



# **Senior PharmAssist: *Expansion Efforts & Medicare***

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23 August 2024

## Disclosures

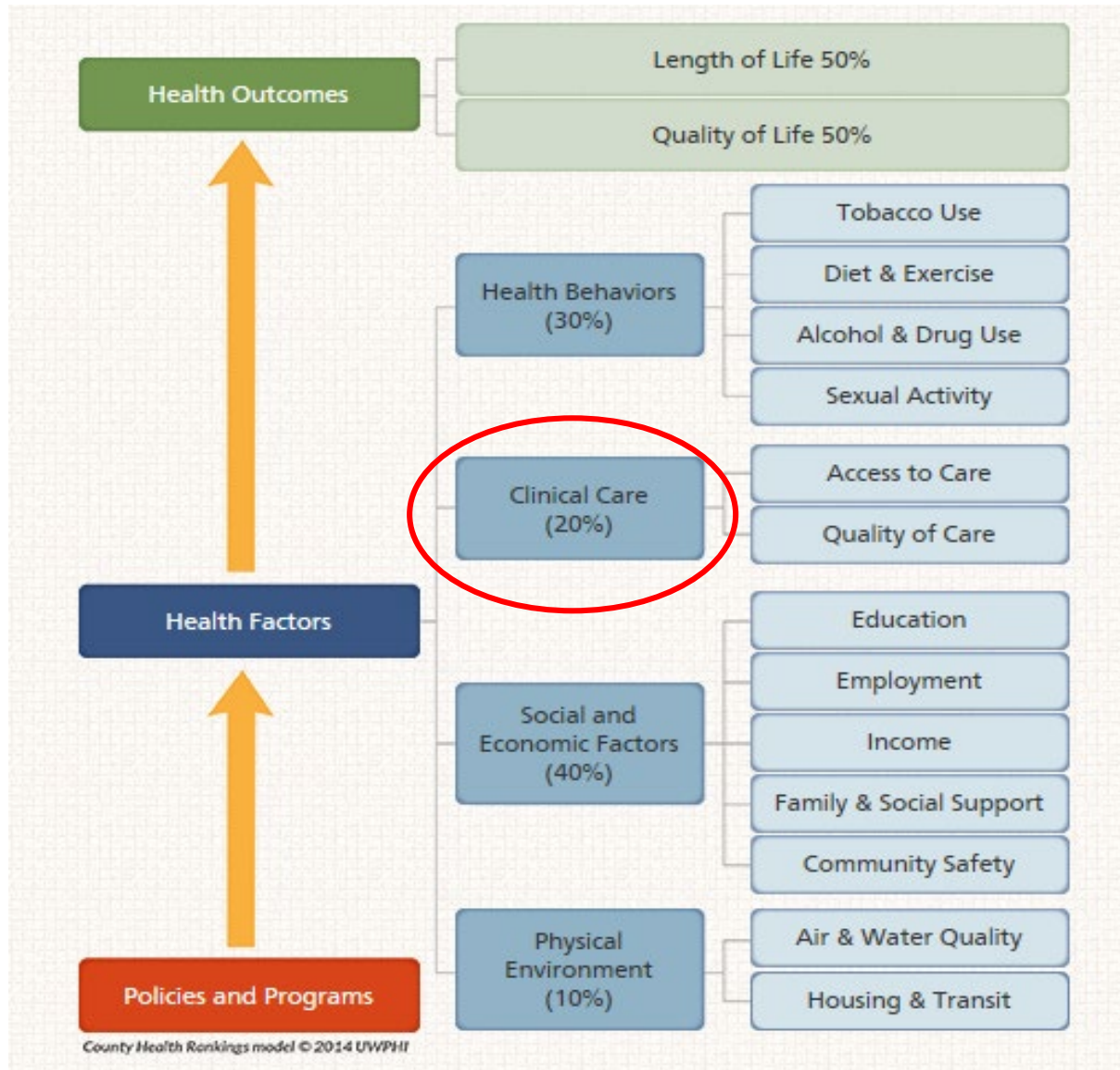
- ✓ While a Medicare Payment Advisory Commissioner – I do not speak for MedPAC
- ✓ Other communities replicating the model are just getting started
- ✓ Articles coming – influence if the IRA on Medicare D and SPA model replication





*"You may believe you've been overcharged, but, remember, you're overmedicated."*

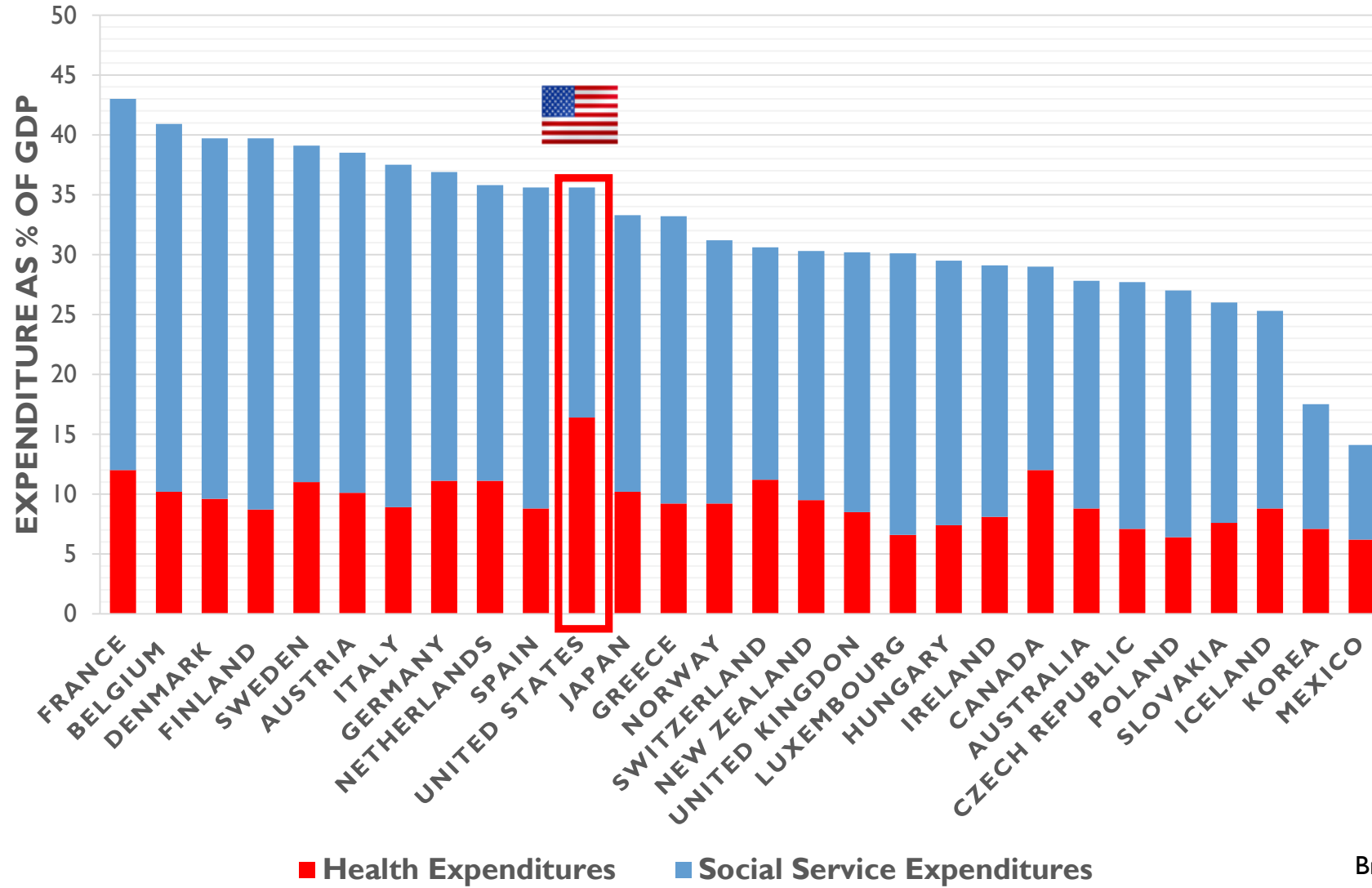
## Social Determinants of Health (RWJ County Health Rankings)



