Study shows little effect of increased drug costs for Medicare Part D patients with heart failure
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Moderately increasing prescription drug prices did not affect the hospitalization risk of Medicare recipients with heart failure also enrolled in Medicare Part D pharmacy plans, according to researchers at Georgia State University.

A multidisciplinary team of researchers, led by Blake McGee, assistant professor of nursing in the Georgia State Byrdine F. Lewis College of Nursing and Health Professions, found higher out-of-pocket costs for patients without supplemental Medicaid, led to a slight increase in the number and duration of hospitalizations for heart failure.

According to the study published in the October 2020 issue of Research in Social and Administrative Pharmacy, independently living Medicare Part D recipients diagnosed with heart failure were not adversely affected by small increases in heart failure prescription costs. This finding contrasts with what researchers assumed about higher drug spending, which was thought to increase the likelihood of a hospital visit. It is important because rigid adherence to heart failure drugs reduces hospitalization for the condition.

McGee accessed data from the Medicare Current Beneficiary Survey Cost and Use files for 2010-12 (the latest available for the study). The 2010-12 time frame is significant as newer, more expensive medications for treating heart failure, such as sacubitril, are now on the market. McGee selected a subset of beneficiaries to closely examine, choosing only those with diagnosed heart failure, enrolled in Medicare Part D but not in a Medicare Advantage plan and living independently, not in a health-care facility.

The study is the first known published analysis of out-of-pocket prescription drug costs for heart failure and associated hospitalization using Medicare beneficiary data. It provides valuable data for future policy negotiations in determining ideal prescription drug benefit plans for senior patients with heart failure.


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