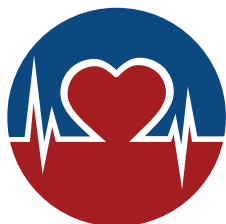


November 2021

# Medicare Part D Access Challenges

A National Survey of Cardiovascular  
Patients & Health Care Providers



PARTNERSHIP TO ADVANCE  
**Cardiovascular  
Health**



# Introduction

**More than 62 million Americans — one-fifth of the U.S. population — are enrolled in the Medicare program. Many of those are cardiovascular patients.**

These are people who may have already experienced a heart attack or stroke, or who live with a condition such as high cholesterol, heart failure or AFib. For these patients, prescription medication often assumes a critical role in treating their conditions and preventing deadly cardiovascular events.

But while the Part D prescription drug program is a critical component of Medicare for many of these patients, challenges persist. Limitations on coverage and access can limit health care providers' ability to offer patients the personalized care they need. And cost-sharing issues can leave patients, many of whom live on a fixed income, to navigate difficult financial trade-offs.

To explore the nature of these challenges, as well as potential policy solutions, the Partnership to Advance Cardiovascular Health conducted a national poll of more than 300 cardiovascular Medicare patients and providers.

## POLL RESULTS

# Treating Cardiovascular Disease & Risk

Medication is a daily reality for Medicare beneficiaries facing cardiovascular disease or working to mitigate risk factors. In addition to reducing the risk of a heart attack or stroke, these medications also offer older adults a sense of security.



**PATIENTS**  
agree



**PROVIDERS**  
agree

**93%**



The majority of heart patients take **more than one medication on a daily basis.**

**99%**

**85%**



These **medications reduce patients' risk** of a heart attack or stroke.

**92%**

**78%**



Patients rely on their heart medication for **peace of mind.**

**86%**

# Facing Health Plan Barriers

Timely access to adequate treatment can be the difference between having a massive heart attack or preventing one. That's why health care providers and patients work together, sometimes for weeks or months, to find the right treatment regimen. The ability to individualize care, however, is often complicated by health plan barriers.



**Patients had to try several medications** before finding one that works.

**45%**  
**PATIENTS**  
agree

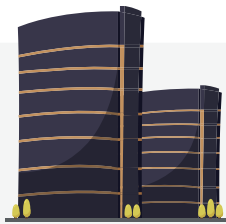
**75%**  
**PROVIDERS**  
agree



Patients' insurance companies **only cover certain medications.**

**58%**  
**PATIENTS**  
agree

**92%**  
**PROVIDERS**  
agree



Patients' insurance companies **dictate which medications they can take.**

**41%**  
**PATIENTS**  
agree

**84%**  
**PROVIDERS**  
agree



Patients' insurance companies have **required them to switch medications.**

**27%**  
**PATIENTS**  
agree

**96%**  
**PROVIDERS**  
agree

Both groups agreed that patient-centered care, not health plan profits, should be the driving force in treatment decisions.

**89%**  
**PATIENTS**  
agree



**Treatment decisions should be based on what's best for the patient,** not what's best for the insurance company.

**91%**  
**PROVIDERS**  
agree

# Paying for Prescribed Medications

For Medicare beneficiaries who do get coverage for their prescribed medication, footing the out-of-pocket bill often proves complicated. Many older adults live on a fixed income, yet the costs for their medication can vary significantly throughout the year because of the way health plans structure cost sharing.



**Patients live on a fixed income** or depend on Social Security for income.

**73%**  
**PATIENTS**  
agree

**90%**  
**PROVIDERS**  
agree



**Out-of-pocket costs are more than patients can afford.**

**38%**  
**PATIENTS**  
agree

**81%**  
**PROVIDERS**  
agree



**At the beginning of the year, patients have to pay more** for prescription drugs because they haven't met their deductible.

**49%**  
**PATIENTS**  
agree

**91%**  
**PROVIDERS**  
agree



**Patients have had to borrow money, dip into savings, or forego essentials** such as groceries or utilities to afford their medication.

**27%**  
**PATIENTS**  
agree

**70%**  
**PROVIDERS**  
agree

# Finding Policy Solutions

Patients and providers reported that limits on out-of-pocket costs for Part D medications would help, as would spreading those out-of-pocket costs across the calendar year. And respondents agreed that cost savings, such as rebates provided to health plans, should trickle down to benefit patients and not just insurance companies.



**PATIENTS**  
agree



**PROVIDERS**  
agree

79%



There should be a **limit on out-of-pocket costs** for Medicare beneficiaries.

95%

69%



Out-of-pocket costs would be more manageable if they were **spread evenly throughout the year.**

84%

84%

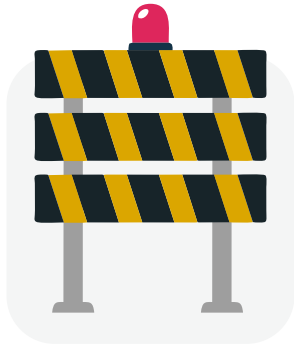


When drug companies give rebates to health plans, **patients' costs should be lower.**

89%

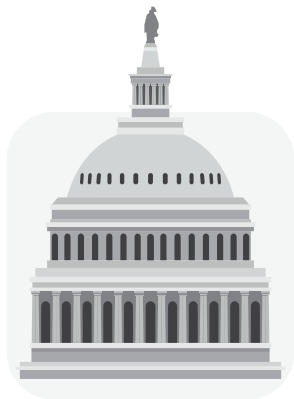
# Moving Forward

Poll responses reflect the range of challenges facing Medicare beneficiaries with cardiovascular disease, specifically:



- › **HEALTH PLAN LIMITATIONS** on which medications are available to them
- › **OUT-OF-POCKET COSTS** that make it difficult to maintain optimal care
- › **BARRIERS** to receiving optimal, tailored treatment.

