ELDERS' BEHAVIORS AND ATTITUDES REGARDING THE COST OF PRESCRIPTION MEDICATIONS

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Abstract

The past six years have dramatically reshaped the landscape for elders in the United States regarding health care, particularly changes in medication reimbursement. Between Medicare Part D, Medicare supplemental insurance, managed care panels and formularies and the most recent Patient Protection and Affordable Care Act, elders have had to understand and participate in new plans and policies that continue to change and evolve each year. The impact of all these changes on low-income, moderate-income, and upper-income elders, differ. Few studies exist that examine the behaviors of elders, their beliefs regarding prescription affordability, and the role of the physician in understanding and discussing the cost of prescriptions among older adults. This study examined the behaviors and attitudes regarding the cost of prescription medications of 112 independent elders participating in three different senior centers in southern Michigan. Results were compared with the limited studies of similar populations over the past ten years. Discussion and recommendations focus on improving communication between elders and physicians and strategies to consider regarding prescribing by providers to address some of these concerns.

Keywords: Elders, Senior Citizens, Aging, Medication, Prescriptions, Physician, Medicare, United States, Affordability

Background

The high cost of medication impacts the elderly population in the United States disproportionately, as the over-65 age group comprises 42% of the prescription drug market in the United States (AARP, 2002). Experts state part of the reason for the high cost of medications in the U.S. is that drug companies are forced to recapture profits lost from the lower prices in countries that heavily regulate the pharmaceutical industry (Families USA Foundation, 2002).

In 2006, Medicare Part D became law and offered elders another choice for prescription medications. The advent of Medicare Part D offered elders another series of choices to assist with the cost of prescription medications, although an array of costs continue for most elders, including copayments, deductibles, supplemental coverage and coverage gaps,

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leaving older adults at high risk of financial difficulties (Gellad, Huskamp, Phillips & Haas, 2006; Stuart, Briesacher, Shea et al., 2005).

Medicare Part D offers elders an array of plans that cover different medications from plan-specific formularies. Because prescription coverage is plan-specific, elders generally select a formulary which best covers the medications prescribed by their physician, and they are „locked-in" to one plan for a year, even if their prescriptions change due to the onset of a new health problem. Prior to 2010, a compounding problem existed for Medicare Part D participants when medication expenditures for any given year reach the so-called „donut-hole" of coverage (in 2006, the hole began when outlays reached $2,250 and ended when outlays totaled $5,100). Within that window, no coverage was provided to the approximately one million elderly Part D participants that reach that threshold each year (Flaer, Donderiz & Younis, 2007). The new Patient Protection and Affordable Care Act, signed into law in 2010 requires that individuals affected by the Medicare Part D coverage gap will receive a $250 USD rebate in 2010, 50% of the gap will be eliminated in 2011, and the entire gap eliminated by 2020 (Rao, 2010). Until the gap is fully eliminated, Medicare beneficiaries who unable to afford the cost of medications when they reach the gap in coverage will need to obtain affordable options for their prescription medications.

Communication between providers and patients about costs are historically poor. Heisler, Wagner and Piette (2004) report only 16% of patients stating their provider has asked whether they can afford their medications. Another study (Tseng, Dudley, Brook et al. 2007) of 1,106 seniors found that 81% of elders wanted their doctor to ask them whether they could afford their medications, while only 17% reported that their doctor ever asked whether they could afford the cost of their medications. Two-thirds had difficulty paying for medications and one-fourth decreased medication use. Among elders with difficulty paying for medications, only one-third stated that providers asked about affordability or discussed cost, indicating that providers may not be identifying which patients need help managing costs. Because many elders had difficulty asking providers for help in cutting costs, the study found that providers need to actively initiate these conversations with their older patients (Tseng, Dudley, Brook et al. 2007).

