Medicare Part D and long-term care: An updated systematic review of quantitative and qualitative evidence

Camilla B. Pimentel, MPH,[1] Kate L. Lapane, PhD,[2] Becky A. Briesacher, PhD[2]

[1]Clinical and Population Health Research Program and [2]Department of Quantitative Health Sciences, University of Massachusetts Medical School, Worcester, MA

Objective

To update the current evidence on the impact of Medicare Part D in long-term care (LTC) settings.

Background

Part D, implemented on Jan. 1, 2006, is the leading source of prescription drug coverage for nursing home residents (Briesacher et al., 2009). Previously, we conducted a systematic review of the evidence-base for Part D effects in nursing home populations and found a small body of research with data limitations that suggested early challenges and room for improvement (Pimentel et al., 2013). Since that review, several critical studies have been published with more generalizable data that may support or refute our earlier conclusions.

Methods

Data sources: PUBMED, CINAHL, Health Business Fulltext Elite, Science Citation Index Expanded and selected US government and non-profit websites

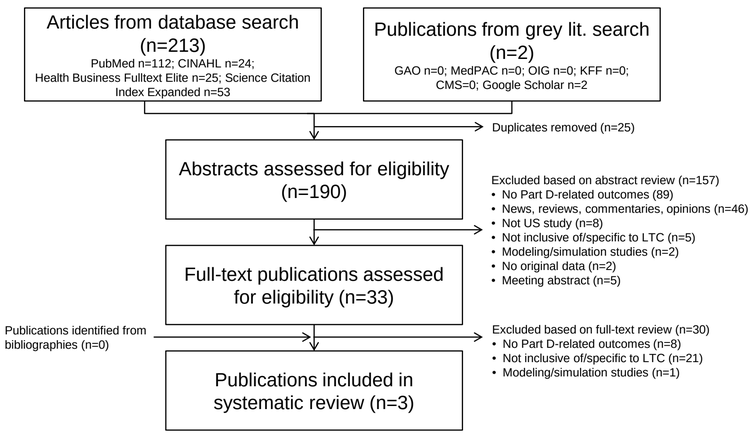
Search terms: Variants of “Medicare Part D” AND “long-term care”

Search limits: Jan. 9-Oct. 19, 2013; English

Eligibility: US-based; include or be relevant to LTC residents/settings; assess Part D-related cost, drug coverage, drug utilization, clinical and administrative outcomes

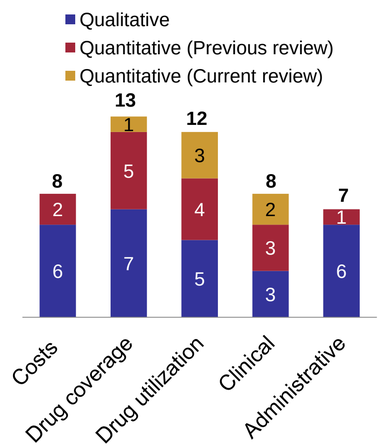
Results

We identified 3 peer-reviewed journal articles to add to our previous review of 19 studies. All 3 studies used Medicare Part D Event files and claims data, while 1 study also used linked LTC pharmacy transactions.



CMS = Centers for Medicare and Medicaid Services; **GAO** = Government Accountability Office; **KFF** = The Henry J. Kaiser Family Foundation; **MedPAC** = Medicare Payment Advisory Commission; **OIG =** Office of Inspector General

Number of studies, by outcome and study type



Summary of study findings (new study findings in bold)

Outcomes	Benefits	Challenges
Costs (Beneficiaries)	• ↓ out-of-pocket share	• co-payments incorrectly required of nursing home residents eligible for low-income subsidies
Costs (LTC Providers, Part D Plans)	--	• LTC providers absorbed co-payments ($6.30/prescription) and costs of non-formulary drugs • Part D Plans absorbed costs of unconsumed drugs
Prescription Drug Coverage	• ↑ prescription drug coverage rates • adequate coverage of vaccinations and medication overall • “safety net” policies provided access during transitions	• ↑ claim rejections due to utilization management requirements or administrative reasons • ↑ inadequate coverage of specific drugs and alternate formulations
Prescription Drug Utilization	• ↓ use of drugs bearing safety concerns when used among older adults • **LTC residents less likely than community-based beneficiaries to use a potentially inappropriate medication** • **LTC residents with Parkinson’s disease have better adherence than community-based beneficiaries**	• ↑ medication changes within drug classes for non-clinical reasons • **↑ disruptions in use (e.g., gaps) among beneficiaries facing coverage restrictions**
Clinical	• **no differences in hospitalizations or mortality among beneficiaries facing coverage restrictions**	• potential unintended consequences (e.g., ↑ hip fracture risk in states with no supplementary benzodiazepine coverage)
Administrative (LTC Providers)	--	• ↑ administrative workload • ↑ non-clinical roles

Summary

Earlier studies relied on LTC pharmacy transactions and provider interviews to compare pre- and post-Part D outcomes. Studies published after 2012 have made greater use of Medicare Part D Event data, available to researchers in late 2008.

As a consequence of the data source, the newer studies have assessed only post-Part D outcomes, including the quality of the prescription drug use and clinical outcomes among beneficiaries in this setting.

Conclusion

The empirical evidence of Part D’s impact on LTC is sparse, but the growing body of literature supports our earlier conclusion that there is room for improvement. Our previous review found decreased use of non-essential medications, and new evidence further indicate good quality of medication use among Part D beneficiaries in LTC. However, recent studies do not clarify Part D’s uncertain clinical impact.

References

Briesacher BA, Soumerai SB, Field TS, et al. Nursing home residents and enrollment in Medicare Part D. *J Am Geriatr Soc* 2009;57(10):1902-7.

Pimentel CB, Lapane KL, Briesacher BA. Medicare Part D and long-term care: A systematic review of quantitative and qualitative evidence. *Drugs Aging* 2013;30:701-20.

For a list of studies in this review, please contact the authors at Camilla.Pimentel@umassmed.edu or scan the QR code.