## Social Determinants of Health

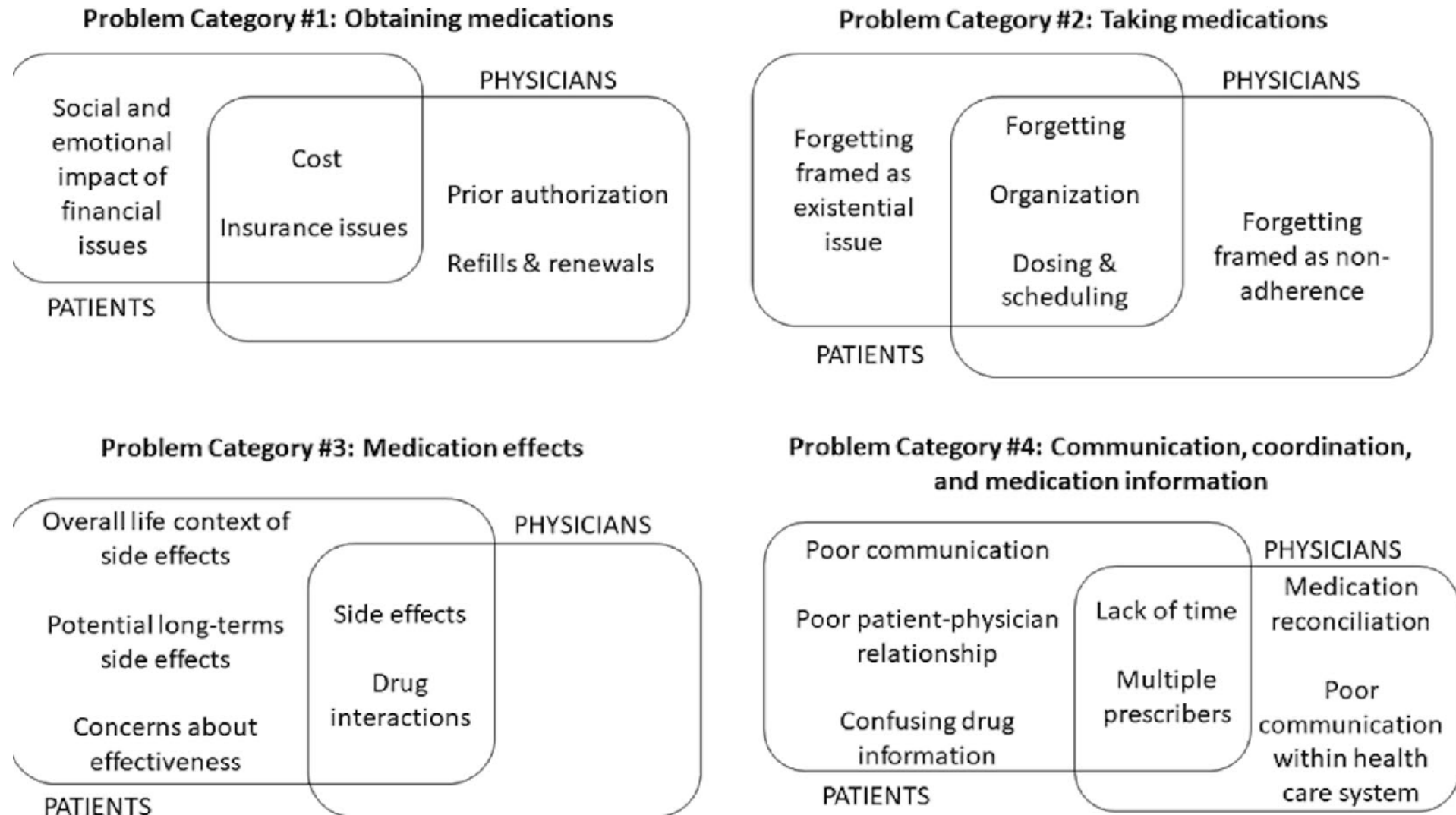
- Conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels and are mostly responsible for health inequities.

# Buying Health: Health & Social Services Expenditure by Country

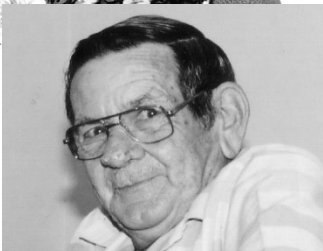
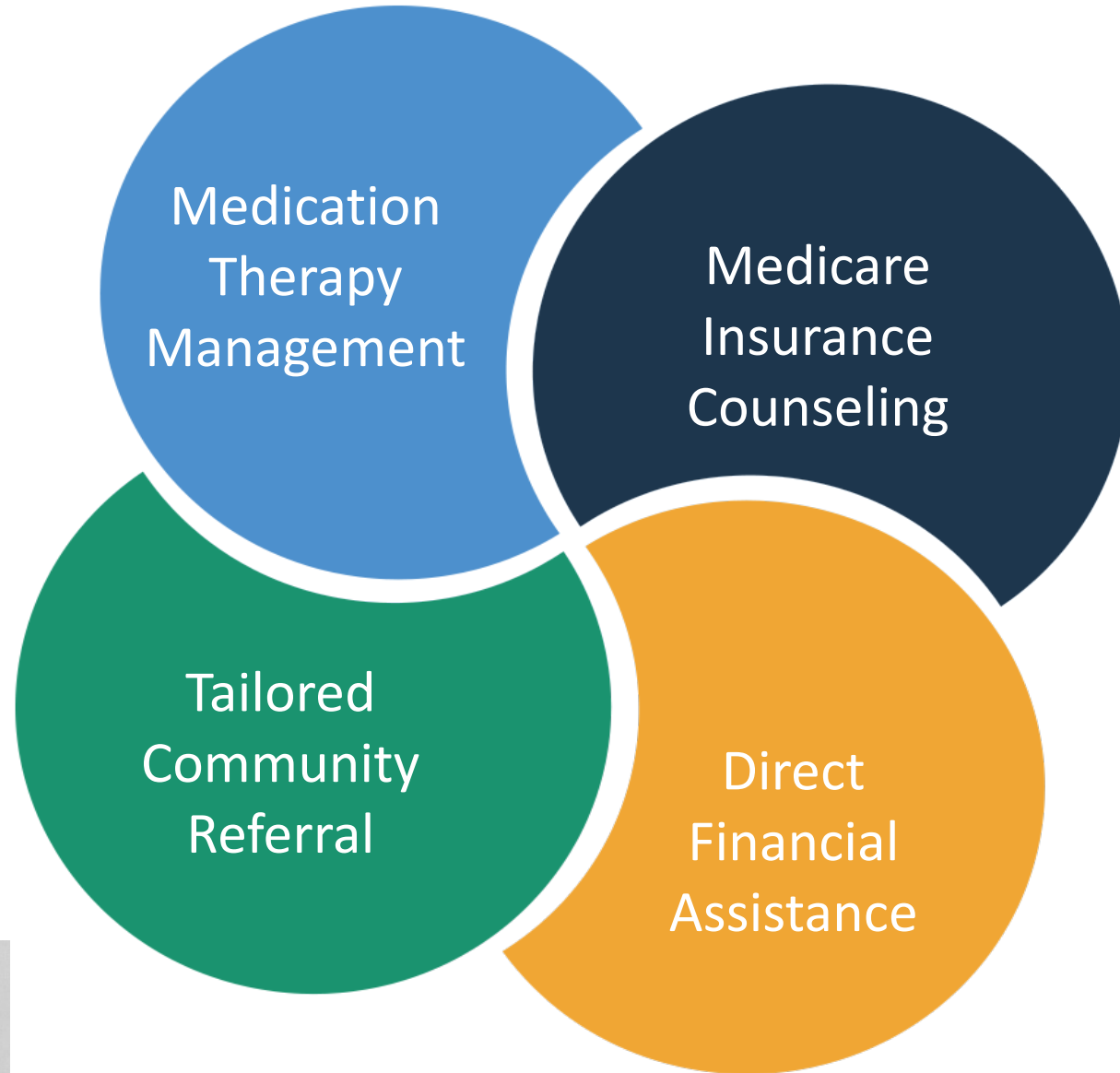


# What Is a Medication-Related Problem? A Qualitative Study of Older Adults and Primary Care Clinicians;

*J Gen Intern Med, DOI: 10.1007/s11606-019-05463-z; 2020*







# Senior PharmAssist Services

## *Durham Residents*

**Medication Therapy Management**  
No charge up to  
300% FPL  
(\$3765 single/\$5110 couple)

**Tailored Community Referrals**  
Any age or income



**Medicare Counseling**  
Durham resident  
any age or income

**Direct Financial Assistance**  
60+ years &  
<250% FPL with Medicare drug  
plan (not EGHP)  
(\$3138 single/\$4258 couple)