Piette, Heisler & Wagner (2004), in a cross-sectional study of 875 older adults with diabetes found that 19% reported cutting back on medications due to cost, and that women were 1.8 times more likely to report cutting back on medication use due to cost then men. In the same study, 37% of patients reported never talking to their provider about their medication cost problem. The most common reason given by older adults for not talking with providers about costs was that providers never asked them (reported by 70%). Approximately half of the elders said they did not think their provider could help them with costs, 39% did not think it was important enough to mention, 35% said they felt embarrassed and 30% believed there was insufficient time during their visits to raise the issue of cost (Piette, Heisler & Wagner, 2004).

Beran, et al. (2007) reported on a survey of 678 physicians regarding the role they play with their senior patients related to medication costs. Two-thirds believed that out-of-pocket medication costs are important when prescribing, but fewer than half reported discussing medication costs with most of their senior patients in the 30 days prior to the survey. The study also found that elder patients are more commonly initiating conversations about cost than physicians, and since many elderly may not raise these issues, it was important for physicians to raise them. In further examining why physicians initiate these conversations

infrequently, doctors identified barriers as lack of time, lack of awareness, and feeling that there was little they could do to improve the situation of most seniors. Most physicians in the Beran et al. (2007) study used generic substitutions or samples to help seniors reduce out-of-pocket costs. Some important medications do not, however, have generic substitutions available, and pharmaceutical samples are generally newer, expensive medications. So, while this may help a senior in the short-term, once the more expensive sample runs out or is no longer promoted or supplied by the pharmaceutical company, a senior struggling with costs will be unable to afford that medication (Beran et al. 2007). Ryan, Yule, Bond & Taylor (1996) report that physicians generally score low on knowledge of medication costs. Beran et al. (2007) suggests that increasing physicians' comfort with discussing exact out-of-pocket costs with elders is important, particularly as formulary coverage and Medicare plans can change regularly.

One additional cost-saving measure for medications used by elders is travel across the border to other countries or the use of mail order to other countries around the world via the internet. According to Khosravi (2003), although some Americans, particularly senior citizens, travel to neighboring countries (Canada and Mexico) to fill their prescriptions, this is not a viable option for poor elders who do not have the resources to travel across the border to take advantage of money-saving opportunities. The U.S. Food and Drug Administration (FDA) warns Americans that it is generally illegal to re-import prescription drugs and it consistently advises against the practice. However, according to the FDA's regulations, postal inspectors and border patrol agents may exercise discretion for enforcement if the drug does not pose an unreasonable risk, is for personal use and does not exceed a 90-day supply, and if there is a name and address of a U.S. physician responsible for the patient's treatment with the medication (U.S. Food and Drug Administration, 2002). It is likely that the advent of Medicare Part D has reduced the use of some of these options in the U.S. since its implementation in 2006; however, formulary costs, co-pays and exposure to the full cost of medications when elders reach the so-called „donut hole" (at least until 2020) will continue to mean these cost-saving measures are an option.

Methods

The literature review did not identify an existing survey instrument that addressed the questions of this study. A survey instrument was created by the researcher based upon a review of pertinent medication cost issues among the elderly identified in the literature. Prior to the study, the instrument was reviewed by colleagues for language consistency and content, and tested with several individuals in the age cohort of the study sample to identify any wording that might be confusing or unclear. Receptive language skills necessary for survey completion were targeted at an eighth-grade educational level. The survey received approval from the appropriate institutional review board for human subjects and met requirements for confidentiality and protection of respondents.

Income information was adjusted by household size according to Federal Poverty Level (FPL) at the time of the survey (U.S. Department of Health and Human Services, 2005). Income of elders was characterized as low income (150% of FPL and below), moderate income (151% to 399% of FPL), and upper income (400% of FPL and above). Income data

reported by survey participants was adjusted by household size to align properly with FPL classifications.

