

Baltimore City Medicare Part D Surveillance and Response Initiative



GOAL:

- Ensure that all Baltimore residents have continued access to medication following the transition to Medicare Part D

THE SWITCH TO MEDICARE PART D

Medicare Part D is the Medicare prescription drug program that went into effect on January 1, 2006. On that day, 28,000 low-income Baltimore residents were to be automatically transferred from their prescription plan through Medicaid or state pharmacy assistance to Medicare Part D.¹ Another 77,000 seniors in Baltimore City were eligible for voluntary enrollment.^{2,3}

This abrupt switch in health insurance coverage was identified as a potential public health emergency. Of particular concern were frail, institutionalized, or disabled residents who might be uniquely vulnerable to difficulties enrolling in the program and filling prescription medications.

SURVEILLANCE AND RESPONSE INITIATIVE

Baltimore City developed an initiative to respond to Medicare Part D as if it were a public health emergency. Under this initiative, the city:

- Established a 24-hour surveillance program based on a network of 98 pharmacies across Baltimore City. This program allowed fax, phone, and internet contacts.
- Created an electronic follow-up database in collaboration with the Commission on Aging and Retirement Education (CARE). CARE caseworkers contacted residents within 72 hours to offer assistance.
- Provided immediate intervention. Aid included real-time advice to pharmacists on Part D billing procedures, and use of a \$50,000 reserve fund for medications when all other options were exhausted.
- Advocated for city residents with Medicare drug plans that failed to meet expectations on coverage.
- Built upon its existing biosurveillance system to track hyperglycemia among seniors presenting to a major city emergency department. Hyperglycemia was an initial

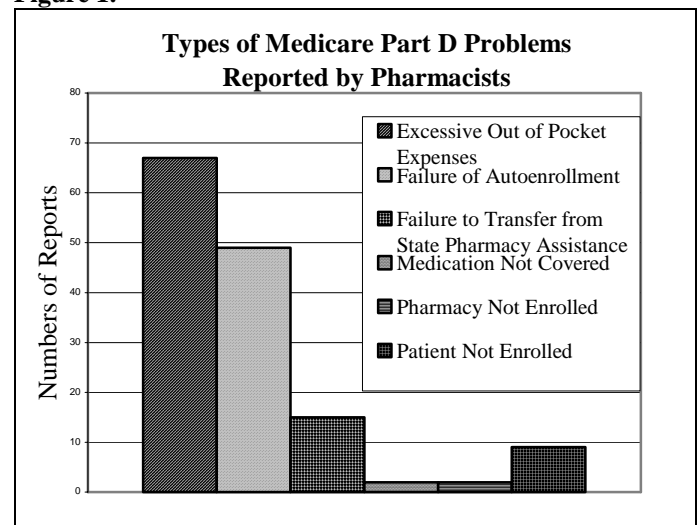
finding of poor access to medications among evacuees of Hurricane Katrina.

TRANSITION PUTS RESIDENTS AT RISK

The transition to Medicare Part D was rocky in Baltimore City, as it was around the country.

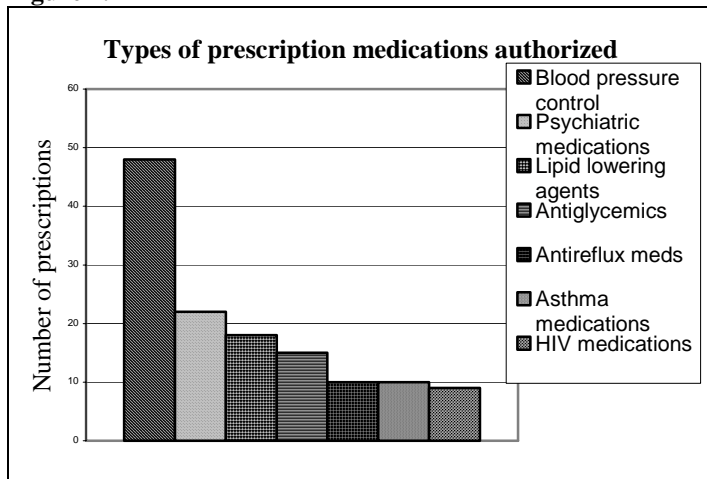
- Pharmacists made 163 reports of patients requiring assistance with the Part D transition. These reports peaked in January but have persisted into July.
- Major categories of reported problems included excessive out of pocket expenses, failure of automatic enrollment, and failure to transfer from the state pharmacy assistance program (Figure 1).