# The Intersection of Medication Access and Use

- *“Drugs don’t work in patients who don’t take them.”*
  - Former Surgeon General C. Everett Koop
  - Nonadherence – often intentional
  - Cost
- Sometimes the best medicine is no medicine at all.
  - Polypharmacy – “medication overload”
  - Medication-related problems
- ✓ Goal -> Couple medication access with medication appropriateness = optimization





## Motivational Interviewing

- Active listening
- Open-ended questions
- Reading body language

## Racial Equity

- Inclusion: Who is at the table? Who feels comfortable?
- Power
- Addressing disparities

## Continuity of Care

- Identifying and assisting the needs of the “whole” person over time

## Two Types of Appointments

- ✓ Medication therapy management  
(aka Med reviews)
- ✓ Medicare Insurance Counseling
- Both include tailored community referrals –  
thus, usually two staff members



## Recent Developments

- ✓ Expanded income guidelines from 200 to 250% of the FPL
- ✓ Adding more branded medications to our formulary (list of covered meds); inhalers; eye drops; C-V meds: Entresto, Eliquis, Xarelto; DM meds: Farxiga, Jardiance, \$5 insulin, etc. )
  - ✓ <https://www.seniorpharmassist.org/medicareformularies>



# Senior PharmAssist began in 1994

## A tenant in the DCSL



25 Years with Senior PharmAssist



- ✓ Anyone can refer
- ✓ We can arrange:
  - Transportation
  - Translation/interpretation
  - Home visits
  - Telehealth (video or phone)

# Outcomes

*Journal of the American Geriatrics Society, 66:2394–2400, 2018*

After two years enrolled in Senior PharmAssist

- 36% decrease in emergency room visits
- 29% reduction in hospital stays
- Increase in medication adherence from 66 to 76% - a means to an end, not the end
- 12.5% more individuals rate their health good to excellent







# Communication with Providers

Our pharmacists:

- Jessica Visco, PharmD, BCGP
- Marilyn Disco, PharmD, BCGP – Clinical Services Director
- Sheri Omozokpea, PharmD, BCGP

SPA pharmacists have MedLink access & Smart Phrases in DUHS system



# The 4 Parts of Medicare

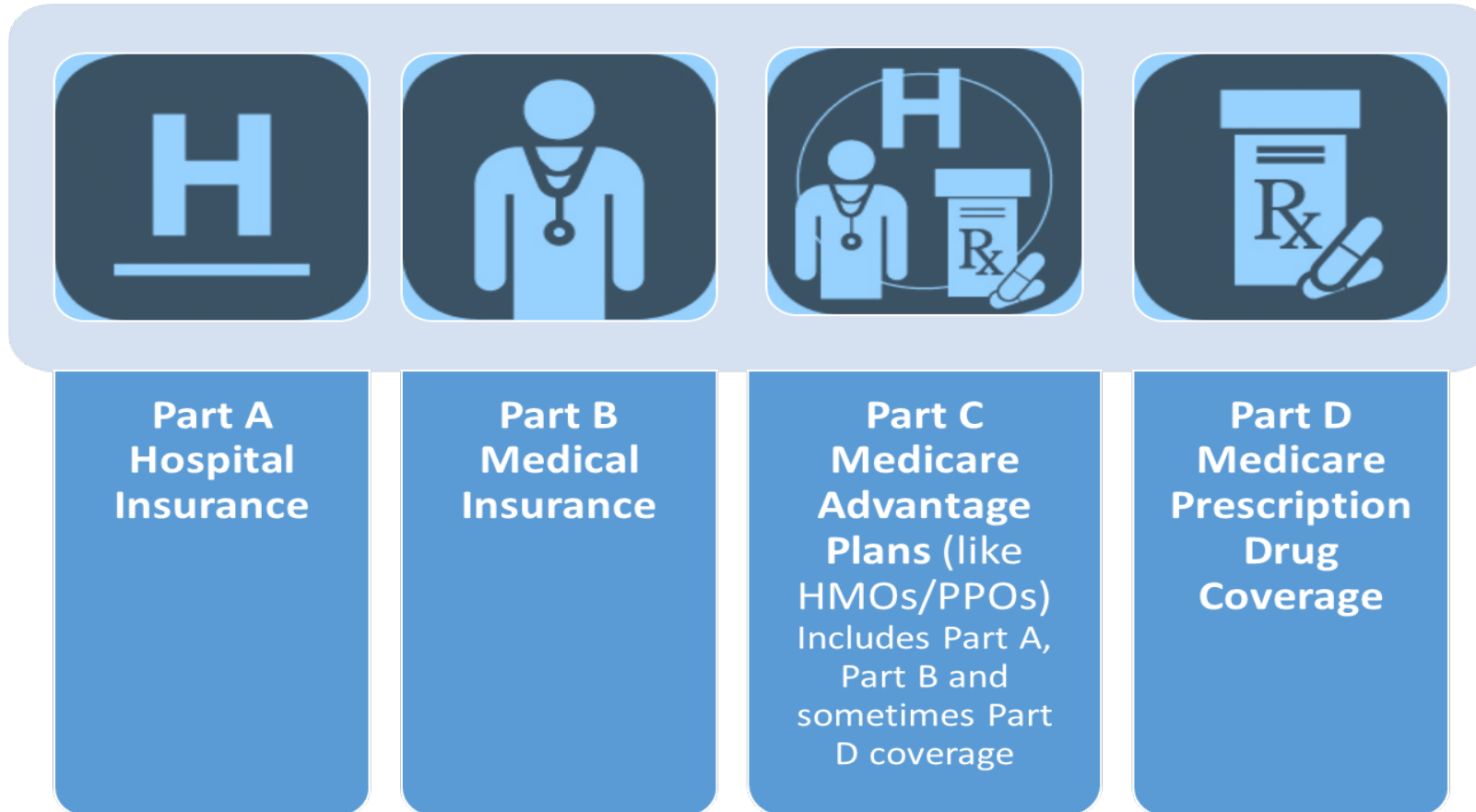


Figure 9

## Median Per Capita Income, Savings, and Home Equity Are Higher for White Medicare Beneficiaries Than Black or Hispanic Beneficiaries

Overall White Black Hispanic



NOTE: Data on other racial/ethnic groups not shown and is not available for other specific groups beyond those shown due to small sample size.

Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.

SOURCE: KFF/Urban Institute analysis of DYNASIM data, 2019

**KFF**

Source: <http://files.kff.org/attachment/Report-Racial-and-Ethnic-Health-Inequities-and-Medicare.pdf>

# Medicare Basics

- Health insurance program administered by the federal government for **individuals**
- Key players:
  - Centers for Medicare and Medicaid Services (CMS)
  - Social Security Administration (SSA)
  - Railroad Retirement Board (RRB)
  - Department of Social Services (DSS)
- Medicare is good basic coverage but enrollees view of it depends on:
  - What they had before
  - What they can afford





# Two Paths to Medicare

TRADITIONAL/ORIGINAL OR MEDICARE ADVANTAGE

## ORIGINAL MEDICARE

**PART A**  
*Hospital*

**PART B**  
*Medical*

**H**



## OPTIONAL COVERAGE

### SECONDARY COVERAGE

*Fills Some Cost Gaps*

1. Medicare Supplement
2. Medicaid
3. Some Employer Retiree Plans

**PART D**  
*Prescription Coverage*



## MEDICARE ADVANTAGE

### PART C

*Includes Both A & B*

**H**

AND



**MOST INCLUDE**

**PART D**

*Prescription Coverage*



*Many Have Additional Benefits*



# What does Original Medicare NOT Cover?

- Prescription medications
- Routine dental care
- Routine vision care and eyeglasses
- Hearing aids
- Foreign travel
- Cosmetic procedures and treatments
- Long Term Care





# Pick your side!

## Original Medicare

*Fee-for-Service*

- Part A – hospital
- Part B – doctor & outpatient
- Need Secondary Coverage
  - Past employer
  - Medicaid
  - Purchase Medigap policy/Medicare supplement
- Part D – drugs

## Medicare Advantage

*Managed Care = Bundled*

- A & B combined = Part C
- Paid for differently - Co-pays or co-insurance when you receive care – **“Pay As You Go”**
- Can include “extras”
- Can include Part D

# Pick your side!

## Original Medicare

*Fee-for-Service*

- Wide acceptance
- Has no maximum out-of-pocket (irrelevant if you have secondary coverage)