Elders (age 65+) at three different Senior Centers in Michigan completed the survey. Senior center locations used in the study were selected by the Office of Services to the Aging (OSA) in Michigan. In Michigan, senior centers are congregate sites for older, generally active adults to gather and participate in social, recreational, educational, physical and nutritional activities. The working assumption was that mobile, active, self-sufficient elders were more likely to make their own decisions about medication purchases as opposed to being influenced by caregivers or family members. Hence, the population at the selected senior centers was more likely to represent the types of individuals considering issues related to purchasing prescription medication.

Approval was obtained by the Human Subjects Institutional Review Board at the researcher's university for the survey instrument and protocol in advance of conducting the survey.

Results

Characteristics of the sample of 112 elders completing surveys are presented in Table 1. Respondents were predominantly white (98%) and female (67%). Fifty percent of those surveyed lived alone, 41% lived with one other person, and the remaining 9% lived in a household with three or more residents. Overall, 15,2% of elders in this study were considered low-income, 57,1% were moderate income, 10,7% were high income and 17% chose not to answer this question.

Table 1. Characteristics of Study Participants at Michigan Senior Centers

	Total
A. Total Elder Respondents	112
B. Selected Demographics	
Female, %	59,8
Age, mean (years)	76,4
Caucasian, %	98,2
C. Income	
Low (<135% FPL), %	15,2
Moderate (135% FPL-399% FPL), %	57,1
High (400%+ FPL), %	1 0,7
Unknown, %	17,0
D. Number in Household	
One, %	50,0
Two, %	41,1
Three +, %	8,9

Over two-thirds of elders at surveyed senior centers were moderate or higher income. Over 12% reported that they had, at some point, had to make a decision between paying routine costs of living and purchasing prescription medicine. A much higher percentage, nearly 40%, reported worrying about their ability to pay for the cost of prescription medication. Over three-quarters of respondents had, at some point, discussed the cost of a prescribed medication with their physician, yet nearly 40% would consider making a prescribed medication last longer by taking less than the amount prescribed.

Over three-quarters believed it was legal to purchase prescription medication by travelling to another country (likely Canada in this case as respondents were within a two to three hour drive to the border crossing in Michigan), or to purchase medications from a pharmacy in another country via the internet. However, nearly 90% had only purchased medication from a pharmacy in the U.S., despite access to internet options and reasonable proximity to the border crossing between the U.S. and Canada. Table 2 summarizes the results from selected questions in the survey.

Table 2. Selected Questions and Responses to Prescription Cost Survey of Elders

	# Responding Yes
A. Have you ever had to decide between paying routine monthly expenses and cutting back on prescription medication?	14 (12,5%)
B. Do you worry about your ability to pay for the cost of prescription medication?	44 (39,3%)
C. Have you ever discussed the cost of a prescribed medication with your physician?	88 (78,6%)
D. Would you consider making a prescribed medication last longer by taking less than the amount prescribed?	43 (38,3%)
E. Do you believe it is legal for you to purchase your prescription medication outside the United States (by traveling across the border or through another country via the internet)?	88 (78,6%)
F. I have only purchased my prescription medications from a pharmacy in the United States.	98 (87,5%)

Discussion

The homogeneous ethnicity and income data was expected, because the investigator requested that the Michigan Office of Services to the Aging select three locations with similar demographics in three different geographic locations. Comparing demographic

information from this study to a much larger sample from the longitudinal Health and Retirement Study (HRS) conducted in 2000, which included 10,413 participants age sixty-five and older (Mojtabal & Olson, 2003), found several differences and similarities. In that study, 58% of respondents were female (compared to 67% in this survey), 85% were white (compared to 98% in this survey), and the mean age was 75,6 years (compared to a mean age of 76,4 years in this survey).

In the review of the literature, Heisler et al. (2004) and Tseng et al. (2007), noted that 16% and 17%, respectively, of patients stated that their provider asked whether they could afford their medications. This survey examined whether elders had the conversation with their physician, not who initiated it (the elder or the physician). In this case, 79% of elders had discussed medication cost at some point with their physician, which is higher than the 63% reported in the Piette (2004) study on older adults with diabetes. In both studies, the percentage of elders who reported no conversation with their provider about the cost of medications is troubling.