Respondents clearly see the need for policy change. Reforms currently or previously under consideration by federal policymakers could improve access to care for Medicare beneficiaries. These include efforts such as:



- › **OUT-OF-POCKET CAPS** for Medicare Part D
- › **OUT-OF-POCKET SMOOTHING**, which would evenly distribute beneficiaries' cost sharing across the year
- › **REBATE REFORM**, which would require health plans to share the cost savings from drug rebates with patients.

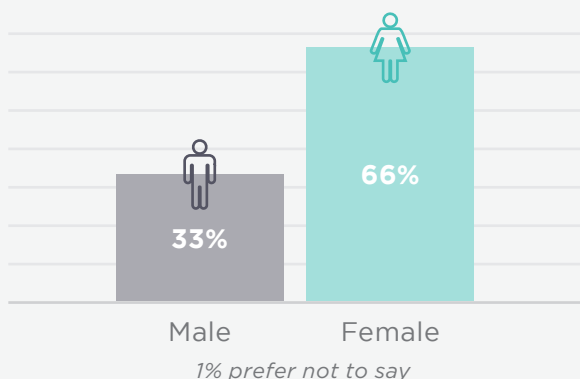
Medicare Part D continues to play a critical role in the lives of many Americans, including those living with cardiovascular conditions. By strengthening the program to make patient-centered care more accessible, policymakers can improve the lives and protect the well-being of many beneficiaries.

# Methodology & Demographics

Online polls ran August 12 to October 15, 2021 and captured responses from 249 patients and 79 health care providers. Patients were Medicare recipients living with high blood pressure, atrial fibrillation, high cholesterol, high triglycerides, obesity, diabetes, hypertension or heart failure. Participating health care providers included cardiologists, endocrinologists, primary care physicians and nurse practitioners who treat heart patients.

## PATIENTS

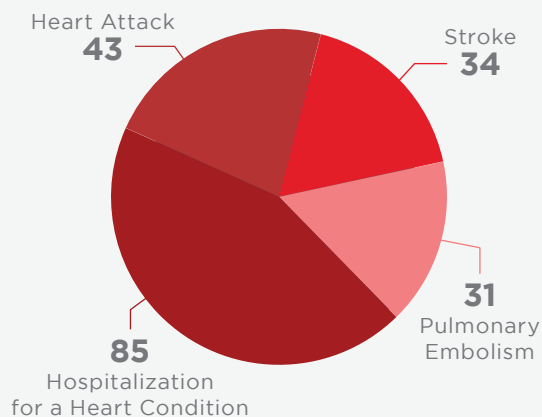
### GENDER



### RACE

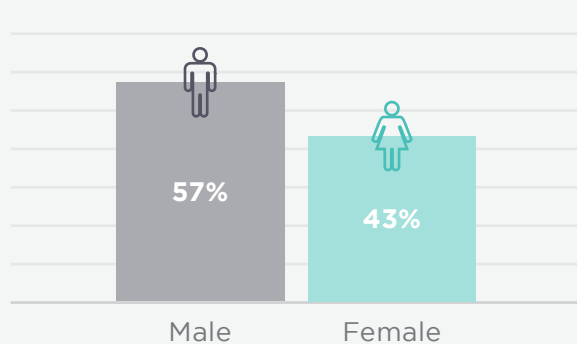
White	83%
Black or African American	8%
Hispanic or Latino	4%
American Indian or Alaska Native	3%
Native Hawaiian / Other Pacific Islander	1%

### PATIENTS HAVE EXPERIENCED



## PROVIDERS

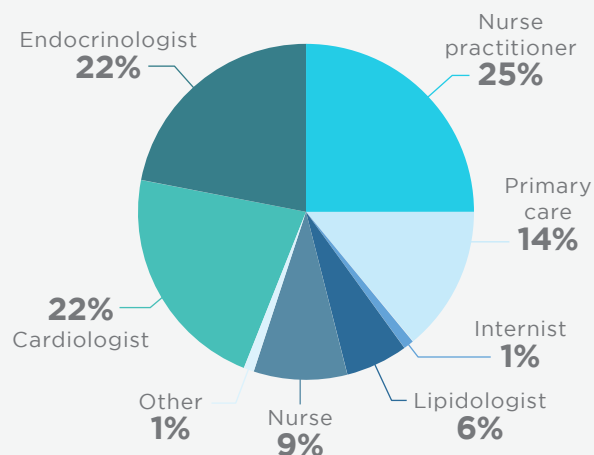
### GENDER



### RACE

White	61%
Asian	13%
Black or African American	11%
Hispanic or Latino	6%
Middle Eastern	3%
American Indian or Alaska Native	3%
Two or more races	3%

### SPECIALTY







PARTNERSHIP TO ADVANCE  
**Cardiovascular  
Health**

**About the Partnership to Advance Cardiovascular Health**

The Partnership to Advance Cardiovascular Health works to advance public policies and practices that result in more treatment options and improved cardiovascular health for heart patients around the world.



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**[AdvanceCardioHealth.org](http://AdvanceCardioHealth.org)**