

Experts analyze benefits, opportunities and challenges of Medicare Part D

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The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Medicare Part D) added prescription drug coverage to Medicare beginning in January 2006. This has dramatically reshaped the prescription drug insurance market and has had significant effects on insurers, beneficiaries, and providers. For researchers, it has provided a rich source of research questions to examine. A special themed issue of *Research in Social and Administrative Pharmacy* analyzes the benefits, opportunities and challenges afforded by the Medicare Part D drug benefit program from different perspectives - from providers and pharmacists to patients.

Guest editors Julie M. Urmie, Ph.D., and William R. Doucette, Ph.D., both of the Department of Pharmacy Practice and Science, University of Iowa, Iowa City, have assembled a group of experts in their respective fields to provide critical insights into how [Medicare](#) Part D has impacted:

- Prescription costs
- >Use of generic drugs
- Coverage for previously uninsured Medicare beneficiaries
- Chain and independent pharmacies and pharmacists

- Reimbursement from Part D plans
- Beneficiary experiences with Medicare Part D and access to MTM (Medication Therapy Management) services

"Medicare Part D has been a rich source of research opportunities since its implementation in 2006," commented Professor Urmie and Professor Doucette. "Although researchers have made strides in understanding its impact on various constituencies, the complexity and continually evolving nature of Part D will yield many future research prospects. We hope that the articles in this theme issue of RSAP contribute a usable baseline for such future research and we look forward to seeing an abundance of future research in this area."

Two articles discuss the cost of Part D. In the first, David A. Mott and coauthors studied whether Medicare Part D had the intended effects of helping individuals with high financial burden without increasing use among individuals with low financial burden. Part D resulted in significantly increased drug use for those with the highest pre-part D out-of-pocket drug spending relative to individuals with the lowest pre-Part D drug spending burden. Significant decreases in out-of-pocket drug spending for those individuals with the highest Part D out-of-pocket spending relative to individuals with moderate and the lowest pre-Part D drug spending burden were also noted.

Beneficiaries of Medicare Part D must decide whether to enroll in a stand-alone prescription drug plan (PDP) and receive other medical coverage through the Medicare Part A and B fee-for-service benefit or to enroll in a Medicare Advantage prescription drug plan (MA-PD) providing comprehensive care. Richard R. Cline and colleagues examined factors impacting this decision. For example, individuals living in rural areas, who reported non-white ethnicity, with annual household incomes between \$25,000 and \$50,000, and who reported

knowing their current pharmacist "extremely well" were less likely to enroll in a Medicare Advantage prescription drug program. A wide variety of variables appear to be associated with Medicare Part D enrollment decisions.

Amber M. Goedken and coauthors administered online surveys to elderly [Medicare beneficiaries](#) before and after implementation of Medicare Part D to examine the cost-sharing they faced and the medications they used. They found that copayment differentials between generic and brand drugs in three-tier Part D plans were greater than in employer plans. The generic drug utilization rates of the uninsured and beneficiaries with Part D were lower than those of beneficiaries with employer coverage but similar to each other.

The next two articles examine the impact of Medicare Part D on independent and chain pharmacies. James D. Bono and Stephanie Yvonne-Crawford report on focus groups held with rural Illinois pharmacists shortly after the implementation of Medicare Part D. They explored the impact on the rural pharmacy environment, in particular looking for any similarities or differences in the perceptions of rural independent and chainstore pharmacists. The authors found that rural independent pharmacies may be more highly impacted, which in turn could jeopardize their viability in serving patients in these communities.

Su Zhang and co-authors surveyed independent pharmacies to assess their satisfaction with Medicare Part D contracts. If prevalent, low satisfaction could reduce the access of Medicare Part D beneficiaries to pharmacist services. Independent pharmacy owners' satisfaction was most influenced by equity or fairness, contending, a willingness to negotiate, generic rate bonuses and medication therapy management (MTM) payments.

Medication therapy management (MTM) is a relatively new service for

Medicare Part D beneficiaries, and MTM best practices are not established. Leticia R. Moczygema and co-authors assessed patient satisfaction with a pharmacist-provided telephone [Medicare Part D](#) MTM program. Overall, patients were satisfied with the MTM program. They indicated that they liked receiving MTM via the telephone, but would also be willing to attend a face-to-face MTM consultation.

Pharmacists are also on a learning curve with MTM services. Beth A. Martin and her colleagues developed a scale to measure community pharmacists' self-efficacy in performing medication therapy management services. The 3-factor 14-item scale can be used to measure change in self-efficacy as MTM programs expand, identify specific training interventions, and target pharmacists for inclusion in future initiatives.

More information: The special issue of Research in Social and Administrative Pharmacy, Volume 6, Issue 2, (June 2010) is available now.

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