Impact of Medicare Part D on Osteopathic Physicians

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Context: Although there is a wealth of information for patients and physicians on the Medicare Prescription Drug Improvement, and Modernization Act, little research exists related to its impact on osteopathic physicians (DOs).

Objective: To examine the impact of Medicare’s prescription drug benefit—or Part D—on DOs and their practices.

Methods: Two electronic surveys regarding Medicare Part D were e-mailed to DOs randomly selected from the American Osteopathic Association database. The first survey was sent January 31, 2006 (within the first month of Part D implementation), and the second was sent June 1, 2006 (6 months after implementation). Both surveys focused primarily on the challenges experienced by DOs and their staff regarding Part D. Responses were subjected to univariate, bivariate, and Pearson product moment correlation analysis.

Results: Of the 10,000 DOs contacted, 603 (6%) responded and met inclusion criteria for the first survey and 343 (3.4%) for the second survey. More than 60% of respondents to the first survey reported challenges such as increased workload, difficulties understanding Part D, difficulties with the physician appeals process, and lack of information and education. These challenges were also reported in the second survey but by approximately 30% fewer respondents. One challenge—changing medications as a result of formulary restrictions—was reported by 17% more respondents to the second survey ($P<.01$). Respondents in primary care, solo practice, and rural areas as well as those treating large Medicare populations and those who were their patients’ primary source of information about Part D reported more challenges.

Conclusion: Considering the numerous challenges respondents faced with Part D, it is important to remember the role of physicians in successfully implementing healthcare programs, particularly as the US healthcare reform debate progresses.

In 2003, the US Congress passed the Medicare Prescription Drug, Improvement, and Modernization Act. As a part of this program, a voluntary prescription drug benefit, referred to as Medicare Part D, or simply Part D, was implemented in 2006.

The primary goal of Part D was to increase access to medications for senior citizens and Medicare enrollees. Enrollment began November 15, 2005, and closed May 15, 2006, while Part D coverage and benefits began on January 1, 2006. Although many physicians were initially confused by the complexities of Part D, they shared some responsibility for helping patients manage potential obstacles to obtaining needed medications. In fact, many patients expect this assistance from physicians.

Many studies have examined how Part D affects patients, particularly their physical, mental, and financial health through access to prescription drugs. One study evaluated physicians’ attitudes toward Part D and found widespread concerns about patient access to medication. Despite the critical role physicians play in the success of Part D, few studies have looked at the effect of Part D on physicians. Likewise, the effects of Medicare Part D on DOs are unknown.

To answer this question, we surveyed DOs twice within 6 months of Part D implementation. Both surveys evaluated DOs’ perceptions regarding whether Medicare Part D had the following effects:

- influenced medical practices in general, especially through the challenges it presented
- affected time commitments of physicians, nonphysician staff, and administrative staff
- influenced prescribing habits
- prepared physicians to be major sources of information about Part D
Methods
Participants
The American Osteopathic Association (AOA) database comprises a comprehensive list of osteopathic medical students, retired DOs, and associate members as well as records of the more than 67,000 DOs, regardless of AOA membership status. Potential participants of the present survey-based study consisted of 10,000 randomly selected DOs using the random selection option in the software.

During record selection, the following fields were required to have been completed for each DO: sex, date of birth, date of graduation from osteopathic medical school, location (city and state), and e-mail address. All DOs were required to be in active practice and living in the United States during the AOA 2005-2006 fiscal year, according to the database.

The sample included specialists and primary care physicians as well as DOs in solo practice, partnerships, and group practices. There were no systematic differences that would introduce selection bias between physicians for whom the AOA had e-mail addresses and those for whom the AOA did not. Although the AOA database had more e-mail addresses for members than nonmembers, we do not believe AOA membership status affects DOs’ experiences with Part D.