## Medicare Advantage

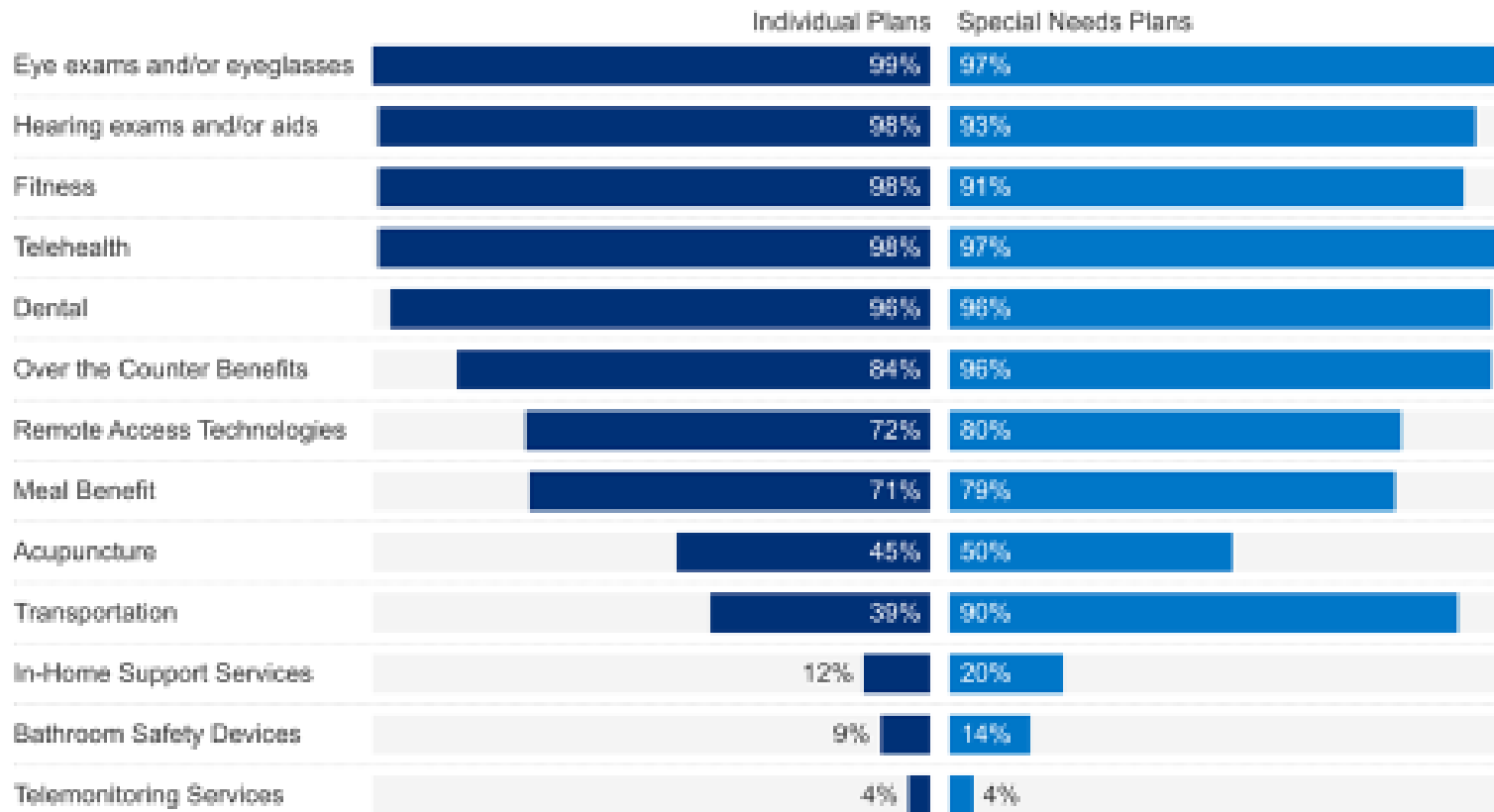
*Managed Care*

- There are provider “networks” & growing prior authorization
- Has maximum out-of-pocket (MOOP)

Some employers are offering private MA retiree options or help their retirees pay for commercial product.

Figure 5

## Share of Medicare Advantage Enrollees in Plans with Extra Benefits by Benefit and Plan Type, 2022

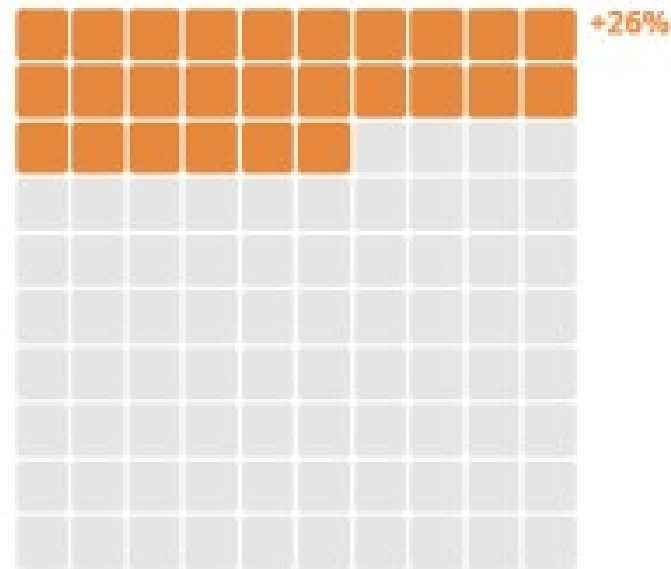


NOTE: Dental includes plans that only provide preventive benefits, such as cleanings. Analysis excludes employer group health plans (EGHPs). Individual plans are plans open for general enrollment and exclude EGHPs and SNPs. There are about 16.7 million Medicare Advantage enrollees in non-EGHP and non-SNP plans. There are about 4.6 million Medicare Advantage enrollees in SNPs.  
SOURCE: KFF analysis of CMS Medicare Advantage Enrollment and Benefit Files, 2022.

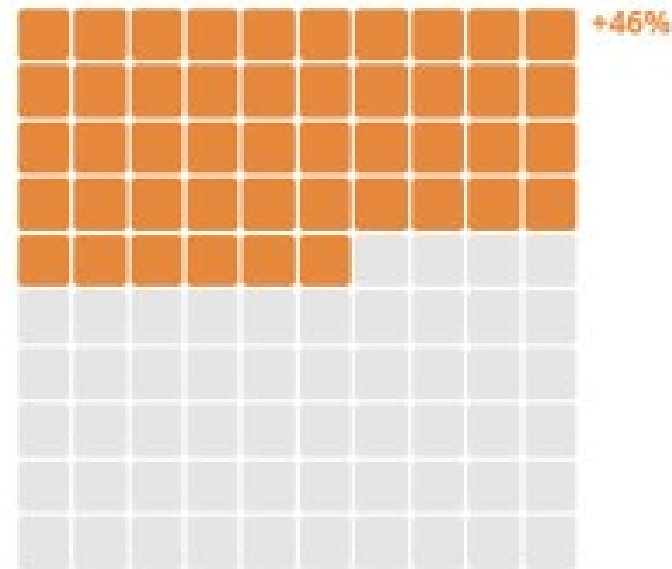
# Spending on Medicare Advantage Continues to Grow as a Share of Total Medicare Spending

Share of Medicare spending on **Medicare Advantage** vs. Traditional Medicare for Part A & Part B Benefits

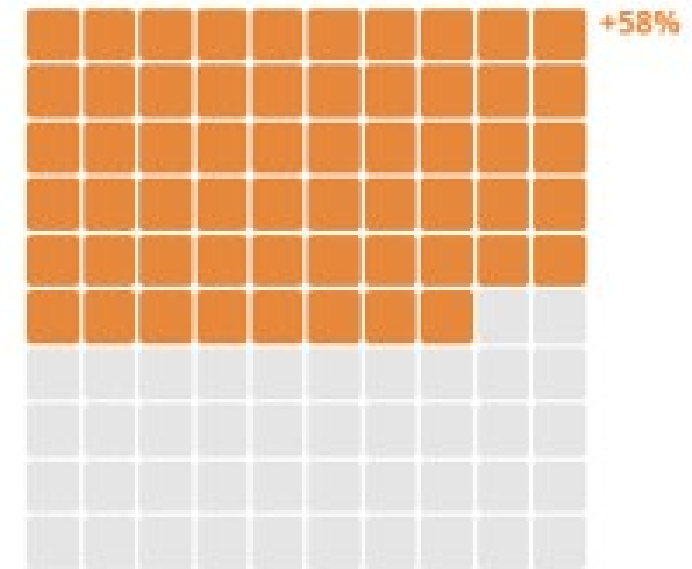
2011



2021



2031



**Source:** KFF analysis of data from 2022 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, Table IV.A3—Aggregate Part A Reimbursement Amounts on an Incurred Basis, and Table IV.B6—Aggregate Part B Reimbursement Amounts on an Incurred Basis.



