

Pharmacy Student Involvement in a Pilot Study for a Medicare Part D Fair Results in Patient Satisfaction and an Opportunity to Develop Professional Competencies

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Abstract

Objectives: To evaluate patient satisfaction and map professional competencies associated with the implementation of a pilot Medicare Part D fair into an Introductory Pharmacy Practice Experience (IPPE) and Advanced Pharmacy Practice Experience (APPE).

Methods: Students were trained and participated in a half-day Medicare Part D informational fair. Patient attitudes about the fair were assessed through a voluntary questionnaire. Descriptive and bivariate analyses were performed to evaluate study objectives. In addition, development of student-specific professional competencies and activities were mapped to demonstrate the potential educational value of this project.

Results: A total of 60 patients attended the fair, and of the 42 questionnaires returned, 89% of the patients reported they were either satisfied or highly satisfied with the fair. Following the fair, 93% (N=39) of the 42 patients that returned their questionnaires felt that the information provided by the pharmacy students helped/would help in selecting a Medicare Part D plan ($P < .05$). The project also evaluated the development of a number of professional standards and activities related to Accreditation Council for Pharmacy Education (ACPE) accreditation standards and guidelines in order to determine which curricular objectives could be addressed through this project.

Conclusion: Based on positive patient satisfaction results, this pilot study demonstrates that pharmacy students completing pharmacy practice experiences can play a beneficial role in assisting patients with Medicare Part D selection. In addition to providing this important service to the community, students can also benefit by engaging in a project directed toward developing professional competencies based on the ACPE accreditation standards and guidelines.

Keywords: Medicare Part D, patient satisfaction, introductory pharmacy practice experience, advanced pharmacy practice experience, professional competencies

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Introduction

Pharmacy schools frequently aspire to providing experiences that engage students in valued patient services while documenting professional competency accreditation standards and activities. The implementation of Medicare Part D (the Medicare Prescription Drug Improvement and Modernization Act) outpatient prescription drug benefit in 2006 provides schools of pharmacy an excellent opportunity to achieve this goal. This article will highlight one approach to engaging pharmacy students in a Medicare Part D community service project as a part of IPPE and APPE participation. This pilot project was developed in order to achieve a number of purposes, including: to 1) successfully organize and conduct a Medicare Part D service project within an ambulatory care IPPE and APPE with the goal to train and prepare students to assist beneficiaries in evaluating and enrolling in Part D plans; 2) provide the opportunity for students to gain experience in assisting “real” patients in comparing and selecting Part D plans in a patient care/community service setting; 3) demonstrate the value of this patient care/community service with student involvement by achieving a high level of patient satisfaction with the fair as measured through the administration of a patient satisfaction questionnaire; and 4) identify professional competencies and activities consistent with ACPE standards and guidelines that could be met through this project.

Medicare Prescription Drug Plans

Medicare Part D (MPD) is a prescription coverage plan available in the United States to eligible beneficiaries of Medicare, a federal health insurance program. Under Medicare, patients who are 65 or older, patients who are younger than 65 with qualified disabilities, or patients of any age with end stage renal disease or Lou Gehrig’s disease are eligible for Medicare Part A (coverage for inpatient hospital stays) and/or Medicare Part B (coverage for outpatient care and doctor visits). Patients are then qualified, but not required, to select a prescription coverage plan of their choice. The MPD benefit was added to the Medicare program on January 1, 2006, and is administered by multiple private insurance companies. Because of this structure, each plan varies in drug coverage and plan cost.¹

There are 2 types of drug benefit plans offered under MPD. The most common plan is through stand-alone prescription drug plans (PDPs), where beneficiaries select a separate private insurance company overseeing their prescription coverage. The other benefit plan is through the Medicare Advantage prescription drug (MA-PD) plan, where a private insurance company acts as a health maintenance organization that oversees Medicare Part A, Part B, and Part D. By having private companies administer Part D coverage, Medicare makes a wide selection of plans available to their beneficiaries. In fact, each state offers at least 45 stand-alone PDPs (Figure 1) and several MA-PD plans.²

For many people, medication coverage under MPD means more affordable prescription costs, especially for seniors who have multiple medical conditions without prior prescription drug coverage. However, determining which plans offer the best-suited formulary for each patient, understanding the intricacies and phases of the standard benefit, and identifying plans that offer enhanced benefits can be a challenge for patients.

