

## THE IMPACT OF MEDICARE PART D ON MEDICATION ACCESS AND CONTINUITY:

### Preliminary Findings from a National Study of Dual Eligible Psychiatric Patients

With implementation of the Medicare Part D prescription drug benefit on January 1, 2006, Medicare enrollees for the first time obtained access to a federally sponsored prescription drug benefit. There have, however, been concerns about the transition of an estimated 6.5 million Medicare and Medicaid “dual eligible” beneficiaries as they moved from Medicaid programs to automatic enrollment in Medicare Part D Prescription Drug Plans (PDPs). For the nation’s 2.5 million dual eligible patients with mental and addictive illnesses who have significantly greater medication costs and utilization, as well as higher rates of benzodiazepine and off-label prescription drug use which are not required to be covered under Medicare Part D, there was significant concern regarding this high-risk and high-cost vulnerable population.

#### Study Aims and Methods

The American Psychiatric Institute for Research and Education systematically monitored and characterized medication access and continuity among the “dual eligible” patients with mental and addictive illnesses through a large, national study conducted in 2006. The primary aims of this study were to:

- 1) Assess access to medications and the extent of any disruptions in medication continuity;
- 2) Examine whether adverse events may have resulted from medication access/continuity problems; and
- 3) Evaluate the administrative functioning and requirements of the new PDPs.

This study was conducted from January 1, 2006 through December 31, 2006 among a large, national sample of dual eligible patients treated by psychiatrists. Psychiatrists’ patients are of particular interest since psychiatrists are the primary mental health specialty clinicians licensed to prescribe psychopharmacologic medications. They treat the majority of the nation’s individuals receiving treatment for schizophrenia and others with the most severe forms of mental illnesses. In the last data collection cycle (Sept.-Dec., 2006), 1,183 psychiatrists who had participated in a previous data collection cycle and 1,600 psychiatrists newly randomly selected from the AMA Physician Masterfile were sampled. Responses were obtained from 62% of participants (N=1,156), with 63% of respondents meeting study eligibility criteria in treating at least one dual eligible patient in the last typical work week. This compares favorably to our two previous data collection cycles conducted in Jan.-April, 2006 (64% response) and May-Aug., 2006 (77% response). Preliminary findings reported here are primarily from the last data collection cycle, based on clinically detailed data the psychiatrists reported on a systematically selected sample of 994 dual eligible patients.

#### Preliminary Findings: Medication Access and Continuity Problems

**Overall, preliminary findings indicate more than half the dual eligible psychiatric patients studied had at least one problem with medication access or continuity since January 1, 2006.** These patients were not able to access medication refills or new prescriptions or they discontinued or temporarily stopped their medications as a result of the changes in the coverage and management of prescription drug benefits. **Significantly more patients with medication access problems experienced a significant adverse clinical event, such as an emergency room visit, hospitalization, homelessness, or detained/incarcerated in a jail or prison, compared to patients with no access problems (69% versus 40%).**

## Preliminary Findings: Medication Access and Continuity Problems

### **Medication Access Problems Among Dual Eligible Psychiatric Patients**

- Approximately 43% of patients could not access medication refills or new prescriptions in 2006.
- 28% were previously stable but had to switch to a different medication than clinically desired/preferred.
- Approximately 28% of the patients had problems accessing benzodiazepines.
- Approximately 25% of patients had problems accessing medications because of copayments.
- 19% could not access clinically indicated medications/doses because they were “off-label.”

### **Clinically Undesired Medication Discontinuations**

- Approximately 29% of patients had medications discontinued or temporarily stopped in 2006 due to administrative, benefit management, or coverage issues.

### **Problems with Prescription Drug Plan (PDP) Administration**

- 36% of patients studied in the Sept.-Dec. data collection cycle had prescription drug exceptions requests or appeals initiated on their behalf during this time.
- For every hour of direct patient care, psychiatrists and their staff spent 40 minutes on PDP administration.
- Medication access problems were highest for patients with “step therapy,” limits on medication number/dosing, generic requirements, and prior authorization.

### **Adverse Events Associated with Clinically Undesired Medication Disruptions and Discontinuations**

- 69% of patients with medication access problems had adverse events such as an ER visit, hospitalization, homelessness, or incarceration, compared to 40% for patients with no access problems.
- 41% of patients with medication access problems had an ER visit compared to 26% for those with no access problems.
- Adjusting for patient severity, patients with prior authorization, “step therapy,” generic requirements, or limits on the number/dosing of medications had 2 to 3 times increased likelihood of adverse events.

## Summary and Medicare Part D Policy Implications

These findings indicate significant and widespread problems in accessing medications among dual eligible psychiatric patients. High rates of medication switches, discontinuations, and inability to prescribe clinically indicated medications (even among patients previously stable on these medications), pose major risks to the wellbeing of these patients as evidenced by the high rates of adverse clinical events. Problems accessing benzodiazepines, commonly used to treat anxiety, agitation, and sleep problems in patients with schizophrenia, anxiety disorders, and other severe illnesses, presents a serious clinical problem.

Although the administrative functioning of Part D was expected to improve as enrollment transitions were addressed, reported rates of medication access problems continue to be high throughout 2006. CMS policies enacted to ensure access to protected classes of psychopharmacologic medications (including antipsychotics, antidepressants, and anticonvulsants) to safeguard psychiatric patients do not appear to be functioning as intended given high rates of problems accessing medications in these classes.

### **Several policy and programmatic changes are critically needed to protect this high-risk group:**

- 1) CMS policies to ensure access to clinically indicated psychopharmacologic medications should be strengthened to protect psychiatric patients from unintended adverse clinical consequences and costly treatment relapse.**
- 2) Current CMS policies to ensure that patients clinically stable on their medications/dosage receive Part D coverage for these medications should be enforced.**
- 3) Benzodiazepines should not be excluded from coverage as they are effective in treating serious psychiatric symptoms and improving the functioning and wellbeing of this population.**