

Part D enrollment doesn't improve outcomes after AMI

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(HealthDay)—For patients with acute myocardial infarction (AMI), enrollment in Part D by hospital discharge is not associated with improved outcomes, according to a study published online Oct. 27 in *Circulation: Cardiovascular Quality and Outcomes*.

Abhinav Goyal, M.D., from the Emory University School of Medicine in Atlanta, and colleagues describe trends in Medicare Part D enrollment in 59,149 Medicare beneficiaries discharged after AMI. After adjustment for patient and hospital factors, the authors compared 30-day and one-year outcomes (all-cause death, all-cause readmissions, and major adverse [cardiac events](#)) among Part D enrollees (49.5 percent) and non-enrollees.

The researchers found that enrollees more often had all-cause 30-day

death (4.0 versus 3.3 percent), but after multivariable adjustment this association was not statistically significant (adjusted hazard ratio, 1.06; 95 percent confidence interval, 0.97 to 1.17). The unadjusted risks for 30-day all-cause readmission or major cardiac events, and for one-year mortality, all-cause readmission, or major adverse cardiac events, were also increased for enrollees, but after multivariable adjustment these correlations were attenuated. Among Part D enrollees, secondary prevention medication adherence remained low at one year post-discharge.

"Only half of Medicare-insured patients with AMI were enrolled in Part D by [hospital discharge](#), and their 30-day and one-year adjusted outcomes did not differ substantially from non-enrollees," the authors write. "There remain opportunities for improvement in medication adherence among patients with [prescription drug coverage](#)."

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