



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

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Background

- Millions of people take prescription medications to manage chronic conditions and treat acute conditions
- Prescription 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 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.

Question Content

Please tell me how satisfied you have been with...The amount you have to pay for your prescribed medicine. [Very satisfied; Satisfied; Dissatisfied; Very dissatisfied]

Please tell me how satisfied you have been with...Your prescription drug plan's formulary or the list of drugs covered by the plan. [Very satisfied; Satisfied; Dissatisfied; Very dissatisfied]

Please tell me how satisfied you have been with...The ease of finding a pharmacy which accepts your drug plan. [Very satisfied; Satisfied; Dissatisfied; Very dissatisfied]

Please tell me how often during (current year) have you done any of the following things. Have you often, sometimes, or never ...Decided not to fill a prescription because it cost too much. (Often, Sometimes, Never)

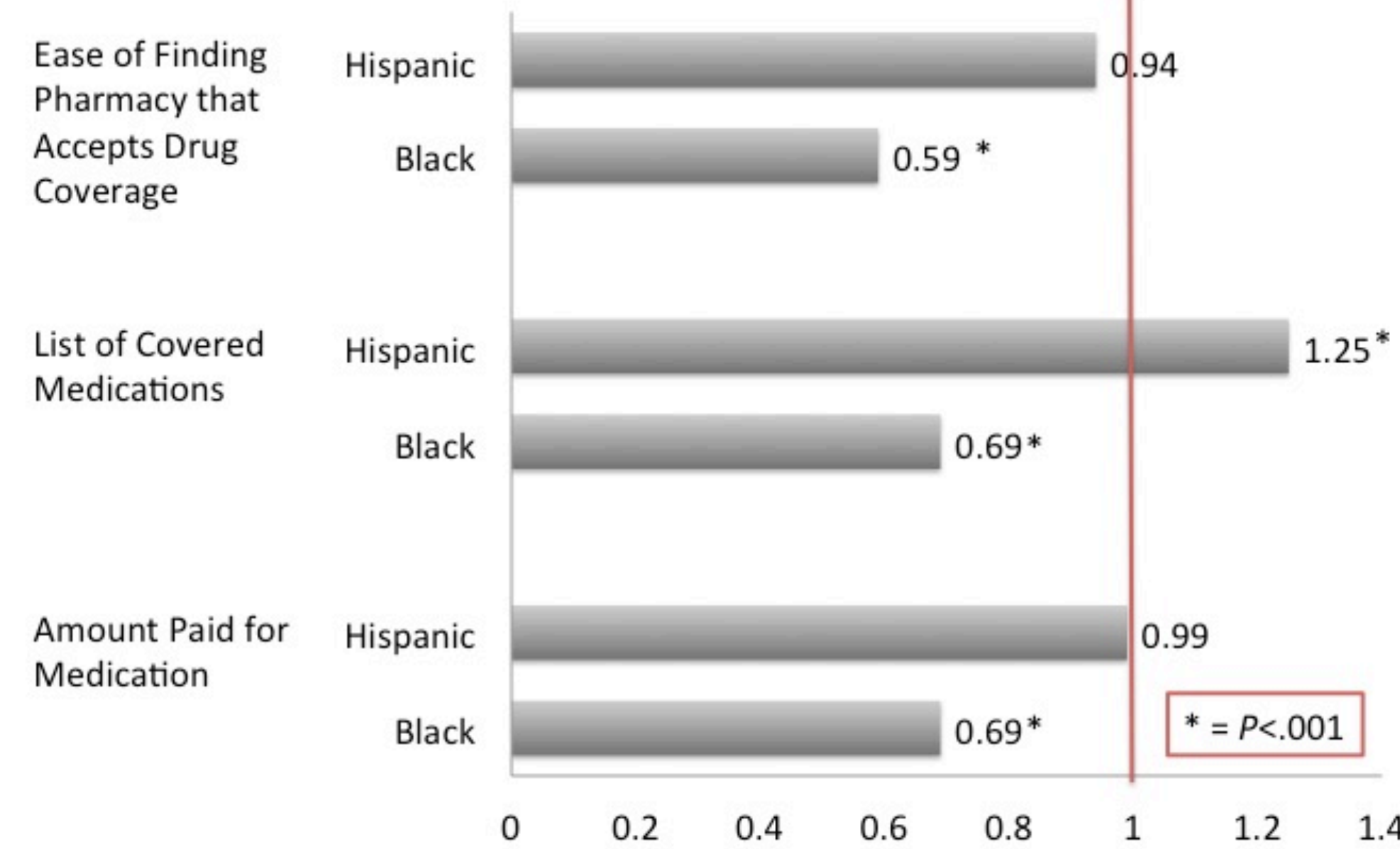
Please tell me how often during (current year) have you done any of the following things. Have you often, sometimes, or never ...taken smaller doses than prescribed to make the medicine last longer. (Often, Sometimes, Never)

Please tell me how often during (current year) have you done any of the following things. Have you often, sometimes, or never ...Skipped doses to make the medicine last longer. (Often, Sometimes, Never)