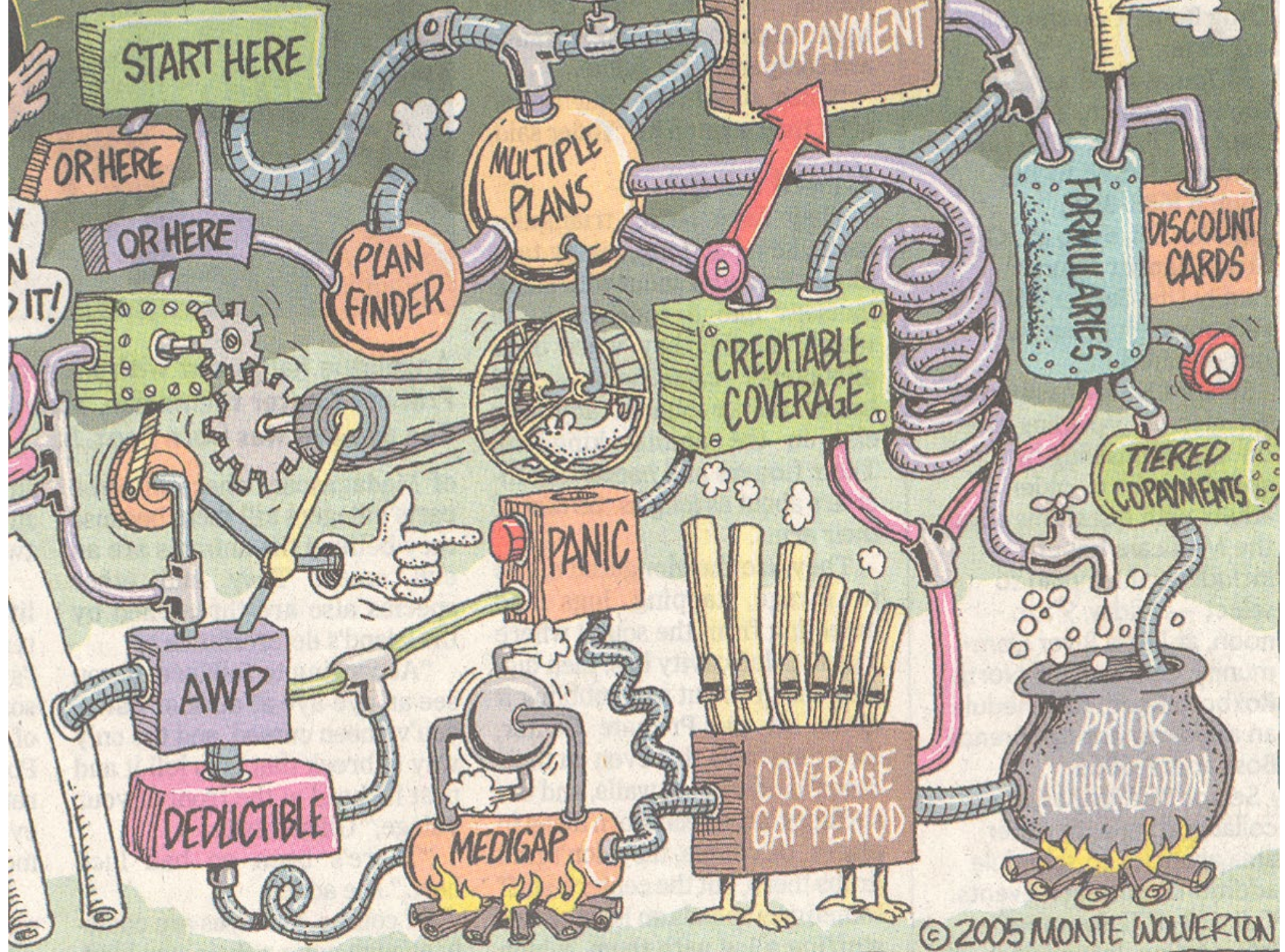
## Part D – Prescription Drug Plan





# How the new Medicare Drug Plan works!

A HANDY DIAGRAM





**Alert** [Learn how the Inflation Reduction Act impacts Medicare.](#)


**It's Open Enrollment — now to Dec 7**

[Find Plans](#)




# Welcome to Medicare


[Get Started with Medicare](#)

  
**Log in or create an account**  
Access your information anytime, anywhere


[Log in/Create Account](#)

  
**Find health & drug plans**  
Find & compare plans in your area

[Find Plans Now](#)

  
**Find care providers**  
Compare hospitals, nursing homes, & more

[Find Providers Near Me](#)

  
**Talk to someone**  
Contact Medicare & other helpful resources

[Get Help](#)

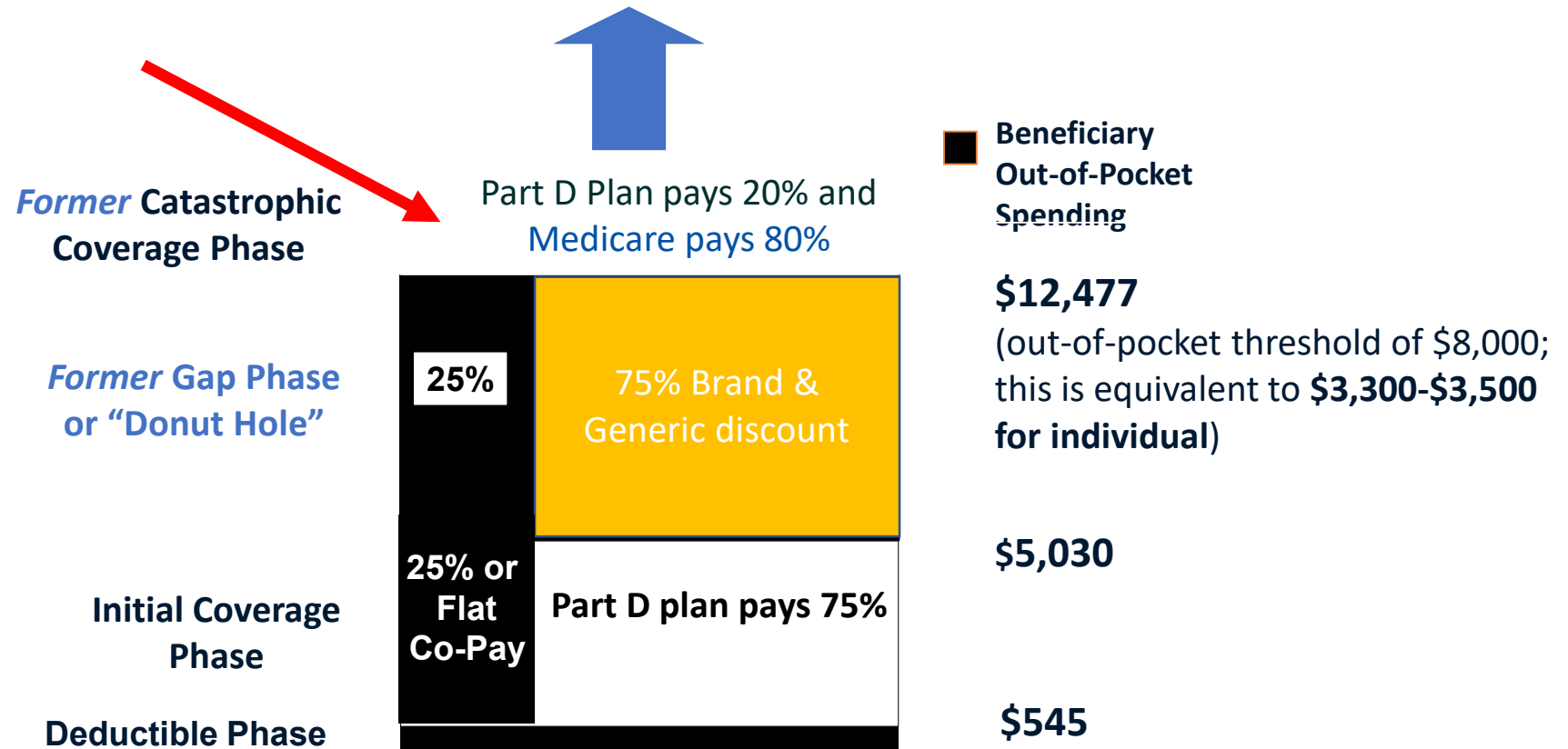
# Part D Plan “Discretion”

