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**SURVEY FINDS FOUR IN 10 SENIORS DO NOT TAKE MEDICATIONS AS PRESCRIBED;
POOR EXPERIENCES WITH DRUGS AND COSTS CONTRIBUTE TO NON-ADHERENCE**

Survey Of Nearly 18,000 Seniors Nationally Shows Coverage Varies Across States

Four in 10 seniors told researchers in a recent national survey that they haven't taken all the drugs their doctors prescribed for them in the past year – either because the costs were too high, because they didn't think the drugs were helping them, or because they didn't think they needed them. The survey of 17,685 seniors was conducted by the Kaiser Family Foundation, the Commonwealth Fund and Tufts-New England Medical Center.

The survey reveals that many seniors deal with complex and costly drug regimens. Of the 89% of seniors who report taking prescription drugs in the past year, nearly half (46%) take five or more, more than half (54%) have more than one doctor who prescribes medicine, and about a third (35%) use more than one pharmacy. Among seniors with at least three chronic health conditions, nearly three of four (73%) take five or more medications regularly and more than half (52%) do not take all their drugs as prescribed.

“With two out of five seniors not taking medicines as prescribed, there is a real opportunity to improve patient care both by urging doctors and patients to talk more about these issues and by developing systems to monitor quality and safety,” said Commonwealth Fund President Karen Davis, Ph.D. “These steps are an important complement to the new Medicare prescription drug coverage.”

“The substantial variations in drug coverage across states documented in this survey suggest that targeted outreach efforts have the best chance of reaching seniors,” said Kaiser Family Foundation President Drew E. Altman, Ph.D.

An article published online today by the journal *Health Affairs* features results from the 2003 national survey of Medicare beneficiaries 65 and older. The survey was conducted prior to the enactment of the Medicare Modernization Act and included a representative national sample with oversampling from 12 states – California, Colorado, Florida, Illinois, Louisiana, Michigan, New York, Ohio, Pennsylvania, Texas, Tennessee and Washington. Dana Gelb Safran, Sc.D., who directs The Health Institute at Tufts-New England Medical Center, led the research team.

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Nationally, slightly more than one in four seniors (27%) reported that they did not have any prescription drug coverage at the time of the survey. Coverage rates varied widely across states, with seniors in Louisiana (35%) and Washington (36%) more than twice as likely to lack coverage than seniors in New York (16%). Among low-income seniors (those with incomes less than twice the federal poverty level) nationwide, one-third lacked coverage – and in several states, including Ohio, Louisiana, Texas and Washington, more than 40% of low-income seniors lacked coverage.

“Drug costs have been a major concern for seniors. The new Medicare drug benefit, coupled with the low-income subsidies, presents a real opportunity to get seniors the help they need,” Dr. Safran said. “The challenge will be getting seniors the information they need to make good enrollment decisions and ensuring that low-income seniors take advantage of the subsidies available to them.”

Seniors were about as likely to cite their experiences with their medications as a reason for not taking their medications as prescribed as they were to cite the cost of their drugs, with 25% saying they skipped doses or stopped taking a drug because it made them feel worse or wasn’t helping, and 26% saying that they did not fill a prescription, skipped doses or took smaller doses due to cost reasons.

Drug coverage made a substantial difference in adherence rates, with 37% of seniors without drug coverage reporting cost-related non-adherence, compared with 22% of seniors with drug coverage. Low-income seniors without drug coverage generally took fewer drugs than those with drug coverage.

Seniors also reported wide differences in the source of their drug coverage across states. For example, nationally 29% of seniors reported having employer-sponsored drug coverage, but state rates for employer-sponsored drug coverage ranged from 24% in Washington to 47% in Michigan.

The survey also asked about obtaining drugs from other countries. Overall, one in 20 seniors (5%) reported having obtaining prescription drugs from pharmacies in Canada or Mexico. These rates varied across the 12 states, from a high of 11% in Washington to a low of 2 % in New York. Seniors without drug coverage were more likely to obtain drugs from Canada or Mexico. Nationally 11% of seniors without drug coverage reported obtaining from one of those nations, with the state levels ranging from 19% in Colorado to 5% in Tennessee.

Today’s article, *Prescription Drug Coverage and Seniors: Findings from a 2003 National Survey*, and several additional exhibits, including state-specific data, are available at <http://www.kff.org/medicare/med041905pkg.cfm> and www.cmwf.org .

METHODOLOGY BOX

National Survey of Seniors and Prescription Drugs, 2003 was designed and analyzed by researchers at the Kaiser Family Foundation, The Commonwealth Fund, and Tufts – New England Medical Center. The research team included Dana Safran, Ira Wilson, Angela Li, Hong Chang, and William Rogers of the Tufts-New England Medical Center; Tricia Neuman and Michelle Kitchman of the Kaiser Family Foundation; and Cathy Schoen and Barbara Cooper (formerly) of the Commonwealth Fund.

The survey was administered in English and Spanish between July 15 and October 7, 2003, primarily by mail with telephone follow-up. A randomly selected nationally representative sample of 36,901 non-institutionalized Medicare beneficiaries ages 65 and older were drawn for the study, including approximately 2,200 from each of 12 states targeted for oversampling to be able to make cross-state comparisons. After accounting for beneficiaries excluded because of death, institutionalizations, relocation, non-English/Spanish language, or severe cognitive or physical impairment, the final study sample captures the experiences of 17,685 non-institutionalized seniors on Medicare. The survey has a margin of sampling error of less than 1% for national percentages, less than 2% for state-specific statistics, and less than 3% for state-specific, low-income statistics.

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The Commonwealth Fund is a private foundation that supports independent research on health and social issues and makes grants to improve health care practice and policy.

Tufts-New England Medical Center is a world-class, academic medical institution that is home to both a full-service hospital for adults and the Floating Hospital for Children. It serves as the primary clinical and teaching affiliate of Tufts University School of Medicine.