Access to Medications For Medicare Enrollees Related to Race/Ethnicity: Results from the 2013 Medicare Current Beneficiary Survey

Deborah A. Taira, ScD; Chengli Shen, PhD; Marshaleen King, MD, MSCR, FCCP; Doug Landsittel, PhD; Mary Helen Mays; Tetine Sentell, PhD; Janet Southerland, DDS, MPH, PhD

1Daniel K. Inouye College of Pharmacy, University of Hawaii at Hilo, Hilo, Hawaii; 2Section on Biomarkers and Prediction Modeling, Department of Medicine, University of Pittsburgh, Pittsburgh, PA; 3Morehouse School of Medicine, Atlanta, GA; 4Puerto Rico Clinical and Translational Research Consortium, University of Puerto Rico Medical Sciences Campus; 5Office of Public Health Studies, University of Hawaii at Manoa, Honolulu, HI; 6 Meharry Medical College, School of Dentistry, Nashville, TN

Background

- Millions of people take prescription medications to manage chronic conditions and treat acute conditions
- Prescriptions medications have been shown to be effective in reducing morbidity and mortality and improving health-related quality of life
- These medications, however, are not equally accessible to all Americans

Objective

To To examine medication access by race/ethnicity among elderly Medicare Beneficiaries

Methods

- Using the 2013 Medicare Current Beneficiary Survey (n=10,515), this study examined access to medications related to race/ethnicity, comparing non-Hispanic blacks and Hispanics to whites.
- Multivariable logistic regression models were estimated, controlling for age, gender, income, education, chronic conditions, and type of drug coverage.

Results

- Non-Hispanic blacks had worse access than non-Hispanic whites after adjustment.
- Compared to beneficiaries with excellent health, those with poor, fair, or good health were less satisfied with access.
- Access was also diminished for patients with:
  - Depression
  - Diabetes mellitus
  - chronic obstructive pulmonary disease, emphysema or asthma

Conclusion

Possible interventions to improve access for non-Hispanic blacks might include:
- assisting them in finding the best drug plan to meeting their needs
- connecting them to medication assistance programs
- discussing convenience of pharmacy and preferred drugs with patients.

Acknowledgement

This research was supported in part by Expanding National Capacity in PCOR through Training (ENACT) Program through grant number R25HS023185 from the Agency for Healthcare Research and Quality and U54MD008149 from the National Institute on Minority Health and Health Disparities of the National Institutes of Health. The content is solely the responsibility of the authors and does not necessarily represent the views of AHRQ or the NIH.