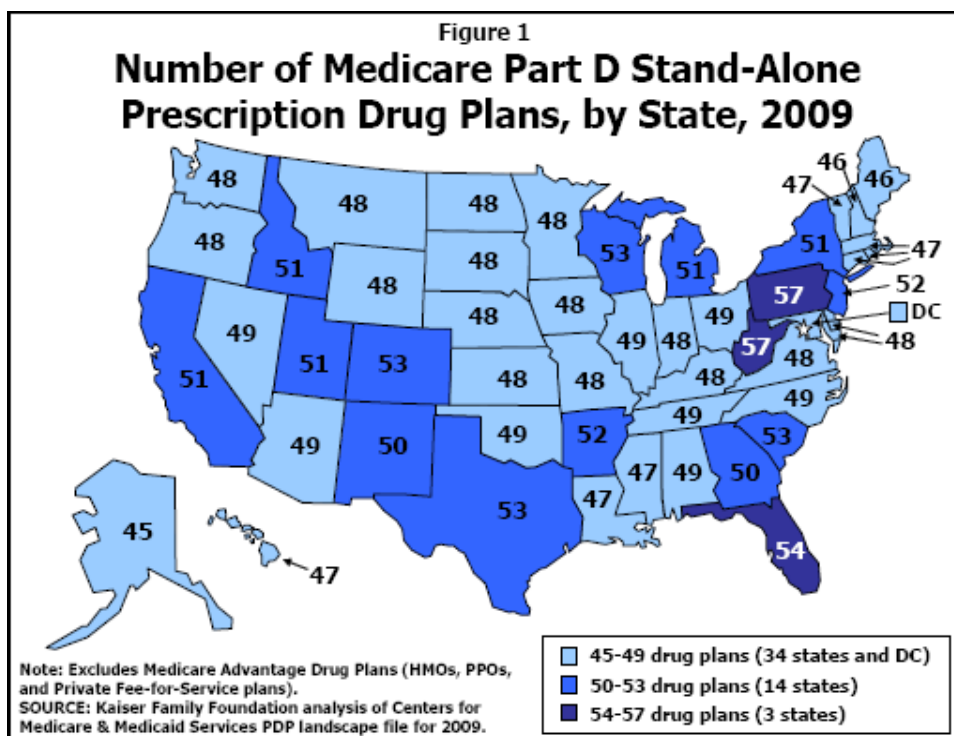
The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare and Medicaid in the United States, has specific requirements for MPD formularies to provide adequate coverage of the most commonly used drug classes based on each United States Pharmacopeia (USP) key drug type and widely accepted national treatment guidelines. While at least 2 drugs in each USP pharmacologic drug class must be covered by each plan, there is variability among plans as to which drugs are included on each formulary. In addition, there are drugs that are excluded from MPD coverage. These include drugs covered by Part B, as well as drugs for cosmetic purposes, drugs for weight gain and weight loss, drugs to promote fertility and treat erectile dysfunction, and over-the-counter drugs.³ Benzodiazepines and barbiturates are also normally excluded from Part D coverage, except for the provisions stated in the 2008 Medicare Improvements for Patients and Providers Act (MIPPA), which requires MPD plans to cover these two drug classes in patients with seizure disorders and other mental illnesses.⁴

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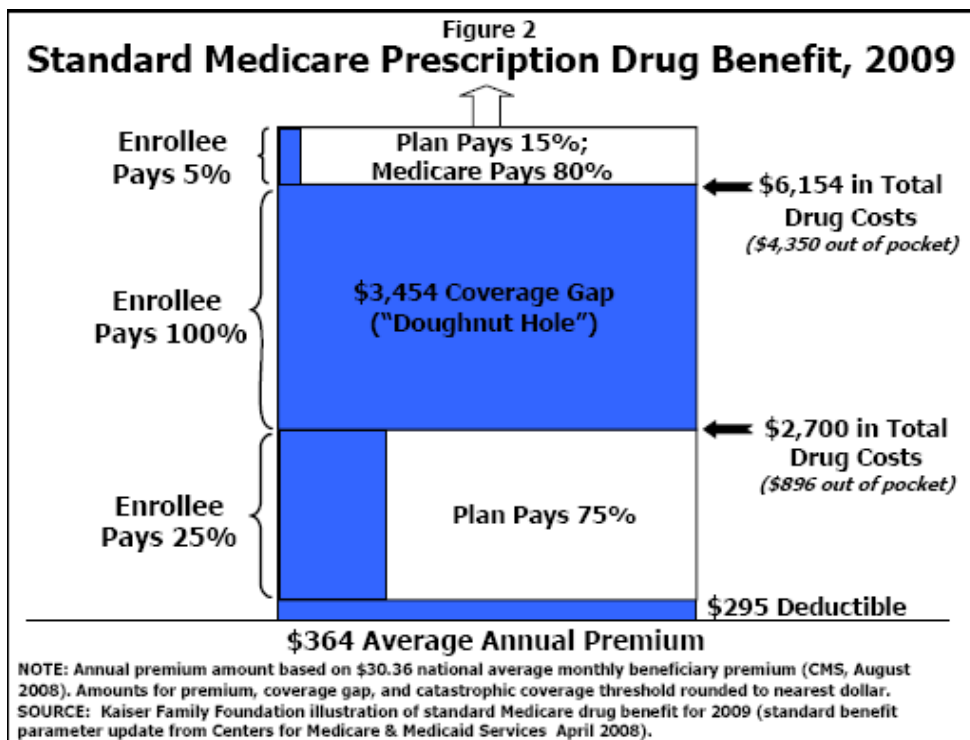
Data from "The Medicare Prescription Drug Benefit", (#7044-09) The Henry J. Kaiser Family Foundation, March 2009.² This information was reprinted with permission from the Henry J. Kaiser Family Foundation.

