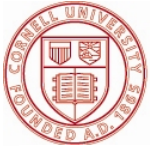


MEDICARE PART D RESEARCH FACTS

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Cornell University
College of Human Ecology

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Cornell University Resource Education
for Medicare Part D

FACT OR FALLACY ?

Since the implementation of Medicare Part D, seniors have been less likely to take their medications as prescribed.

TAKING IT ALL

Medication non-adherence occurs when patients do not take the full dose of their medications as prescribed by their healthcare provider. It is associated with a greater risk of heart attacks, stroke, and other illnesses associated with preventable hospitalizations.

When faced with economic hardship, individuals with significant medication expenses will alter behaviors in attempts to reduce their expenses. Such strategies include skipping doses, reducing doses, letting prescriptions go unfilled, and spending less on other basic needs such as food or utilities.

In a recent study, rates of non-adherence to medication regimens were examined before and after implementation of Medicare Part D. In 2004 and 2005, the prevalence of non-adherence was 15.2% and 14.1%, respectively. In the first year of Part D, this rate decreased to 11.5%.

Rates of people who relinquished basic needs in order to afford medications were similar. In 2004 this rate was 10.6% and rose to 11.1% in 2005. In 2006, it declined to 7.6%.

Consistent over all of the years, higher rates of non-adherence amongst the elderly are more closely associated with disability, poorer health status, multiple illnesses, and

lower income. Trends for spending less on basic needs are similar.

Medicare Part D represents a substantial attempt to make medications more affordable, especially for the elderly, poor and chronically ill populations. While there has been a modest but significant gain in this regard, there is still room for improvement. Yet at the same time, there may be more to this picture as data studied to this point represents only the first year of implementation – for many, a year with only partial coverage because of the extended enrollment period.

Future experience with the Medicare drug benefit may help to improve these outcomes. Beneficiary confusion arising from the complexity of the program will hopefully have subsided. Education regarding benefit structure and plan differences will help people to make better choices. Unexpected costs such as those due to a co-payment, unanticipated deductible, or donut hole costs will be better planned for in future years.



CUR_xED Cornell University Resource Education for Medicare Part D

www.CURxED.human.cornell.edu/

email: [CURxED @cornell.edu](mailto:CURxED@cornell.edu)

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