

# Impact of the Medicare Drug Benefit on Long-Term Care Facilities and Their Residents

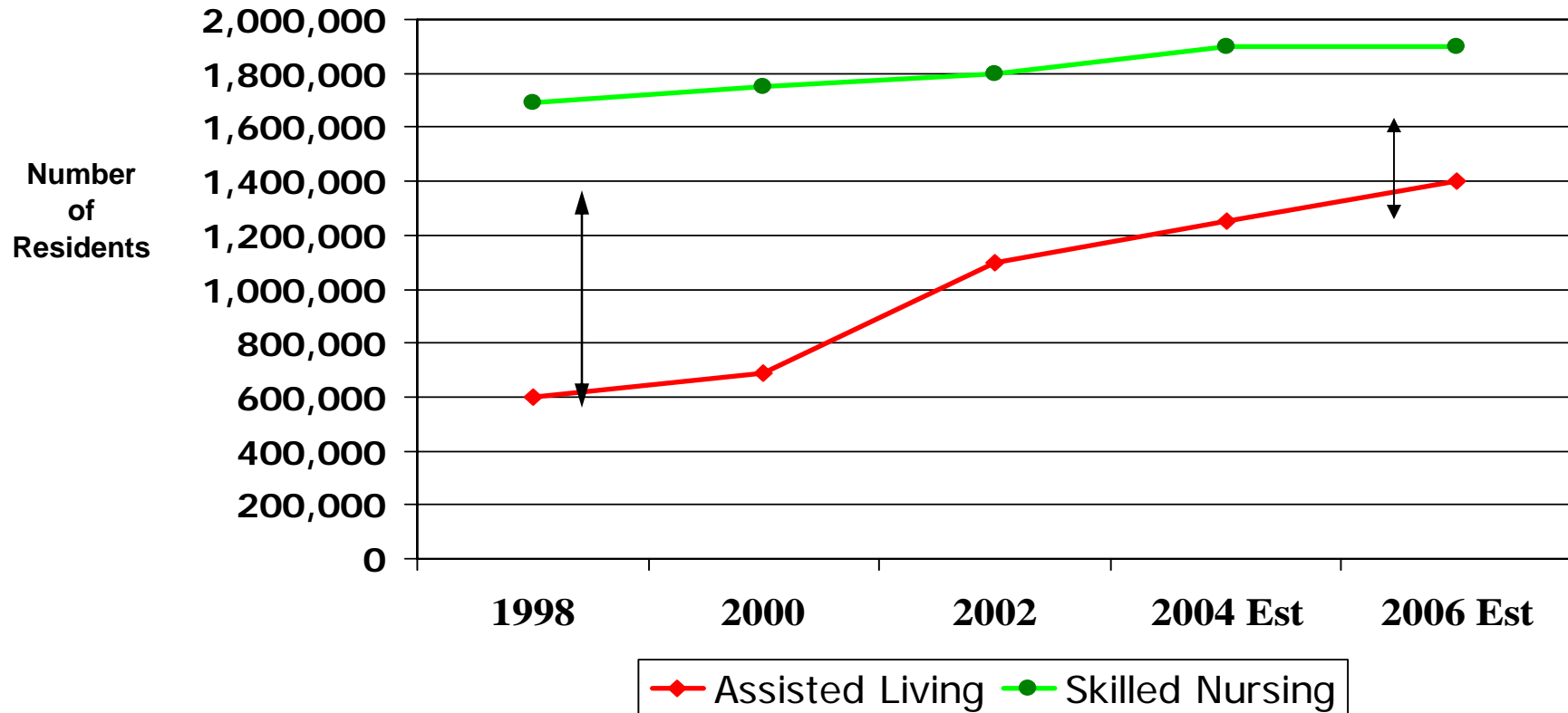
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The Third National Medicare Congress October 17, 2006

# LTC AS “SPECIAL POPULATION”

- Two distinct populations
- Very frail elderly (“mini-hospitals”)
- High incidence chronic disease, dementia
- On many meds, potential for drug interactions
- Frequent lack of POA, guardian (greater reliance on physician and NF as advocate)
- Lack of research in elderly (let alone LTC!)