Medicare requires all Part D prescription plans to offer at least the minimum "standard benefit" to beneficiaries. Figure 2 illustrates "standard benefit" for 2009. The standard benefit is composed of a deductible and initial phase, which requires the patient to pay a 25% coinsurance for drug costs. This phase is continued until the patient reaches a total drug cost (includes plan benefits and patient coinsurance) of \$2,700, which is referred to as the initial coverage limit. Once this coverage limit is reached, the patient falls into the second phase of the benefit known as the "coverage gap" and must pay 100% of the prescription costs until a total out-of-pocket cost of \$4,350 is reached (not including drug benefit premiums). From that point, the patient reaches catastrophic coverage and pays 5% of their total prescription costs while their plan pays for 95%, or they pay \$2.40 or \$6.00 for each prescription.² Depending on drug costs, patients may or may not reach each phase in the yearly coverage period. The basic phases of the standard benefit remain the same from year to year. However, CMS has the ability to adjust the amounts of the standard benefit deductible, initial coverage amount, and total out-of-pocket cost limits yearly.²

Patients must evaluate each plan closely because each plan can offer the standard benefit, or it may offer enhanced options above the standard benefit at the plan's own cost, such as covering normally excluded drugs. Plans may institute the "standard" deductible or choose not to have a deductible at all.² In fact, most plans opt to offer better options under a tiered formulary structure with different copayments for affordable generics under Tier 1 and "preferred" brand-name medications under Tier 2 and 3. Another option that some plans may offer or require is mail-order, in which a 90-day supply of medication is delivered to patients' houses for a separate, sometimes more affordable, tiered formulary. Depending on the plan, some beneficiaries are offered the 90-day supply formulary at retail pharmacies as well.⁵ A plan can change coverage every year as long as it's in compliance with the "standard benefit" amounts and specifications as set by CMS.¹

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Medicare Part D Enrollment

In order to join MPD, patients must have Medicare Part A and/or B and be a permanent resident in the service area of a plan. Patients can voluntarily join an MPD plan once they become eligible. The Initial Enrollment Period (IEP) is the first enrollment period for Medicare benefits. When the MPD program began in 2006, all current Medicare beneficiaries and individuals eligible for Medicare in January 2006, became eligible to enroll November 15, 2006 to May 15, 2007. Since then, individuals becoming eligible for Medicare (age 65, disability, End Stage Renal Disease, or Lou Gehrig's disease) have a 7 month IEP that begins 3 months before the eligibility month and ends 3 months after the eligibility month.⁶

Additionally, there is an Annual Coordinated Election Period (AEP), also referred to as the "Fall Open Enrollment" season, which occurs every year between November 15 and December 31. During an AEP, all eligible beneficiaries can enroll in a new Part D plan, change to another Part D plan, or disenroll from their plan. However, starting in 2009, enrollees can only complete one enrollment/disenrollment choice during each AEP. Patients enrolled in MPD who do not take action during this yearly enrollment continue with their previous year's plan.⁶

If patients miss the IEP or delay their enrollment, they are required to pay a penalty fee equal to 1% of the national average monthly premium for each month their enrollment is delayed in addition to their future plan premium.² New coverage begins January 1 of each year, and patients are provided an insurance card, which they present to a network (participating) pharmacy when obtaining their prescription medications.⁵

Patient Needs Relative to Medicare Part D

Enrollment in the prescription drug coverage through Medicare has increased each year since its inception (Figure 3).^{2,7,8} However, despite the touted benefits of MPD, the initiation and implementation of