- Formularies; TrOOP – “true” out-of-pocket - medicines on formulary or successfully *appealed* for coverage
- Utilization Management tools:
  - prior authorization
  - step therapy
  - quantity limits
- Tiered cost sharing – 4-6 levels; Can request tiering “exceptions”
- Exceptions and appeals processes – begins with Coverage Determination Request Form
- Pharmacy co-branding & preferred; concern about *vertical integration*

# Projected 2024 Rx Savings at Senior PharmAssist

- Of those in stand-alone Part D plans (567/1,208) helped during the end of 2023, 53% switched plans for a mean annual savings of **\$1,300** (median = \$433)
- *It Pays to Compare*
- One-on-one appointments (SHIP coordinating site) also include:
  - Clinical pharmacists – 238 interventions (clinical and \$)
  - Community Resource Specialists – 130 interventions

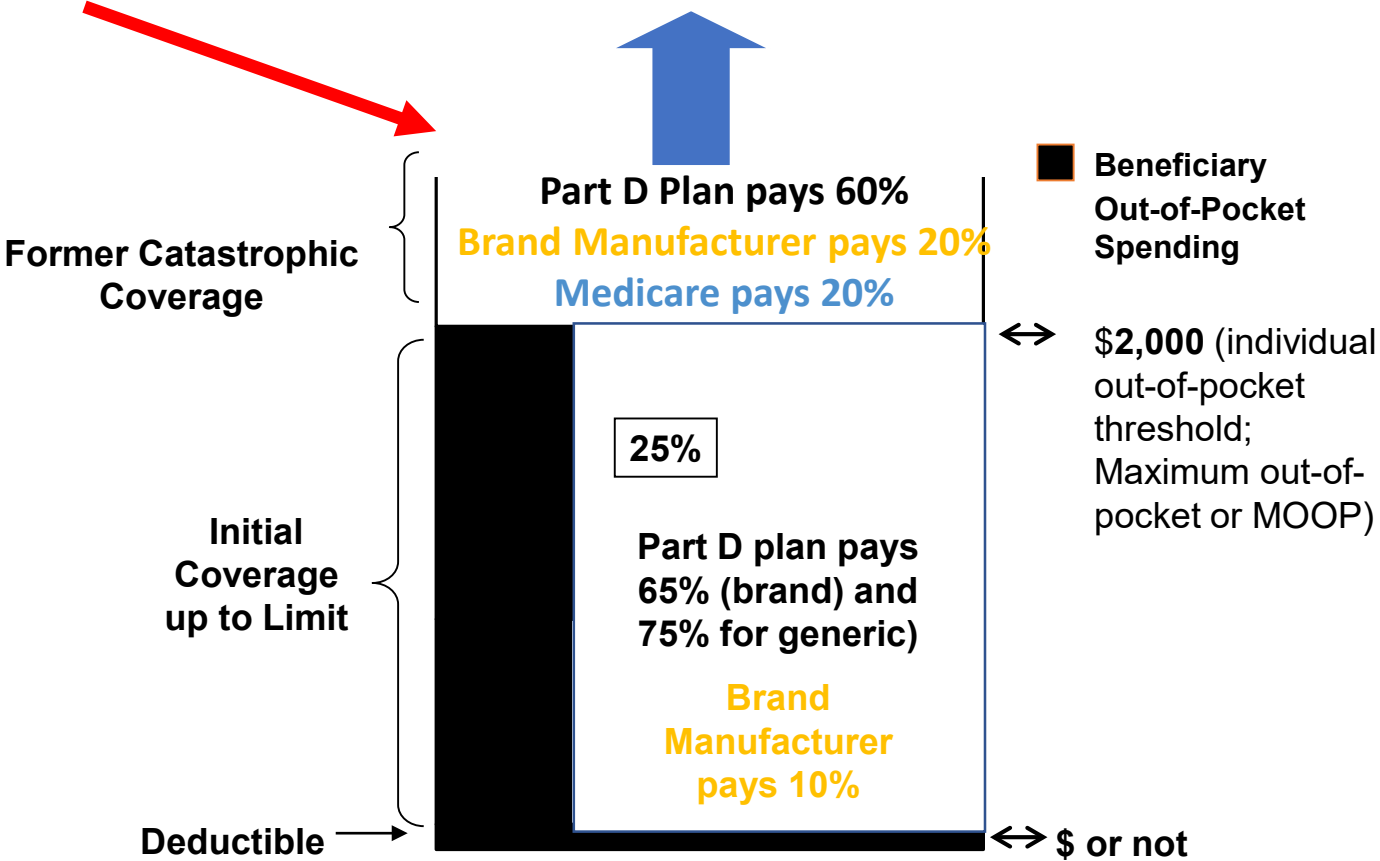
# Medicare Part D in 2024



*(Some plans only apply deductible to more expensive medicines)*

Note: People with Part D "Extra Help" or the low-income subsidy will pay less in premiums and at the pharmacy. Those with higher annual incomes (\$97k/single and \$194k/couple) will pay more in premiums (called Income Related Medicare Adjustment Amount or IRMAA).

