



# Evaluation of Patients Knowledge of Medicare Part D Plan Annual Assessment in a Family Medicine Clinic



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## Background

The Hawaii Island Family Health Center (HIFHC) is a family medicine clinic affiliated with Hilo Medical Center. HIFHC serves as a primary care training program site for medical residents, pharmacy students, nursing students and psychology fellows. Pharmacy services at HIFHC focus on comprehensive medication management, chronic disease state management, drug information consults, and medication access assistance.

Medicare part D is prescription drug coverage offered by private insurance companies but approved and regulated by Medicare. Patients qualify for Medicare when they reach the age of 65 and may enroll in a Medicare Part D Plan based on personal preference. When choosing a Medicare Part D Plan, patients look at multiple factors such as monthly premium cost, annual deductible cost, drug coverage, and familiarity with the company.

Our goal to improve medication access is to inform patients of the HIFHC about Medicare Part D and their ability to annually reassess their medication coverage to fit their needs.

## Purpose

The objective was designed to assess patient's knowledge regarding open enrollment and their ability to annually reassess Medicare Part D plan, to determine if appointments with a clinical pharmacist should be offered during open enrollment.

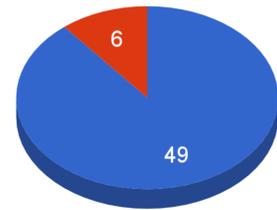
## Methods

A survey consisting of 9 questions was created and used to assess the patient's knowledge of Medicare part D plan, history of experience with Medicare Part D plans, and what is important to the patients in terms of selecting a Medicare Part D plan.

The inclusion criteria included patients at the Hawaii Island Family Health Center (HIFHC) that were 65 years and older and currently enrolled in Medicare. Patients were excluded from the study if they did not have Medicare Part D or had Medicaid. The survey was administered to patients between August 2017 and September 2017. The results from the survey were compiled and evaluated using descriptive statistics for the response to each question.

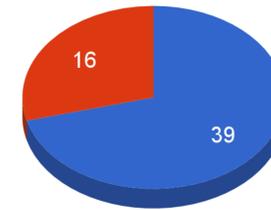
## Results

• Yes  
• Not Sure



**Figure 1.** Number of patients that are aware that they currently have Medicare Part D.

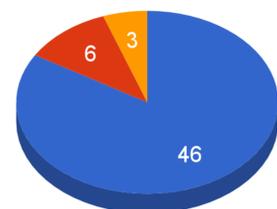
• No  
• Yes



**Figure 2.** Number of patients that are aware that they can re-evaluate and switch their Medicare Part D Plan.

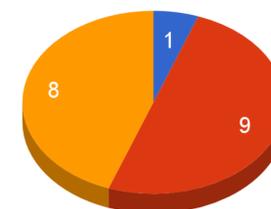
A total of 55 patients were surveyed, with ages ranging from 65 through 82 years of age and a mean age of 70 years old. Of all patients, 10.9 percent were unaware they had Medicare Part D. Out of the 55 total patients, only 29.1% of patients knew that they could re-evaluate their plans. Out of the patients aware, 37.5% knew that they can re-evaluate annually, representing 10.9% of the total patients. Approximately 32.7% of patients have changed plans in the past. Most patients (58.2%) were unsure about what they value when selecting a Medicare Part D Plan while 16.4% valued familiarity with the company, 14.5% valued prescription formulary, and 10.9% valued monthly premium. Only 12.7% of patients have checked to see if they qualified for low-income subsidy. Only 29.1% of patients expressed interest in an appointment to re-evaluate their plan, while 32.7% answered maybe and 38.2% answered no.

• Not Sure  
• Every Year  
• Every Month



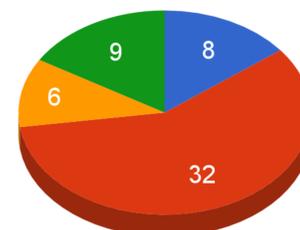
**Figure 3.** Patients' responses to how often they are able to change their Medicare Part D Plan.

• Other (Received mail)  
• Old plan no longer available  
• Prescription coverage reasons



**Figure 4.** Patients' responses for reasons why they had previously changed plans.

• Prescription Formulary  
• Not Sure  
• Monthly premium amount  
• Familiarity with company



**Figure 5.** Patients' responses to what they value the most when picking a Medicare Part D Plan.

## Discussion

The results showed that most patients (70.9%) are unaware of their ability to switch Medicare Part D Plans and only 10.9% accurately knowing that they are able to switch every year. These results leads to concern to whether patients are receiving adequate drug coverage and overall can lead to problems regarding medication adherence.

Out of the 18 patients that switched plans, majority of the reason for switching is due to prescription coverage reason and their old plan is no longer available as shown in **Figure 4**. Most patients (58.2%) were not sure about what they value when selecting a Medicare Part D Plan while familiarity with company, prescription formulary and monthly premium cost were evenly valued.

Most of the patients were not sure (32.7%) or declined (38.2%) appointments to re-evaluate their plan. Reasoning was not provided to why patients were unwilling to set an appointment with a clinical pharmacist to re-evaluate their plan. With the amount of patients unsure about reassessment, it is surprising only 29.1% of patients are willing to schedule an appointment to discuss their Medicare Part D Plan.

## Conclusion

This study demonstrates that most patients were unaware of their ability to evaluate their Medicare Part D annually. More than half (61.8%) of patients that participated in this study has been using the same plan since starting Medicare. Only 29.1% of patients were interested in an appointment with the pharmacist to discuss their Medicare Part D plan, with an additional 32.7% of patients answering maybe. These services will be offered during open enrollment to improve the quality of health care for the patients and ensure adequate drug coverage

## Disclosures

The University of Hawaii Institutional Review Board approved this study with exempt status.