Survey Instruments
Two surveys were e-mailed to the same set of DOs previously described. Both surveys were distributed using an online survey system (Zoomerang, San Francisco, Calif). We validated the surveys with experts in survey research as well as with practicing physicians who reviewed the surveys.

As previously stated, enrollment for Medicare Part D began November 15, 2005, and ended May 15, 2006, while coverage and benefits began January 1, 2006. The first survey was e-mailed January 31, 2006, and was designed to measure initial physician experiences with Part D. It comprised 22 multiple-choice questions and three open-ended questions. The first six questions asked DOs about their practices (eg, number of physicians and staff in the practice, number of patients seen per week, proportion of patients on Medicare). The remaining questions concerned the DOs’ experiences with Part D. For example, the surveys asked DOs to estimate the percentage of their Medicare patients for whom they spent on Part D–related activities. It also asked DOs to provide the percentage of their Medicare patients for whom they became the primary source of information regarding the program.

Reflecting the goals of the surveys, DOs were asked if Part D had presented any of eight challenges to them and their practices, as follows:

- Increased workload for DO and staff
- Increased patient examination times
- Lack of information about Part D
- Difficulties in understanding information about Part D
- Lack of references and resources to give to patients
- Increased incidence of callbacks from pharmacies
- Difficulties with the appeals process under Part D
- Changing medications due to formulary restrictions

A final option of “Other, please describe” was also provided for this survey question.

Two follow-up e-mail reminders, which included the Web survey link, were sent to DOs who had not completed the survey 2 weeks and 1 day before the survey endpoint, which was February 17, 2006.

The second survey was e-mailed to the same pool of 10,000 DOs on June 1, 2006. It was designed to measure physician experiences with Part D after the enrollment period closed. The second survey comprised 26 questions. It began with seven questions similar to those at the beginning of the first survey and ended with two open-ended questions regarding Part D. The remaining questions concerned DOs’ experiences with Medicare Part D, from the time spent with Medicare patients to problems with formulary restrictions, as previously described.

As with the first survey, two follow-up e-mail reminders were sent for the second survey. They were e-mailed 1 week and 1 day before the survey endpoint, which was June 15, 2006.

Statistical Analysis
The data were subjected to univariate, bivariate, and Pearson product moment correlation analysis using SPSS statistical software (version 15; SPSS Inc, Chicago, Ill).

Results
Of the 10,000 DOs we e-mailed, 643 (6.4%) responded to the first survey and 343 (3.4%) responded to the second survey. Forty respondents to the first survey were excluded because they were not treating patients at the time of the study, bringing the total number of respondents for the first survey to 603 (6%). Respondents who did not respond to each question were included in data analyses.

Most respondents to the first survey (342 [61%]) and second survey (200 [62%]) employed two to 10 office or administrative staff, while a quarter of respondents (first survey, 143 [25%]; second survey, 81 [25.1%]) employed more than 10 office or administrative staff. More than 35% of respondents employed no nonphysician healthcare providers (first survey, 209 [37%]; second survey, 130 [40%]), while nearly as many employed two to 10 such providers (first survey, 197 [35%]; second survey, 115 [35%]).

Of the 563 respondents to the first survey, 401 (71%) stated that less than 50% of their total patient population were on Medicare. In addition, according to the AOA database, respondents to both surveys were similar to all 10,000 DOs contacted in terms of sex, age, specialty, and geographic region (Table 1).
Challenges of Part D

Only 93 (16%) of 589 respondents to the first survey and 63 (18%) of 342 respondents to the second survey replied that Part D did not present any challenges to their practice (Table 2). More than half of the respondents to the first survey stated that they encountered six of the eight challenges. In the first survey, more than 60% of the 589 respondents cited increased workload (380 [65%]), physician difficulties in understanding information about Part D (366 [62%]), difficulties with the physician appeals process (362 [62%]), or physician lack of information and education regarding Part D (358 [61%]). Longer patient examination times and changing medications as a result of formulary restrictions were the only items identified in the first survey that fewer than half of respondents viewed as challenges.