# Inflation Reduction Act (IRA) 2025 Benefit



# Decision-making Paralysis: *Choice Overload*

*Durham County, NC as example*

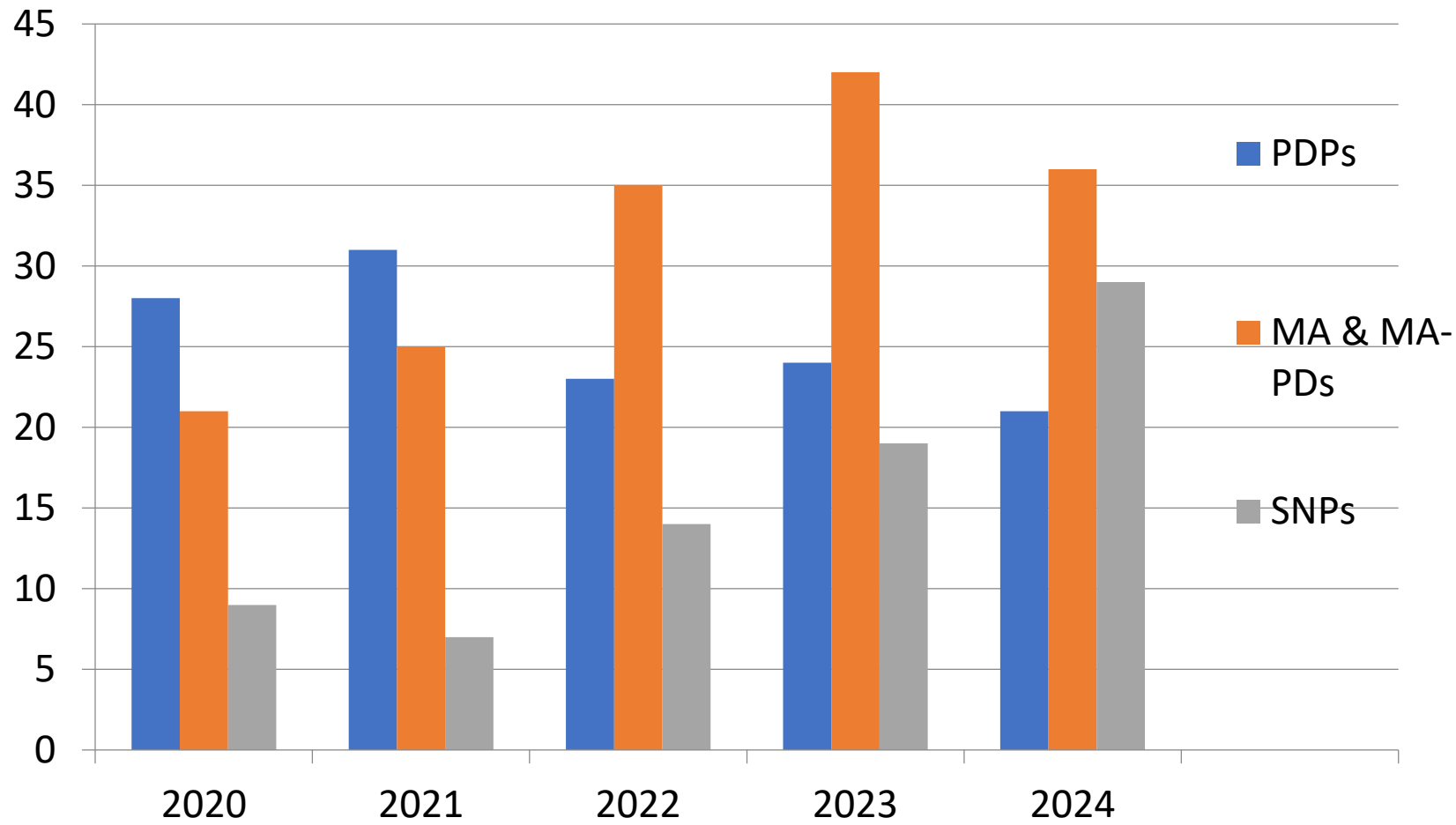
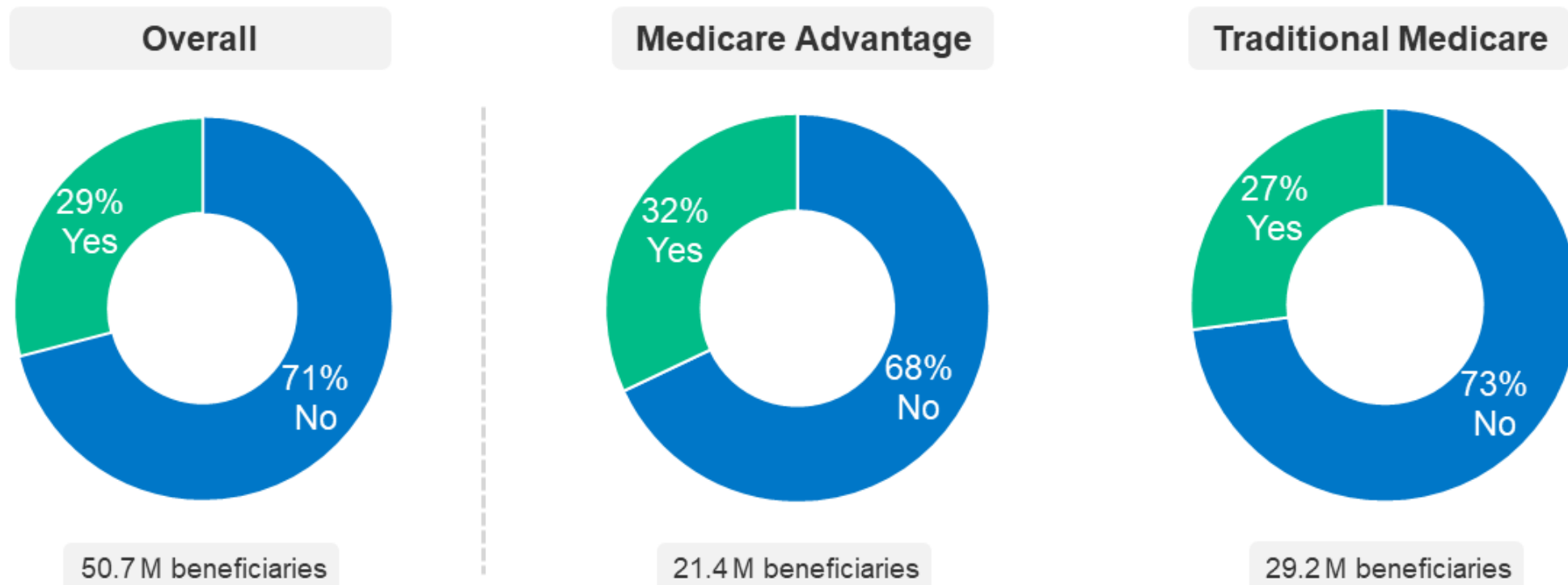




Figure 1

## 7 in 10 Medicare Beneficiaries Did Not Compare Medicare Plans During the 2018 Open Enrollment Period for their 2019 Coverage

*During the 2018 open enrollment period, did you compare your Medicare insurance plan with other Medicare plans that were available?*



NOTES: Analysis excludes Medicare beneficiaries living in long-term care facilities and beneficiaries who just signed up for Medicare. Numbers do not sum due to rounding.

SOURCE: KFF analysis of CMS Medicare Current Beneficiary Survey, 2019 Survey File.

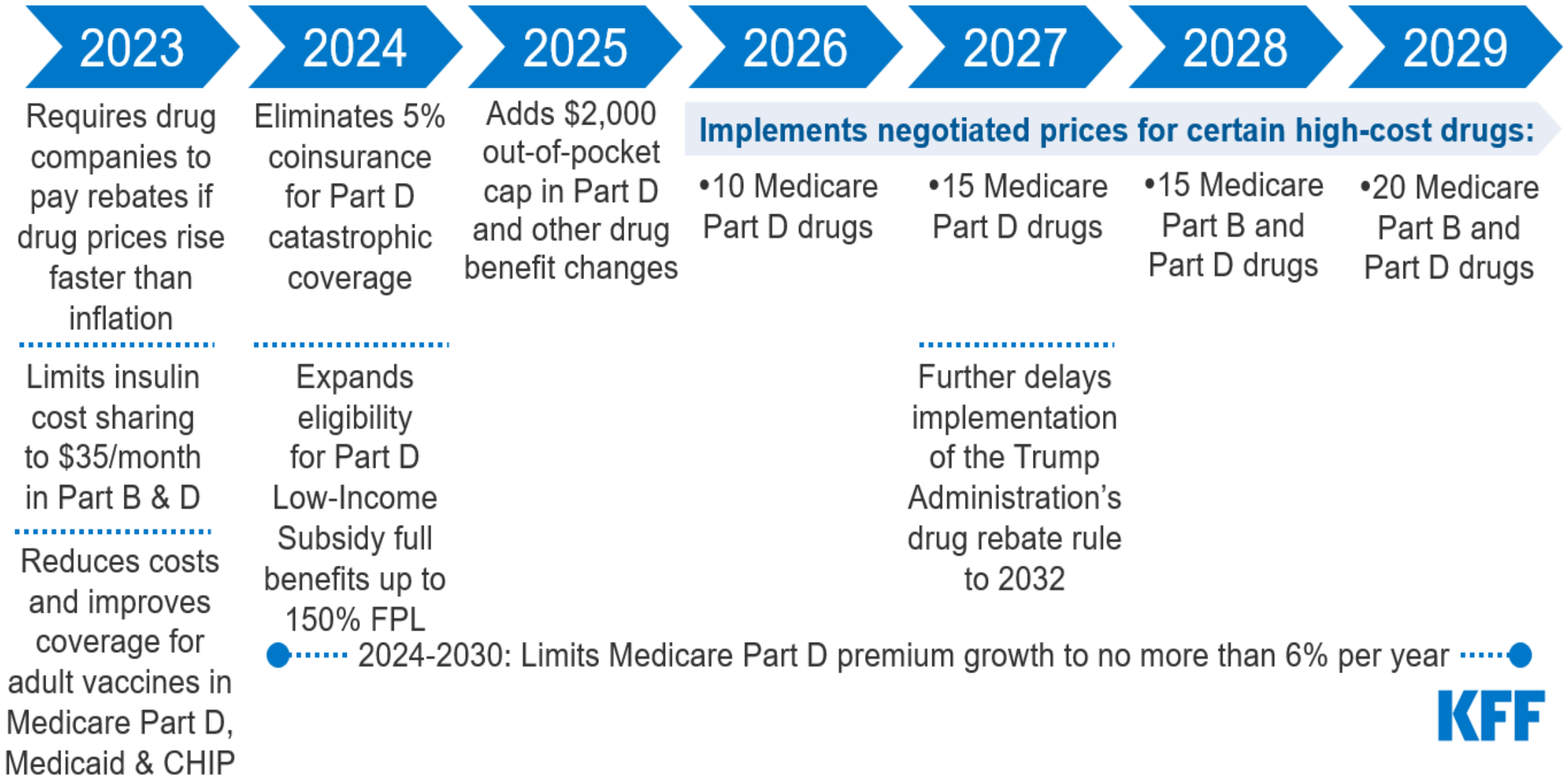
# Where to Get Help



- Local SHIP offices
- State Departments of Insurance
- Medicare: 1-800-633-4227 – 24/7/365
  - Warning – state and national call centers don't know about local “networks”
- Employer health benefits administrator
- **Brokers and agents can be helpful – more money to sell MA plans**; they are selling specific products; using agent doesn't affect rates; particularly helpful with supplements
- Social Security: 1-800-772-1213 [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Medicaid: Local County Social Services offices