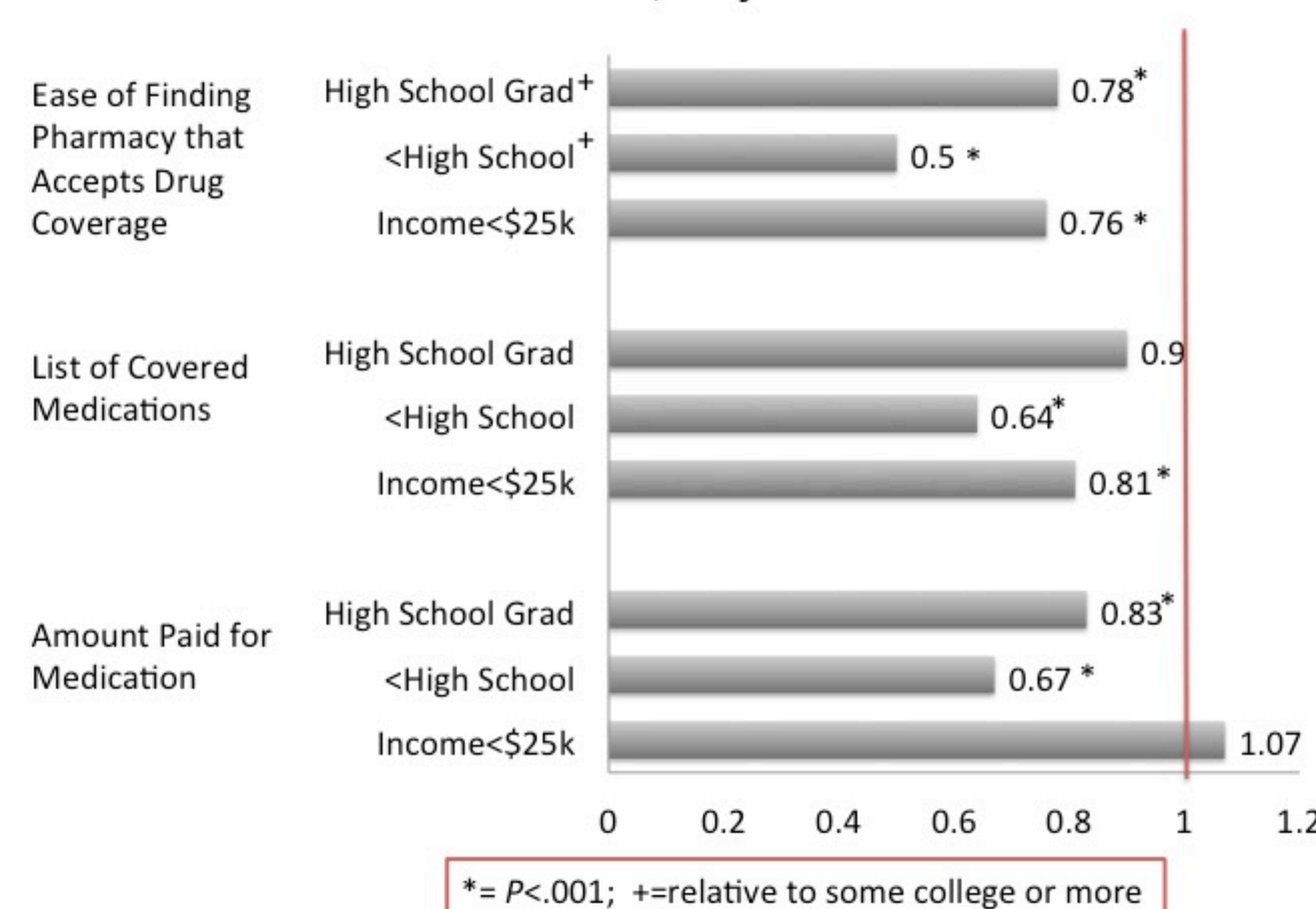
Please tell me how satisfied you have been with...The amount you have to pay for your prescribed medicine. [Very satisfied; Satisfied; Dissatisfied; Very dissatisfied]

| | Non-Hispanic whites (%=82.2%) | Non-Hispanic blacks (%=8.5%) | Hispanics (%=9.2%) | p-value | | Whites (%=82.2%) | Blacks (%=8.5%) | Hispanics (%=9.2%) | p-value |
|--------------------|-------------------------------|------------------------------|--------------------|---------|-----------------------|------------------|-----------------|--------------------|---------|
| Age (%) | | | | <.001 | High blood pressure | 66.1% | 83.3% | 70.3% | <.001 |
| 65-74 | 54.5% | 58.0% | 56.9% | | High cholesterol | 58.7% | 58.7% | 58.7% | 0.40 |
| 75+ | 45.5% | 42.0% | 43.1% | | Diabetes | 25.6% | 39.4% | 35.6% | .0001 |
| Female (%) | 44.7% | 40.8% | 43.7% | 0.07 | Heart Disease | 11.2% | 9.6% | 8.5% | 0.10 |
| Income < \$25k | 30.8% | 59.6% | 68.5% | <.001 | Emphysema/Asthma/COPD | 18.3% | 15.8% | 16.5% | 0.73 |
| Education | | | | <.001 | Heart failure | 6.9% | 8.1% | 6.2% | 0.01 |
| < high school grad | 13.1% | 34.3% | 50.1% | | Depression | 21.8% | 15.8% | 26.1% | <.0001 |
| High school grad | 36.4% | 32.8% | 23.8% | | Cancer | 20.1% | 15.4% | 14.6% | <.0001 |
| Some college + | 50.4% | 32.9% | 26.1% | | General health | | | | <.0001 |
| | | | | | Excellent | 20.9% | 12.9% | 14.5% | |
| | | | | | Very good | 35.1% | 24.5% | 20.3% | |

Odds of Being Very Satisfied Relative to Whites, Adjusted



Odds of Being Very Satisfied Related to Socioeconomic Status, Adjusted



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.

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