In the second survey, more than 30% of respondents reported five of the eight challenges. These respondents were less likely to believe that difficulties in understanding the information about Part D, difficulties with the physician appeals process, and longer patient examination times were challenges. In the first survey, 65% of respondents stated Part D increased their workload, while 36% reported this challenge in the second survey. In addition, the proportion of respondents who reported changing medications as a result of formulary restrictions increased 17% from the first survey to the second survey (Table 2).

In the first survey, osteopathic primary care physicians, solo practitioners, and those in rural areas were significantly more likely than those respondents not in primary care, solo practice, and rural areas, respectively, to report at least one of the challenges previously described (P<.001). In the second survey, only primary care physicians were significantly more likely than non–primary care physicians to report at least one of these challenges (P<.001) (Table 3).

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**Time Spent on Medicare Patients**

For the first survey, most respondents answered that Part D increased the amount of time they and their nonphysician and administrative staff spent on Medicare patients (Table 4). According to the second survey, 230 (70%) of 327 respondents spent an increase of up to 5 minutes per patient visit discussing Medicare Part D (Table 5). Only 64 (22%) of 296 respondents stated that their administrative staff spent an additional 3 to 5 minutes on Medicare patients. Respondents also observed that 83 (44%) of 188 nonphysician providers spent more than 3 additional minutes on Medicare patients.

**Prescribing Habits and Pharmacy Callbacks**

In the first survey, 347 (64%) of 539 respondents noted that Part D caused them to change the prescriptions given to patients (Table 6). This percentage was consistent with the 222 (70%) of 316 physicians in the second survey who reported they had changed their prescribing habits “in any way.” In both surveys, specialists, DOs treating small percentages of Medicare patients, and DOs in urban areas were less likely than other respondents to report that Medicare Part D changed the medications they prescribed for patients.

The percentage of DOs who reported that Part D changed their prescribing habits for individual drugs remained relatively unchanged during the study period (Table 6). Comparing the first survey to the second survey, the number of respondents who did not change their prescribing habits as a result of Part D decreased from 36% to 30%. In addition, 150 (28%) of 539 respondents to the first survey answered that Part D changed their prescribing habits for “many” or “most” drugs, while 89 (28%) of 316 respondents to the second survey changed their prescribing habits for many or most drugs. Primary care DOs, rural DOs, and DOs treating larger percentages of Medicare patients were more likely in both surveys to respond that Part D would affect the drugs they prescribe.

As demonstrated in Table 6, 120 (38%) of 320 respondents to the second survey reported confusion from pharmacies regarding which prescribed drugs were covered by Medicare Part D. Only 51 (16%) of 315 respondents reported that formulary changes were communicated in a timely manner for many or most drugs. According to the second survey, DOs from rural areas were significantly more likely than those from urban areas to report confusion from pharmacies about which drugs were covered ($P<.01$).
Three hundred forty (42%) of 589 respondents to the first survey received an increased number of “callbacks” from pharmacies (Table 7). A similar question in the second survey gauged the frequency of callbacks from pharmacies. Only 32 (10%) of 325 physician respondents to the second survey reported they “never” experienced an increased number of callbacks. The second survey also found that 144 (44%) of 325 physician respondents to the second survey received at least four pharmacy callbacks per week. The number of callbacks per week was approximately 20% greater for solo physicians (number of callbacks per week was approximately 20% greater for solo physicians (number of callbacks per week was approximately 20% greater for solo physicians) than other respondents (P<.05), rural practitioners (P<.01), primary care providers (P<.01), and DOs who treat a high percentage of Medicare patients (P<.01). These findings suggest a substantial increase in the number of callbacks since the implementation of Part D.

