Published in final edited form as:

Arch Intern Med. 2011 February 28; 171(4): . doi:10.1001/archinternmed.2011.9.

Caution in Generalizing Part D Results to Medicare Population

Becky A. Briesacher, PhD², Jeanne M. Madden, PhD¹, and Stephen B. Soumerai, ScD¹

¹Harvard Medical School and Harvard Pilgrim Health Care Institute

²Meyers Primary Care Institute and University of Massachusetts Medical School

August 16, 2010

Rita F. Redberg, MD, MSc

UCSF School of Medicine

505 Parnassus Ave, Ste M-1177, Box 0124

San Francisco, CA 94143-0124

Dear Dr. Redberg,

In the August 9/23, 2010 issue, Millett and colleagues wrote, “Mean out-of-pocket annual expenditures on all medications decreased by 32% ... from \$1011 to \$691, in the year after Medicare Part D was implemented compared with the year before in all Medicare beneficiaries participating in the M[edical] E[xpenditure] P[anel] S[urvey].” This result is two to three times larger than any result reported among at least 4 previous Part D evaluations (ranging from 13%–18%).^{1–4} Millett and colleagues acknowledge the difference but suggest that the prior studies were all underestimates of the benefits of Part D.

There may be another reason for the anomalous findings. The investigators excluded a large proportion (approximately 60%) of the original 2005 elderly and Medicare-eligible MEPS sample, in order to use a longitudinal study design. Such a large exclusion can significantly and systematically diminish the generalizability of the results to the reference population, in this case Medicare beneficiaries. As a result, other findings in Millett’s paper are also inconsistent with previous research. For instance, Table 1 suggests that 44% of the Medicare population did not have drug coverage in 2005 and 19% remained without coverage in 2006, when others put those estimate closer to 24% and 10%, respectively.⁵ These are not trivial differences, since the magnitude of the effect of Medicare Part D is directly related to levels of drug coverage before and after implementation of the program.

The use of MEPS data and the longitudinal study design make this study a unique contribution to our understanding of the effects of Part D for certain subgroups. However, we urge caution in generalizing these results to the entire Medicare population.

References

1. Yin W, Basu A, Zhang JX, Rabbani A, Meltzer DO, Alexander GC. The effect of the Medicare Part D prescription benefit on drug utilization and expenditures. *Ann Intern Med.* Feb 5; 2008 148(3): 169–177. [PubMed: 18180465]
2. Lichtenberg FR, Sun SX. The impact of Medicare Part D on prescription drug use by the elderly. *Health Aff (Millwood).* Nov-Dec;2007 26(6):1735–1744. [PubMed: 17978393]

3. Zhang Y, Lave JR, Newhouse JP, Donohue JM. How the Medicare Part D drug benefit changed the distribution of out-of-pocket pharmacy spending among older beneficiaries. *J Gerontol B Psychol Sci Soc Sci.* Jul; 2010 65(4):502–507. [PubMed: 20008482]
4. Ketcham JD, Simon KI. Medicare Part D's effects on elderly patients' drug costs and utilization. *Am J Manag Care.* Nov; 2008 14(11 Suppl):SP14–22. [PubMed: 18991476]
5. Levy H, Weir DR. Take-up of Medicare Part D: results from the Health and Retirement Study. *J Gerontol B Psychol Sci Soc Sci.* Jul; 2010 65(4):492–501. [PubMed: 20034992]