Figure 1.



- Of the patients requiring financial assistance in obtaining medications, blood pressure lowering agents were the most frequently requested class of medication; other commonly encountered classes included medications for psychiatric disorders, diabetes, HIV, and high cholesterol (Figure 2).

Figure 2.



INITIATIVE PROTECTS VULNERABLE RESIDENTS

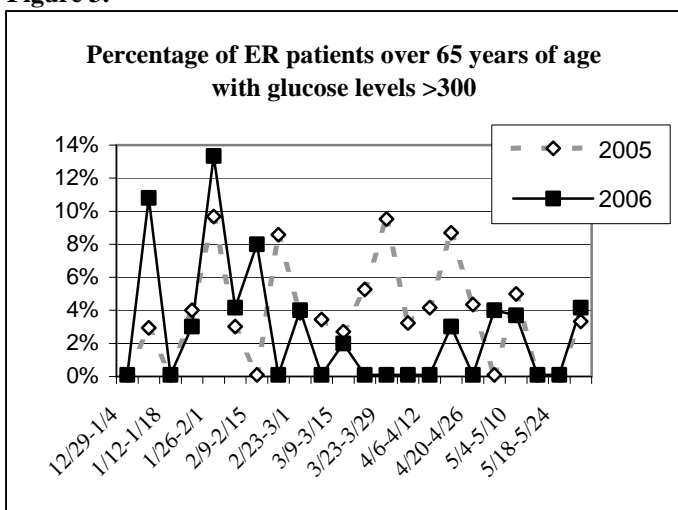
The Health Department responded to 100% of pharmacy reports. Staff supported pharmacists and residents by:

- Offering advice to pharmacists on the logistics of Part D billing
- Writing advocacy letters to 12 drug plans on behalf of 60 residents with inadequate Medicare drug coverage
- Spending approximately \$15,000 on prescription drugs for 60 residents without alternative options.

CARE caseworkers responded to all referrals and were able to contact 90% of referrals within the targeted 72-hour window. Caseworkers provided counseling to residents and assistance with enrolling in drug plans.

In comparison to 2005 data, no consistent trend was evident in the numbers of seniors presenting to the emergency department with hyperglycemia. This lack of increase in hyperglycemic presentations supports the conclusion that seniors generally had preserved access to medications over the initial months of transition (Figure 3).

Figure 3.



ONGOING OUTREACH IN BALTIMORE

The next transition in Part D that will have a significant impact on access to medications is the “donut hole,” a gap in medication coverage that occurs when a Medicare beneficiary has spent between \$2,250 and \$5,100 in cumulative drug costs. Because some residents may forego or cut back on essential medications while in the donut hole, Baltimore City has expanded surveillance to identify these residents.

EMERGENCY PREPAREDNESS

The capacity of Baltimore City agencies to quickly assess a potential public health crisis, gather information through coordination of multiple agencies, and respond effectively is related to several critical capacities for emergency preparedness. As a result, the lessons learned from this initiative will inform ongoing preparedness for natural disasters, outbreaks of infectious disease, bioterrorism, and other public health challenges.

ACKNOWLEDGEMENTS

The following staff made substantial contributions to this report: Katherine Goetzinger, Jerry Huffman, Tamara Johnson MD, Steve Litzenger, Leroy Marshall, Reginald Nixon, Sarah Norman, Marisa North, Gena O’Keefe MD, Brian Robinson, Joshua Sharfstein MD, David Shih MD, Michelle Spencer, John Stewart, Kelechi Uduhiri MD, Lisa Veale, Tiffani Williams, Thelma Winn, and SHIP Program Staff.

The Baltimore City Health Department is also grateful to all city and state agencies and pharmacies that participated in and supported this initiative.

Notes

¹ Commission on Aging and Retirement Education, *List of Community Meetings on Medicare Part D* (2005).

² Center for Medicare & Medicaid Services, personal communication with John P. Stewart, Commission on Aging and Retirement Education (Nov. 2005).

³ *State Programs*, Baltimore Sun (Nov. 13, 2005).