Physician Preparedness
A total of 266 (73%) of 603 respondents and 186 (57%) of 325 respondents to the first and second survey, respectively, believed they were either “not prepared” or “minimally prepared” to deal with Part D (Table 8). While the percentage of respondents who believed they were “minimally prepared” increased, fewer than 10% of respondents to both surveys believed they were “very prepared.”

In both surveys, primary care DOs and those treating a large percentage of Medicare patients felt significantly more prepared for Part D than other respondents (P<.01).

Physicians as Sources of Part D Information
A total of 179 (36%) of 486 respondents to the first survey and 199 (61%) of 324 respondents to the second survey reported they were the primary source of Medicare Part D information for at least “about half” of their Medicare patients. In the first survey, the difference in responses from primary care physicians and specialists was not statistically significant. In the second survey, however, 179 (70%) of 256 primary care physicians reported they were the primary source of information for Part D for at least half of their Medicare patients, compared to 25 (34%) of 84 specialists (P<.01).

In both surveys, the percentage of patients who viewed their physicians as their primary source of Part D information was not related to the percentage of the DO’s patients who were on Medicare or the DO’s sex or practice location (eg, rural area).

The percentage of patients for whom the physician was the primary source of information about Part D strongly correlated with the amount of time the DO and his or her staff spent answering Part D questions from patients (Table 9). It also correlated with the percentage of patients who reported they had problems obtaining needed medications using Part D, the percentage of patients who asked for an appeal, and the frequency of callbacks from pharmacies.

Comment
The findings from the present survey-based study revealed a number of important influences on the patient-physician relationship and suggested several trends in how Part D affects DOs.

More than 80% of respondents to both surveys reported at least one challenge of Part D while fewer than 20% reported no challenges. The large number of reported challenges revealed that the problems Medicare Part D presents are general—rather than restricted to a few specific areas, such as increased workload. Overall, responses from the first survey suggest that at the time of Part D implementation, physicians were faced with many challenges. However, after the program was implemented, respondents were much less likely to report challenges related to Part D.

One of the challenges identified in the present study was increased time DOs and staff spent on Medicare Part D patients. Considering that many primary care DOs employ a small administrative staff to begin with, as found in the survey responses, an additional 3 to 5 minutes that administrative staff typically spend with each Part D patient represents a clinically significant challenge.

Yet another challenge found in the present survey-based study—and perhaps one of the most important findings—is that many DOs (approximately 28% of respondents to both surveys) changed their prescribing habits for many or most drugs...
more resources should be directed toward educating pharmacies to reduce the burden Part D placed on physicians.

Of course, improved education regarding Part D among pharmacists would not alone improve physician burden. In comparing the two surveys, respondents appear to have underestimated their level of preparedness regarding Medicare Part D. In the first survey, 23% of respondents believed they were “minimally prepared” to deal with Part D. This percentage increased to nearly 40% in the second survey. A small percentage of respondents to both surveys (<10%) felt “very prepared.” These findings suggest that additional studies may be needed to identify tools to help improve physician preparedness.

Role of Physician Demographics

There are a number of statistically significant correlations between the first and second surveys. In particular, primary care physicians, solo practitioners, and those in rural areas were typically more affected by the implementation of Part D in various facets of their business and the way in which they deliver care.

Primary care physicians were significantly more likely in both surveys to report at least one challenge of Part D (P<.001). These respondents also reported a higher percentage of challenges, physician callbacks, and altered prescribing habits. Although most of these DOs (34%) were the primary source of Part D information for their parents, they, along with DOs treating a high percentage of Medicare patients, were significantly more prepared for Part D (P<.01).

Solo practitioners, rural physicians, those treating large Medicare populations, and those who are their patients’ major source of information about Part D also reported a higher percentage of challenges. The three former groups also had approximately 20% greater number of pharmacy callbacks per week. Like primary care physician respondents, rural DOs and DOs treating more Medicare patients answered that Part D affected the drugs they prescribe.

