



# In the Literature

## PRESCRIPTION DRUG COVERAGE AND SENIORS: FINDINGS FROM A 2003 NATIONAL SURVEY

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According to a recent national survey, four of 10 seniors did not take all the drugs prescribed to them by doctors in the past year, due to cost, side effects, perceived lack of effectiveness, or the belief that they did not need the medication. The survey of 17,685 Medicare beneficiaries was conducted by researchers at Tufts-New England Medical Center, Henry J. Kaiser Family Foundation, and The Commonwealth Fund, and led by Dana Gelb Safran of Tufts' Health Institute.

Survey results showed that many U.S. seniors are taking complex drug regimens prescribed by multiple physicians and obtained at different pharmacies, with some seniors getting drugs from Canada and Mexico. In addition, prescription drug coverage varies widely, with a large percentage of low-income seniors lacking any kind of coverage. These results and others—discussed extensively in "[Prescription Drug Coverage and Seniors: Findings from a 2003 National Survey](#)" (*Health Affairs* Web Exclusive, April 19, 2005)—point to the challenges that must be met when the new Medicare prescription benefit, known as Part D coverage, takes effect in 2006.

The survey was conducted prior the enactment of the Medicare Modernization Act (MMA), which will provide beneficiaries access to a prescription drug benefit (Part D) as of 2006. Researchers from three major institutions examined national and state-level data on seniors' use of prescription drugs, out-of-pocket spending, prescription drug coverage, nonadherence patterns, and propensity to purchase drugs from Canada and Mexico. The survey covered a representational national sample with oversampling from 12 states, including six that sponsor pharmacy assistance programs, discount card programs, or both (California, Florida, Illinois, Michigan, New York, and Pennsylvania) and six states that do not sponsor such programs

(Colorado, Louisiana, Ohio, Tennessee, Texas, and Washington).

Nationwide, 27 percent of all surveyed seniors and one-third of poor and near-poor seniors (101%–200% of the federal poverty level) lacked prescription drug coverage. The percentage of seniors lacking coverage was lowest in New York (16%) and highest in Louisiana (35%) and Washington (36%). In addition, many seniors deal with complex drug regimens. Eighty-nine percent of the surveyed seniors reported taking at least one prescription medication, and nearly one-half of those reported that they used at least five prescription medicines. More than half of seniors (54%) reported having more than one prescribing physician, and 36 percent said they used more than one pharmacy.

As well as problems of complexity, cost is an issue for many seniors. Nearly one-third of seniors reported spending at least \$100 per month out-of-pocket on prescriptions. Five percent reported buying some medicines from Canada or Mexico. Three sub groups were especially prone to high out-of-pocket costs: seniors without prescription coverage, low-income seniors, and those with three or more chronic conditions (referred to as the complex chronically ill). Although seniors without coverage took significantly fewer medicines than those who had coverage, they were twice as likely to spend \$100 or more per month out-of-pocket and reported higher rates of cost-related nonadherence than other groups. They were also more likely to purchase medications from Canada and Mexico.

More than one-quarter of the surveyed seniors (26%) reported forgoing prescription medications in the past year because of costs, and 12 percent said they spent less on basic needs in order to compensate for high medication costs.

One-quarter of seniors reported some form of experience-related nonadherence, and percentages were even higher among those lacking coverage (27%), low-income seniors (28%), and the complex chronically ill (34%).

Seniors with employer-sponsored coverage and low-income seniors with Medicaid reported the lowest rates of financial strain related to the purchase of prescriptions compared with other groups. Because they experience more health problems than do those in other groups, Medicaid beneficiaries used more prescription drugs, but were much less likely to spend more than \$100 per month out-of-pocket for medications. Even so, one-quarter of low-income Medicaid enrollees reported non-adherence due to costs.

Clearly, prescription medicines play a critical role in the health of the elderly, as does prescription coverage in enabling seniors to sustain complex and costly medication regimens. Low-income seniors who lack prescription coverage stand to gain much from the MMA's low-income provisions, say the researchers, but may not be aware of the generous subsidies available or how to qualify for them. In addition, seniors who currently have prescription coverage under Medicaid will need to be transitioned into Part D

plans, as Medicaid prescription coverage for this group ends December 31, 2005. The high rates of nonadherence must be addressed not only by the new Part D benefit, but also through doctor-patient interactions and by the health care delivery system overall.

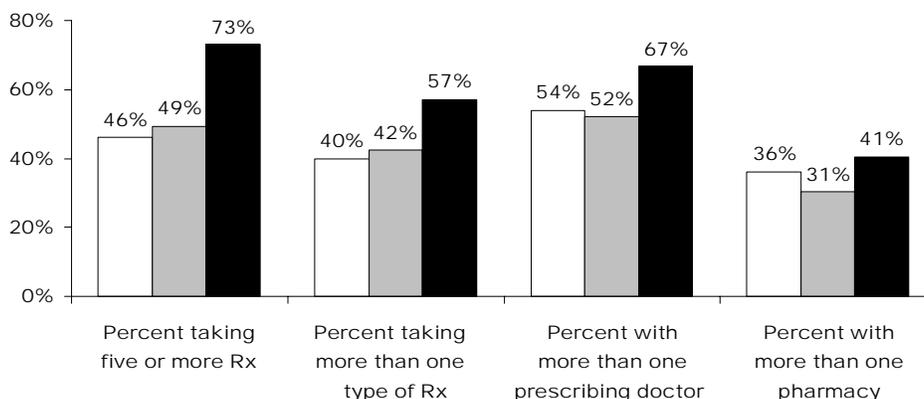
### Facts and Figures

- Reliance on prescription drugs was highest among the complex chronically ill, with 73 percent reporting five or more different medications and 42 percent spending \$100 or more per month.
- More than one-fifth of seniors with congestive heart failure, diabetes, or multiple chronic conditions who lacked coverage said that they did not fill at least one of their chronic disease medications in the past year because of cost.
- New York and Pennsylvania had significantly fewer poor and near-poor seniors lacking coverage than the national average.

## Seniors—Especially Those with Three or More Chronic Conditions—Rely Heavily on Medications

Many Have Multiple Prescribing Doctors and Use More than One Pharmacy

□ All seniors   ■ Low-income seniors   ■ Seniors with three or more chronic conditions



Notes: Low-income = 200% of federal poverty level or less. Rx = prescription medication.

Source: D. G. Safran, T. Neuman, C. Schoen, M. S. Kitchman et al., "Prescription Drug Coverage and Seniors: Findings from a 2003 National Survey," *Health Affairs Web Exclusive* (April 19, 2005): W5-152-W5-166.