

The Effect of Medicare Part D and Prescription Insurance Type on Medicare Beneficiary Access to Prescription Medication and Use of Cost-Saving Measures

Background:

Prescription medications are becoming more important and increasing in price. The implementation of Medicare Part D drug benefit in 2006 decreased the percentage of Medicare beneficiaries without prescription drug insurance. Because of this increase in number of beneficiaries with prescription insurance coverage, access to prescription medications should be improved. People who have trouble affording prescription medications may rely on cost-saving measures such as free samples, stopping medication, splitting tablets, asking for less expensive medications, or applying for a state assistance program. This study examines whether Medicare Part D has changed how often these cost-saving measures are used.

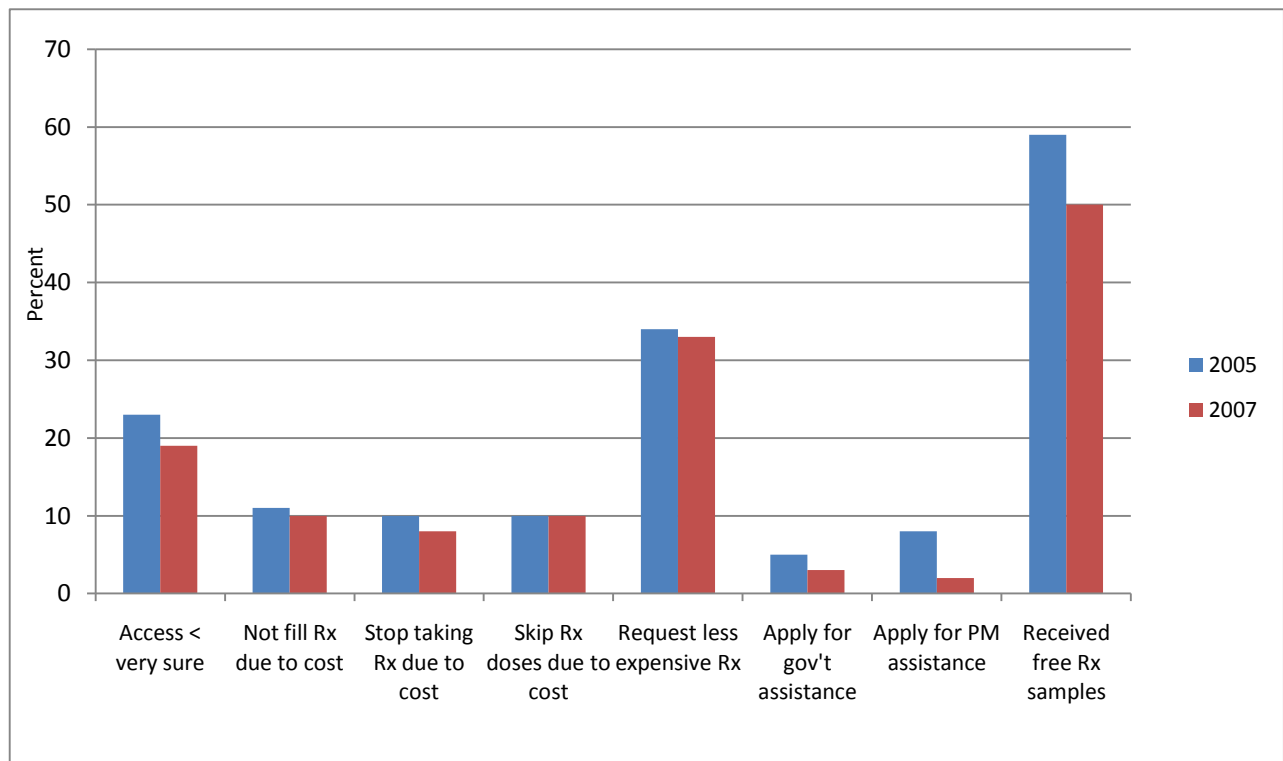
Goals of the study:

To examine whether prescription medication access and use of cost-saving measures by Medicare beneficiaries: 1) changed following implementation of Medicare Part D, and 2) varied by prescription insurance type.

Who was included in this study?

Harris Interactive® maintains a pool of people who have agreed to be invited to participate in online surveys. For this longitudinal survey, two non-probability samples of Medicare beneficiaries age 65 years or greater and residing in the U.S. were recruited from the Harris Interactive panel. Data were collected via online surveys in October 2005 (n = 1,220) and November 2007 (n = 1,026). People who took part in the baseline survey were given first priority to complete the follow-up survey.

Results: Access* and Use of Cost-Saving Measures in 2005 and 2007



*Prescription drug access: The survey question “How sure are you that you can get a prescription drug if you need one?” was measured on a 5-point scale: not at all sure, only a little sure, fairly sure, very sure, and totally sure.

Results: Access and Use of Cost-Saving Measures by Insurance Type in 2007

	Type of Prescription Insurance		
Variable	None	Part D	Employer
Access < very sure	37.1%	24.9%	8.9%
Did not fill Rx due to cost	16.9%	14.0%	5.9%
Stopped taking Rx due to cost	13.5%	11.8%	4.1%
Skipped Rx doses due to cost	16.9%	15.8%	5.9%
Requested less expensive Rx	35.6%	46.9%	27.6%
Applied for gov't assistance	6.7%	6.9%	0.5%
Applied for manuf. assistance	6.7%	5.0%	0.5%
Received free Rx samples	33.3%	52.8%	53.9%

What did we find?

- Participants with employer-based coverage were significantly less likely than the uninsured to have less-than-very-sure access and to use each of the cost-saving measures except for receiving free prescription samples.
- Participants with employer-based coverage were almost twice as likely as the uninsured to have received free samples.
- Participants with Medicare Part D were not significantly different from the uninsured in their use of each of the cost-saving measures except for receiving free prescription samples, where they were significantly more likely than the uninsured to have received them.
- Medicare Part D participants were significantly less likely than the uninsured to report they were less than very sure they could get a prescription drug if they needed one.
- Participants with higher income were less likely to report access as less than very sure, as well as people in very good or excellent health and older individuals.
- There were generally consistent patterns across the cost-saving measures of not filling a prescription due to cost, stopping a prescription due to cost, and skipping doses due to cost. Individuals in better health and with higher income were less likely to report any of these measures. Number of prescriptions, education, and age were not significant for any of them.
- Women were more likely to skip doses of a prescription due to cost, but were not significantly more likely to not fill or discontinue a prescription due to cost.
- Participants were more likely to receive free samples and to request a less expensive prescription as the number of prescriptions they used increased.
- Income did not affect people's use of free samples or requests for a less expensive prescription.
- People in better health were less likely to receive free samples or request a less expensive prescription.

Conclusions

- From 2005 to 2007, the prevalence of prescription drug insurance increased and use of most cost-saving measures decreased slightly.
- Participants with Medicare Part D coverage were more like the uninsured than participants with employer-based insurance in their use of some cost-saving measures.

The summary above is based on research by Julie M. Urmie, PhD; Amber Goedken, PharmD; Karen Farris, PhD; and William Doucette, PhD; the University of Iowa College of Pharmacy. This work was supported by an Agency for Healthcare Research and Quality (AHRQ) Centers for Education and Research on Therapeutics cooperative agreement #5 U18HSO16094 (the Iowa Older Adults CERT).