# NF & ALF Projections



Source – HSG, 7/02

# ASSISTED LIVING (AL)

- More AL than nursing home beds
- Increasing acuity of care for AL residents
- Increasing need for help with ADLs
- Regarded as same as community-dwelling

# PROBLEMS FROM PHYSICIAN PERSPECTIVE

- Time

- 38% AMDA members spend 4-7  
uncompensated hours/week

- 13% spend 8+ hours/week

- Frequent or very frequent problems with  
prior authorizations (70%) and exceptions  
(55%)

# LTC Physician Survey

May Compared August 2006

- Problems with access to medications under Med D in general 100% - 100%
- Physicians spending more than 4 hour a week on Med D 52% - 44%
- More than 8 hours a week 13% - 13%
- Use of common coverage determination forms by PDPs 17.5% - 48.6%

# LTC Physician Survey

## May Compared August 2006

- Trouble frequently or very frequently getting some meds due to burdensome PA process 70% - 64%
- Frequent or very frequent problems with requests for exemptions for drugs not on formulary 55% - 43%
- Frequent or very frequent problems with appeal process 25% - 24%

# PROBLEMS FROM PHYSICIAN PERSPECTIVE (con't)

- Particular drugs or types of drugs
  - Alzheimer's disease
  - non-generics (“almost anything...a problem”)
  - expensive drugs
  - PPIs, nebulizers, epogen, antidepressants, Lyrica, long-acting opioids, Cymbalta
  - emergency meds (influenza outbreaks)
  - use of “Beer's list”

# Cognitive Enhancers

- Plans have limited access without MMSE (“pseudo-science”)
- Most plans have dropped PA
- “Mrs. Casper”

# PROBLEMS FROM PHYSICIAN PERSPECTIVE (con't)

- Lack of standardized forms
- No access to chart
- Patient history often unknown
- Requirement for personal contact to plan by physician

# PROBLEMS FROM PHYSICIAN PERSPECTIVE (con't)

- Myriad drug plans and drug plan options
- Requiring a form to get a form
- Omission of all forms and doses (liquid, ODTs)
- Formulary choices inappropriate for the elderly
- Surveyor concerns (unnecessary medications, F329 tag)

# Ongoing Concerns

- Most drug plans do not suggest formulary alternatives when denying use of a non-formulary drug
- Many drug plans are not advising physicians and nursing facilities of right to request an exception or to appeal non-coverage decision

# Ongoing Concerns-Excessive Administrative Requirements

- Many reports of wide variety of burdensome administrative requirements (all relevant clinical notes, lab results, time consuming forms to complete, prior authorizations)
- Intent of some seems to be to dissuade requests for prior authorization, exceptions and appeals

# WHAT MEDICARE PART D IN LTC REALLY IS

- ...saves patients' money?
- ...ability to afford medications?
- ...ability to prescribe medications?
- ...way to ensure quality?
- **FORMULARY!!**

# Assisted Living Challenges

- AL operates under retail pharmacy rules
- No waived copays / deductables
- More prone to fraud and confusion
- Greater strain on staff
- PA & Appeals less supported

# (SOME)IMPROVEMENTS SINCE IMPLEMENTATION

- Accepted (but not mandatory) PA form
- Some plans (but not all) easier on AChIs

# HOW FACILITIES CAN ADAPT

- Have labs ready for e-poietin
- Have MMSEs ready for AChIs
- Suggestions to change PDPs
- Physician/staff education (and for part B/D drugs)
- Dedicated staff in NH (i.e., the ADON)
- Involvement of pharmacist

# HOW CAN PDPs AND CMS ADAPT

- Better identification of LTC residents
- Include SDAT drugs as part of 6 included classes
- Get LTC expertise in PDPs
- Publish understandable PDP quality measures
- Give appropriate alternatives for non-covered meds
- Allow alternative doses/forms

# Recommendations: continued

- Extend enrollment deadline without penalty
- Require one-stop access to plan formulary, procedures and forms for prior authorization, exceptions, appeals, and contacts
- Require telephone waiting times of no more than 5 minutes for physicians
- Require uniform procedures and forms
- Require coverage of all doses and forms of formulary drugs for LTC

# Recommendations-continued

- Require formulary coverage, without prior authorization, for drugs recommended by CDC to treat current influenza strain
- Change quantity limits to last one year
- Prohibit unreasonable administrative requirements
- Enforce CMS contractual requirements

# OTHER WAYS TO EFFECT CHANGE

- Alliance of organizations (AMDA, AGS, ASCP, Alzheimer's Assoc., etc.)
- Elected representatives (both at grass-roots and national level)

# FUTURE CHALLENGES

- Tag F329 Unnecessary Drugs
- MTMS (specify as “suggestion only”?  
Mandate chart review?)
- Research about meds specific to elderly  
(and in LTC)
- Outcome measurement of medication  
regimen changes due to Medicare Part D

**THANK YOU!**