

Medication Assistance Programs

- Cherokee County Health Department
  - Murphy Office: (828) 837-7486
  - Andrews Office:(828) 321-4167
  - Cherokee County Residents Only

- Clay Comprehensive Health Services, Inc. (CHATUGE)
  - Hayesville, NC
  - (828) 389-6383

211

- Sponsored by United Way

- Community service information line

- www.211.org

- Local 211
  - www.211wnc.org
  - Serves Buncombe, Madison, Henderson, and Transylvania

You!

- Medication Reviews
  - Generics and cheaper alternatives
  - Unnecessary or duplicate therapies
  - Therapeutic interventions

- CheckMeds
  - Provide MTM services
  - Bill for services at www.getoutcomes.com

You!

- Choosing a Part D plan
  - www.medicare.gov/find-a-plan/

- Provide education
  - Medicare Part D plans
  - Medications
  - Disease States

- Referrals
  - Local organizations (COA, SHIIP, MAP, 211)

An Example:
Improving Care for
Medicare Part D Patients

Helping Patients in the Donut Hole

- Mission Medication Assistance Program
  - Expand services offered to Medicare patients

- Provide:
  - Medication Access
  - Education
  - Resource Coordination
  - Medication Reviews

Local Collaborative

- Identification of collaborating ambulatory care sites

  1. Misson Medication Assistance Program
  2. MAHEC Family Health Center
  3. Council on Aging of Buncombe County
  4. Mission Pharmacotherapy Services
  5. Mission Elder Clinic

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National Collaboration

- **HHS** — Department of Health and Human Services
- **HRSA** — Health Resources and Services Administration
- **PSPC** — Patient Safety and Clinical Pharmacy Services Collaborative

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PSPC Collaborative

- Purpose
  - "breakthrough effort to improve the quality of health care across America by integrating evidence-based clinical pharmacy services into the care and management of high-risk, high-cost, complex patients"

  - "patient-centered, inter-professional team approach"

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PSPC Collaborative

- Goals

  - Achieve optimal health outcomes

  - Eliminate adverse drug events

  - Increase clinical pharmacy services

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PSPC Collaborative

- Clinical pharmacy services:
  - Medication access services to patients

  - Patient counseling/drug information

  - Preventive care

  - Medication reconciliation

  - Provider consultation/education

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PSPC Collaborative

- Support
  - Learning Sessions

  - Team Coach

  - Monthly Phone Conferences

  - Monthly Senior Leadership Reports

  - Free Patient Education Materials
    - http://pssc.aphanet.org/fdaform.htm

Outcomes

- Adverse Drug Events (ADEs)

- Potential Adverse Drug Events (pADEs)

- Improvements in Diabetes, Hypertension, and Hyperlipidemia

Results

Event	% visits
ADEs	40%
pADEs	60%

n=58 visits

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Results

Common Causes of ADE/pADEs	% visits
Medication access	93%
Patient took differently than prescribed	88%
Multiple pharmacy use	45%
Beers List medications	29%

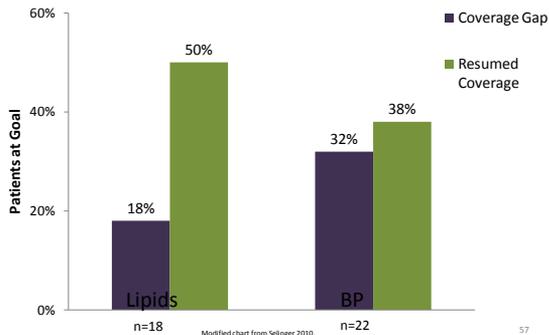n=58 visits

Modified chart from Selinger 2010.

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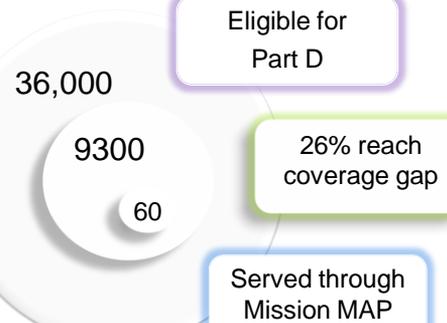## Results: Diabetes Goals
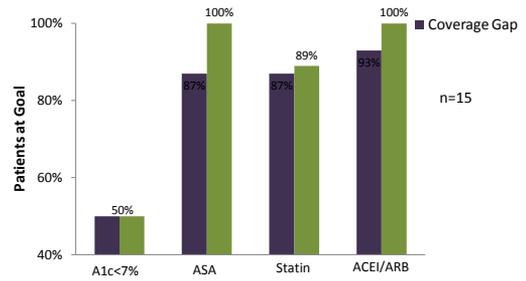
Modified chart from Selinger 2010.

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Results: Cardiovascular Goals

Modified chart from Selinger 2010.

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Eligible for Part D

36,000

9300

60

26% reach coverage gap

Served through Mission MAP

Kaiser Family Foundation
US Census Bureau. 2008

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Medicare Part D: Patient Cases

Questions

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