Experts' Roundtable

How do you see the new Medicare prescription drug benefit affecting medication therapy for assisted living residents?

Richard Marasco, *BSPharm, FASCP, CGP*

It's hard to tell yet, and it depends on the wording of the final benefit and the structure of the PDPs. If there are formularies where broad classes of drugs are grouped together and PDPs only are required to offer two agents in that category, cheaper but potentially inappropriate medications for older patients may be selected. As a result, safer products such as SSRIs (in the broad class of antidepressants) may not be available for our patients. Such formulary limitations are a concern that we need to monitor in order to protect our residents. There also is some concern that if drug costs as opposed to overall health care costs are targeted, this also could adversely affect our residents. Physicians and pharmacists will be working with their national organizations and with each other to ensure that residents continue to have access to the medications they need.

Richard Stefanacci, *DO, MGH, MBA, AGSF, CMD*

The specific impact on assisted living facilities and their residents depends—first, on whether or not residents sign up to participate. If you look at the latest survey by the Kaiser Family Foundation, the majority of seniors don't plan to enroll in the Medicare prescription drug benefit. For individuals in this group, there will be no change from their current situation. But for those who do change, it again depends on how many different plans a facility is faced with. In the ideal situation, a facility's residents all enroll in the same plan—one that is networked with the facility's pharmacy provider. Of course, even in this best case scenario, new residents entering a facility will be unable to change plans until the following calendar year. It probably will not be until next year at this time or even later that we truly know the answer to this question.

Stephen Axelrod, *MD*

The Medicare prescription drug benefit will discriminate against seniors who are frail and/or on multiple medications. In essence, it doesn't respond to this population's desire to stay in the least acute setting as long as they can. Instead, it says: "We won't pay for the medications and services you need in your homes. Get sick, and we will hospitalize you and give you the care you need there." With the MMA, we are getting away from patient-centered models that are based on what seniors need and not where they live. Pharmacies that provide the level of services that seniors need should begin unbundling drug products from those services now.

Phillip Sloane, *MD*

I think the issues related to the benefit will be no different for long term care than for the rest of population. I am concerned that the system as implemented may well be overly complex, that documentation and paperwork will be burdensome, and that this will impair its effectiveness in providing assistance to people. I think that Medicaid provides a good model for providing access to prescription medications. Its limitation is that it is more susceptible to cost inflation than the Medicare benefit will be; and from the corporate viewpoint, it restricts price-setting. However, it has advantages in being more comprehensive and simpler, and perhaps more cost-effective than the Medicare benefit will be.

Harlan Martin, *RPh*

I think that the impact of MMA and the prescription drug benefit will be a double-edged sword. On the plus side, more seniors will be able to get prescription drug coverage. However, seniors will be limited in the drugs they can take; and they may be limited to medications and classes of drugs that are inappropriate for this population. The MMA is designed to provide coverage for seniors who didn't have it previously and to decrease the cost of prescription drugs for these individuals. But by doing these things, we are very likely to see increased illnesses and hospitalizations due to lack of adherence and seniors taking "cheaper" medications that may be less effective or even dangerous for the elderly. ALC

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