Figure 3

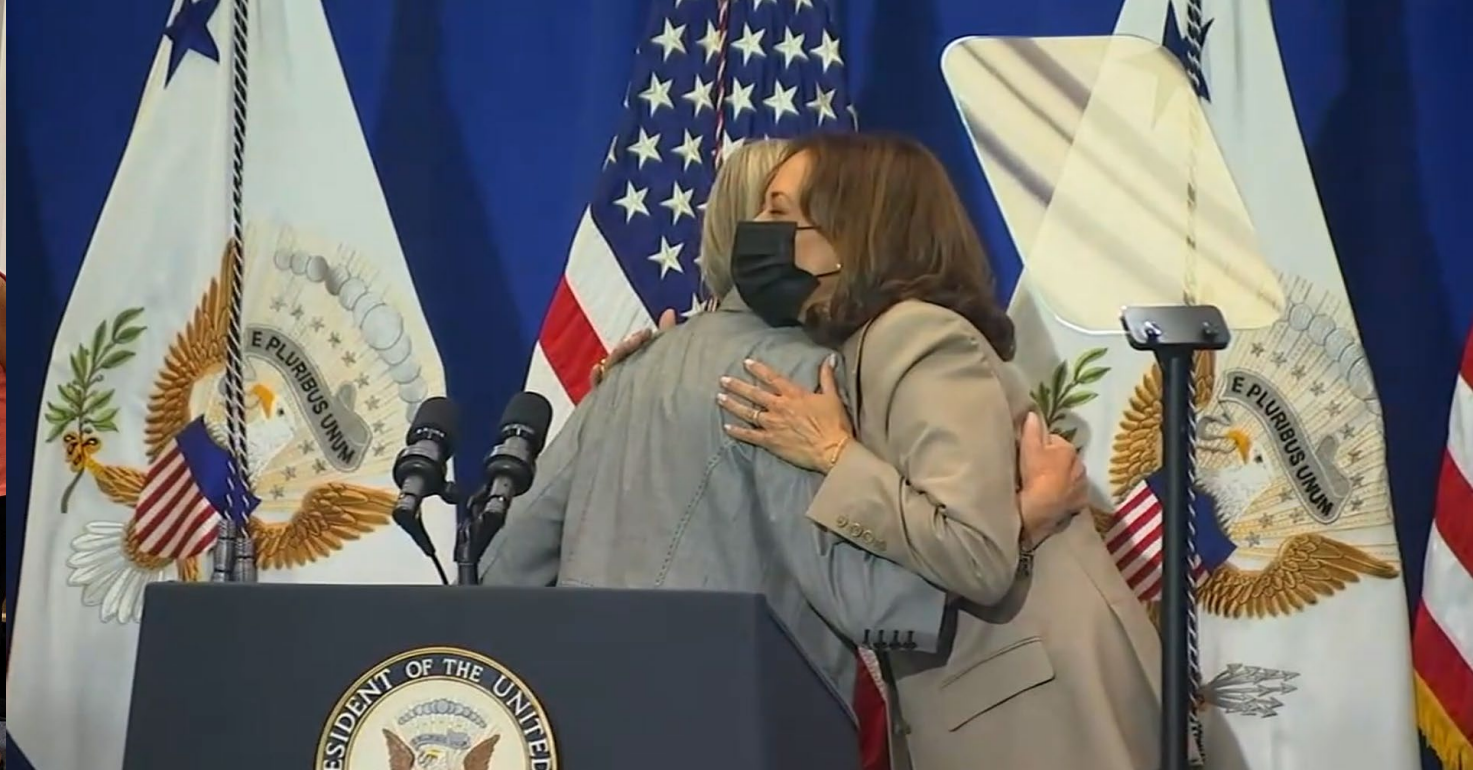
# Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act







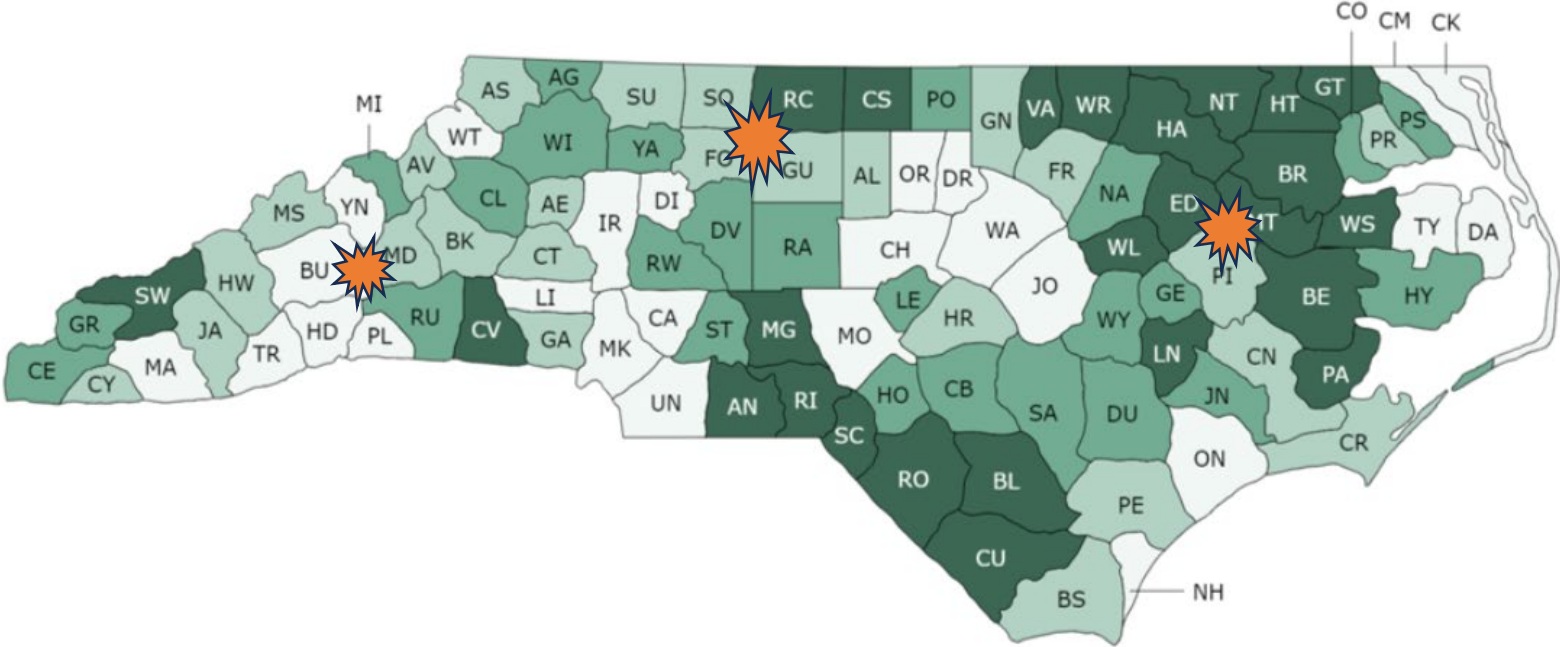






# Community with High Potential for Implementation and Variability

2022 Health Outcomes – North Carolina



Health Outcome Ranks  1 to 25  26 to 50  51 to 75  76 to 100





# SPA Model Replication/Expansion

*(2022 until now and moving forward)*

- Created a learning collaborative – NIA – Duke Roybal Center on Aging and Duke SON with other consultants
  1. West – Buncombe County
  2. Central – High Point/Guilford
  3. East – Pitt/Greenville
- Worked with them for a year and gathered feedback about what facilitates replication and what creates friction/challenges – on-going network (in progress)
- Now until early 2025 – looking at a business plan and how to help the next cadre of communities in NC
  - In a coalition or single agency?
  - When does funding need to be interjected?
  - Possible avenues to create NEW funding opportunities for model?



# Medicare Topics

- What Medicare should pay for and how much – how to align incentives to do the right thing
  - Often dealing with unintended consequences of policies
- Setting MA prices relies on fee-for-service projections – accurate? Those extra funds useful for other things?
- Standardization of MA plan features
- Long-term care services and supports – “more collaboration means less navigation needed”
- Some of my interests – Part D late enrollment penalties and pharmacists engagement to optimize medication use
- Simplification and transparency of benefits and payments









Thank You

Have Questions?