Finally, the percentage of patients for whom the respondent was the major source of information about Part D was strongly related to the amount of time the DO and his or her office staff spent answering Part D questions from patients. Considering these findings, a high number of patients who view their DO as the primary source of Medicare Part D information can become a burden on physicians’ time and the time of their staff members.

Limitations

The minimal response rate for both surveys was a limitation to our findings. Our response rate was below the standard response rate expected of e-mail surveys.10

One element that may have contributed to the response rates is the validity of the e-mails addresses within the AOA database. The relevance of the topic (ie, Part D) may have also contributed to below-average response rates. Another reason

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**Table 7**

Impact of Medicare Part D on Osteopathic Physicians: Pharmacy Callbacks Received by Survey Respondents, No (%)

<table>
<thead>
<tr>
<th>Callbacks</th>
<th>Survey 1* (n=589)</th>
<th>Survey 2* (n=325)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>340 (58)</td>
<td>293 (90)</td>
</tr>
</tbody>
</table>
| □ Frequency, times per week
| – 1       | NA                | 63 (19)           |
| – 2       | NA                | 43 (13)           |
| – 3       | NA                | 43 (13)           |
| – ≥4      | NA                | 144 (44)          |
| □ No      | 249 (42)          | 32 (10)           |

* Survey 1 was e-mailed to osteopathic physicians on January 31, 2006, and survey 2 was e-mailed June 1, 2006.

Abbreviation: NA, not applicable.

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**Table 8**

Impact of Medicare Part D on Osteopathic Physicians: Survey Respondents’ Level of Preparedness to Assist Patients With Part D Benefits, No. (%)*

<table>
<thead>
<tr>
<th>Level of Preparedness</th>
<th>Survey 1 (n=546)</th>
<th>Survey 2 (n=325)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not prepared at all</td>
<td>142 (26)</td>
<td>62 (19)</td>
</tr>
<tr>
<td>Minimally prepared</td>
<td>124 (23)</td>
<td>124 (38)</td>
</tr>
<tr>
<td>Fairly well prepared</td>
<td>250 (46)</td>
<td>115 (35)</td>
</tr>
<tr>
<td>Very well prepared</td>
<td>30 (6)</td>
<td>24 (7)</td>
</tr>
</tbody>
</table>

* Percentages do not total 100 because of rounding. Survey 1 was e-mailed to osteopathic physicians on January 31, 2006, and survey 2 was e-mailed June 1, 2006. Comparisons between survey 1 and survey 2 were statistically significant (P<.001).
While the pool of respondents to both surveys was the same 10,000 DOs, there is no way to validate that respondents to the second survey comprised DOs who had responded to the first survey. Likewise, we are unable to validate that the respondent was the physician.

However, despite these limitations, the similarity of the respondents to the population of all DOs, and the diversity of the respondents in terms of rural location and state, makes it more likely that the results of these surveys mirror the US population of DOs to a greater extent than the response rate alone might suggest. Therefore, we believe the findings of the present study are applicable to the greater population of DOs.

Conclusion
Medicare Part D provides many benefits for patients, but it presented new challenges for DOs—particularly primary care physicians, solo practitioners, those practicing in rural areas, and those that see themselves as the primary source of Part D information for patients. Considering that more than 40% of DOs are in family and general practice, Part D presents particular challenges for the osteopathic medical profession. Also, given the increased time it takes to educate Part D participants, the findings of this survey-based study demonstrate the increased time required of primary care physicians practicing in rural areas, solo practices, and those with large Medicare patient populations who do not receive reimbursement or compensation for their time spent with beneficiaries.

Medicare beneficiaries will likely have more changes to their drug programs in the future, particularly as the US Congress debates national healthcare reform. The data presented in the current survey-based study offers insight into how DOs will be affected by future changes to Medicare and provides the AOA and lawmakers an incentive to advocate for DOs, most of whom reported being negatively impacted by Part D.

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Acknowledgments
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References