

Study: Medicare Part D boosts medication adherence, reduces blood pressure risk

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New research from North Carolina State University shows that implementation of Medicare Part D has increased the number of people taking their prescribed medications as directed - so-called "medication adherence" - and reduced the likelihood that newly covered beneficiaries develop high blood pressure.

"These findings highlight how important healthcare access is to health outcomes," says Jeffrey Diebold, an assistant professor of public administration at NC State and author of a paper describing the work. "Given the amount of money we're paying for Part D, it's good to know there are tangible benefits.

"This is especially relevant in light of recent reforms and proposals put forth by presidential candidates, such as allowing the federal government to negotiate with drug companies on pharmaceutical prices, which would increase access to prescription coverage," Diebold says.

Medicare is designed to provide health care coverage for all U.S. citizens over the age of 65. Medicare Part D, which was implemented in 2006, expanded [prescription drug coverage](#) for Medicare beneficiaries. Prior to Part D, approximately 30 percent of Medicare beneficiaries lacked [prescription coverage](#) and had to pay for prescription drugs out of pocket. Most of these individuals are now covered under Part D, meaning that they pay less for their prescription drugs.

"The implementation of Part D should have improved [medication](#)

[adherence](#), since the drugs became more affordable," Diebold says. "I wanted to know if this happened, and whether Part D actually reduced health risks for seniors. Prior work had shown a decrease in hospitalization rates, but no one has looked at markers related to specific health outcomes."

For the study, Diebold examined data from 2000 to 2010 on 1,700 Medicare beneficiaries. Specifically, Diebold looked at self-reported health status and incidence of new high [blood pressure](#) diagnoses. High blood pressure is not a disease in itself, but significantly increases a person's risk for heart disease or stroke.

"I found a significant and sustained improvement in self-reported [health outcomes](#) after the implementation of Part D," Diebold says. "I also found a 50 percent reduction in cost-related nonadherence to drug regimens. Before implementation, 14 percent of people reported disruptions to medication adherence due to the cost of [prescription drugs](#), and that dropped to 7 percent after implementation."

In addition, according to Diebold's estimates, Part D is responsible for a 5.6 percent reduction in the prevalence of [high blood pressure](#). The reduction in new diagnoses is responsible for this improvement.

The improvements were concentrated among those newly covered beneficiaries who were continuously enrolled in a Part D plan after the establishment of the program in 2006. Many of the conditions treated with medication require continuous use of the medication in order to be effective. By remaining covered, these individuals were more likely to take their medications as directed over time, which maximized their [health](#) benefits.

"These findings highlight the need to make coverage more affordable and more comprehensive," Diebold says. "Recent provisions included in

the Affordable Care Act should improve the program along each of these dimensions and build on the improvements evident in this analysis."

More information: Jeffrey Diebold, The Effects of Medicare Part D on Health Outcomes of Newly Covered Medicare Beneficiaries, *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* (2016). [DOI: 10.1093/geronb/gbw030](https://doi.org/10.1093/geronb/gbw030)

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