

Medicare Part D for “Difficulties”

by James C. Chingos, MD, CPE

In the past year I have heard countless stories that have convinced me that the Medicare Part D “benefit” does not, in fact, benefit today’s elderly cancer patients. In fact, I would submit that this new layer of bureaucracy has served to further distance elderly cancer patients from state-of-the-art therapies and may preclude their ability to receive these treatments.

During the 30 years I have cared for cancer patients, I have *never* witnessed the level of frustration that I am now seeing in elderly patients as they try to obtain their oral anti-cancer medications. Patients on new “targeted” therapies, the newer generation of antiemetics, and the few commonly used oral chemotherapies are particularly challenged. And the problem is not limited to our indigent cancer patients. Even middle class cancer patients are struggling to obtain life-saving medications because they simply do not have the fluid assets—i.e., *cash*. A rising number of cancer patients cannot afford either the co-pay or, more importantly, the “fair price” of their medication in order to reach the all-important Part D window threshold beyond which Medicare will pay 95 percent of the monthly price of the medication.

Cancer patients and their families are feeling a heightened sense of helplessness, fear, and abandonment. *If I can't get my medicine, I may die and no one seems to care.* Rest assured that people *do* care. From providers to non-profit organizations, such as the Association of Community Cancer Centers, people are working hard to ensure access to quality cancer care. And some of us are succeeding; for example, the innovative oncology patient assistance program developed

by one community cancer center (page 22) or the Patient Advocate Foundation’s Co-Pay Relief Program (page 26).

Are my experiences merely anecdotal? Recently, the Center for Medicare Advocacy, the nation’s oldest and leading Medicare advocacy group, released a progress report that said,

“The design of Part D promotes enormous variation in the type of plans offered, enrollment experiences, covered drugs, what counts toward the Donut Hole coverage gap, plan costs, and appeals. Many people remain confused and frustrated by Part D’s complexity and limitations.”

The Center for Medicare Advocacy calls for a redesign of the prescription drug program that is standardized, available throughout the country, and administered through the traditional Medicare program. It also calls for CMS to develop a required formulary and specify limited, standardized restrictions that plans can place on each drug. This would provide a uniform and reliable set of covered drugs.

“Beneficiaries should be able to enroll easily in Part D, obtain access to the medications they need, and not have sticker shock when they go to the pharmacy,” said Judith Stein, executive director of the Center for Medicare Advocacy.

What can the oncology community do? Until such time as the Medicare Part D benefit is fine-tuned and drug pricing is reined in, I propose the creation of a uniform application form and process that expedites outpatient access to oral anti-cancer therapies. And we’d better do it quickly. Best estimates suggest 40 million “baby boomers” will reach their 65th birthday by 2010. Hello Medicare, here we come. 📞



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