This survey showed that elders in the moderate-income group reported the greatest problem paying for medications. Thirteen percent of elder respondents in this category reported cutting back on medications due to cost at some point in the past because they could not afford it, compared with 19% in the larger Piette (2004) cross-sectional study of older adults with diabetes. The heavier proportion of moderate and higher income elders in the current study is a possible explanation for this difference, as higher income elders have more assets to spend for prescriptions, co-pays and other medical costs without jeopardizing other basic necessities of living.

In contrast with current U.S. Food and Drug Administration (FDA) regulations, but perhaps reflecting prevailing values and practices, 78% of elders in this study believed it was legal to purchase prescription medication outside the United States. The highest percentage of those that thought it was legal to purchase outside the U.S. (64%) were those elders from the senior center the greatest distance from the border in Canada, so physical proximity was not an obvious contributor to their beliefs. Nearly eighty-eight percent of respondents in this survey report purchasing medication exclusively from U.S. pharmacies. This is similar to the survey referenced in Neuman et al. (2007) which indicated that up to 10% of seniors without drug coverage purchased prescriptions from Canada or Mexico. One interesting note in this survey was that 65% of elders who stated they purchased medications only from U.S. pharmacies reported they might not buy exclusively from U.S. pharmacies in the future. This indicates that attitudes about this topic may still be evolving among elderly respondents.

While Medicare Part D and the Patient Protection and Affordable Care Act have filled some gaps in prescription benefit coverage, the cost of premiums and co-pays for moderate-income elders, and the variability of coverage for selected medications depending upon the plan selected means some moderate-income elders will still have to decide if they can afford a particular medication. In addition, the modest assistance for elders in covering the so-called „donut-hole" for those participating in Medicare Part D, at least until 2020, means that many moderate-income elders may be faced with choices regarding affordability if they reach those thresholds of expenditures during a given plan year.

Physicians may need to consider broaching the issue of medication affordability every time they write a prescription, to begin to impact on the fact that elders have difficulty bringing up this topic. Leaving adequate time with the patient for this conversation is

extremely important the older adult, given that talking about financial concerns is not easy. In addition, while providing pharmaceutical samples may seem to be an effective short-term strategy for an elder struggling with affordability, it is probably true only if the medication is needed for a duration covered by the sample's availability. If the person cannot afford a newer medication for a chronic condition, starting them on that medication will either exacerbate a financial problem in the future or necessitate a change to another, cheaper medication in the future. Generic substitutions, larger doses that can be easily halved or quartered by the elder, or slightly less efficacious and/or different side effect profiles, while not „ideal", may be worth the trade-off to be able to afford other basic necessities for the lower adult struggling to make ends meet. Lastly, for medications where no reasonable, low-cost alternative exists, assistance with an application for a low-cost medication through the pharmaceutical company may be an appropriate consideration for a physician's office.

Limitations of this study include a small sample size with a heavier concentration of whites and females than the broad population of U.S. elders. The survey was developed and utilized specifically for this study so external validity has not been established. The study was conducted near the time that Medicare Part D was signed into law, so behaviors and attitudes reported by participants may have changed or evolved following Part D implementation. All responses are self-reported by participants so caution is necessary in inferring any causal relationship between variables.

Recommendations for future research include analyzing whether the advent of Medicare Part D and the Patient Protection and Affordable Care Act have changed the attitudes and behaviors of elders regarding medication purchases and whether the middle-income group of elders continues to be disproportionately affected by policies associated with the differences in coverage among competing managed care plans. The increasing availability of low-cost prescription medications from countries around the world is an interesting phenomenon. If elders become more comfortable with paying for goods on-line, and access to information on the web by elders continues to grow, then future pharmaceutical purchases could be impacted and worthy of additional study.

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IDŐSKORÚAK RECEPTKÖTELES GYÓGYSZEREK KÖLTSÉGEIVEL KAPCSOLATOS MAGATARTÁSA ÉS SZOKÁSAI

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Összefoglaló

Az Egyesült Államokban az elmúlt hat év jelentős változásokat hozott az időskorúak számára az egészségügyi ellátásban. Az évente változó szabályozások másként hatottak a kevés, közepes illetve a magas jövedelemmel rendelkező kedvezményezettekre. Ez a tanulmány 112 egymástól független, 65 év feletti időskorú receptköteles gyógyszerek költségeivel kapcsolatos magatartását és szokásait vizsgálta három különböző, Michigan állam deli részén működő, időskorúakat ellátó központban. A vizsgálat eszköze a szerző által összeállított kérdőív volt, amely az időskorúak gyógyszerköltségeivel kapcsolatos legfontosabb kérdések áttekintése alapján született.

A megkérdezettek több mint 12%-a válaszolta, hogy néhány esetben választania kellett, hogy a megélhetéshez szükséges mindennapos költségeket fizeti, vagy beszerzi a felírt gyógyszereket. A válaszadók jóval nagyobb hányada, közel 40% nem biztos abban, hogy tudja vállalni a receptek kiváltásához szükséges költségeket. Több mint háromnegyedük beszélt már a gyógyszerek költségeiről az azokat felíró orvossal, mégis 40% körüli azok aránya, akik hajlandók lennének a felírt mennyiségnél kevesebbet bevenni annak érdekében, hogy a gyógyszer hosszabb ideig elég legyen.

A kutatásban részt vevő időskorúak több mint háromnegyed része jogszerűnek gondolja, hogy a gyógyszereket egy szomszédos országba látogatva, vagy interneten keresztül egy másik országban lévő gyógyszertárból szerezze be. Ennek ellenére közel 90% kizárólag az USA gyógyszertáraiból szerezte be eddig a gyógyszereit.

A kérdőívre adott válaszok alapján a közepes jövedelemmel rendelkező időskorúak részére jelenti a legnagyobb gondot a receptek kifizetése, igaz, a vizsgálatban részt vevő három időskorúakat ellátó központ ügyfeleinek kétharmada közepes vagy magas jövedelmű.

Annak ellenére, hogy a Medicare társadalombiztosítási program D része és a betegvédelemről és megfizethető gondozásról szóló törvény (Patient Protection and Affordable Care Act) részben megoldást kínált a receptköteles gyógyszerekkel kapcsolatos kedvezmények hiányosságaira, a közepes jövedelemmel rendelkező időskorúak egy részének ezentúl is döntenie kell arról, hogy a felírt gyógyszereket képes-e megvenni. Mindemellett a Medicare D részének gyógyszerjuttatási programjában levő ez idáig nem finanszírozott hézagba tartozó idősek mérsékelt támogatása 2020-ig még biztosan további pénzügyi gondokat jelent majd az ellátottak számára.

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Az orvosoknak ajánlott a beteggel konzultációt kezdeményezni arról, hogy a felírni kívánt gyógyszert a beteg meg tudja-e fizetni, ellenkező esetben a betegnek ebből adódóan pénzügyi problémái lehetnek, illetve át kell állnia egy olcsóbb gyógyszerre. Generikus orvosságok, könnyen felezhető vagy negyedelhető nagyobb dózisok, valamint kevésbé hatékony vagy más mellékhatással rendelkező készítmények felírása is ésszerű kompromisszumot jelent. Az előzőek hiányában az orvos a gyógyszerészeti céggel közösen segíthet a betegnek az alacsony költségű gyógyszerezés iránti kérelem benyújtásában.

Kulcsszavak: időskorúak, nyugdíjas állampolgárok, öregedés, gyógyszer, orvosi receptek, orvos, Medicare társadalombiztosítási program – Egyesült Államok, megfizethetőség