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the MPD program has been complex.⁹⁻¹¹ Since enrollment is voluntary, patients alone must make the decision to enroll and decide which plan to select. When patients begin to consider enrolling in a MPD plan, the structure and details of the available plans offered warrant careful consideration. It is important for patients to understand that the total cost of medication coverage is not limited to an individual's list of prescriptions and the resulting copayments at the pharmacy. When choosing a new plan, patients are encouraged by Medicare through mailings and advertisements to look at the overall picture, such as the monthly premiums, the yearly deductible, and the copayments or coinsurance. In addition, patients should consider when and if they will reach the coverage gap or "dough-nut hole," and if they will then reach the catastrophic coverage phase. When possible, patients should also consider any anticipated changes to their health or prescription medication regimen that might take place during the coverage year. After considering all aspects of a plan's benefits and costs, patients can choose the one that best fits their preferences, finances, and lifestyles.

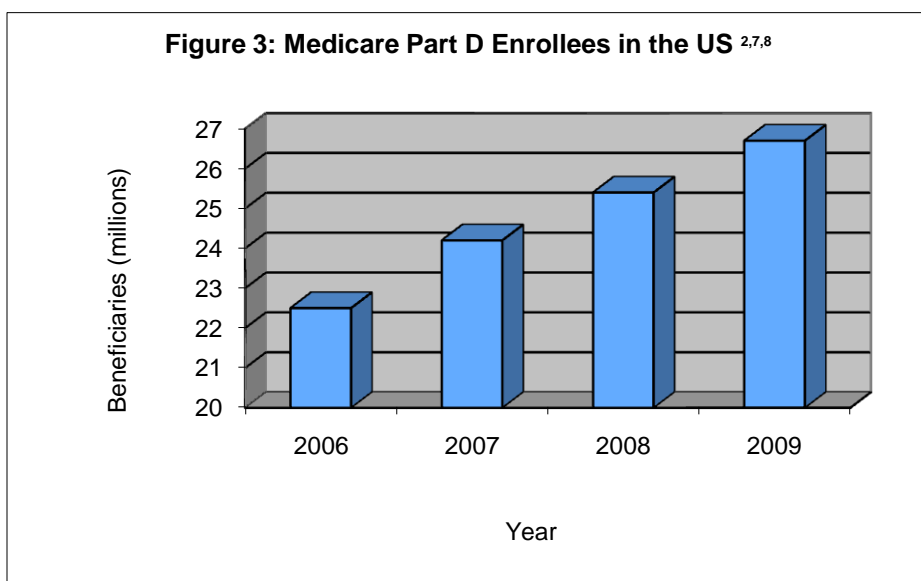


Figure 3 was created from data gathered and combined from published sources from The Henry J. Kaiser Family Foundation. Data are from 2006 and 2007,⁷ 2008,⁸ and 2009.²

A Kaiser Family Foundation report on attitudes of beneficiaries in March 2009 found that about 73% of people ages 65 and older felt that the Medicare prescription drug benefit was too complicated.¹² During initial enrollment, many eligible seniors were not comfortable using the Internet to access plan information, where information was most detailed.¹¹ The primary alternative option to access Medicare information by telephone was less efficient and more time consuming, resulting in increased frustration to some patients.¹¹ A series of surveys conducted by the Kaiser Family Foundation in 2005 found seniors to be confused about the drug prescription benefit plan, uncertain as to whether they needed to enroll, and overwhelmed by the number of choices they had to consider.⁵ Kaiser conducted a series of patient interviews after Part D was implemented and found that beneficiaries related problems or expressed concerns about their prescription plans unexpectedly increasing copayments and premiums, having to switch medications due to changes in formulary status, and/or encountering billing errors. Despite these problems and concerns, most participants stated they did not intend to reassess or switch plans because of the complexity of the process in comparing plans and fear that they might be "worse off" if they switched plans.¹³ Therefore, although offering a wide range of Part D plan options allows for freedom of choice, having a complex MPD system creates many barriers against beneficiaries maximizing their savings (Box 1).

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Box 1: Potential Barriers to MPD^{10,11,13,14}

Complexity	Affordability
Confusion about the number and types of plans	Unaware of or ineligible for low-income subsidy or financial assistance
Failure to enroll in a plan when eligible	Difficulty affording plan premiums or co-payments
Late enrollment, possibly resulting in life-long penalties on premiums	Current plan does not adequately cover prescribed medications
Current plan not appropriate for medications prescribed	“Donut-hole”/gap in coverage is reached resulting in increased patient cost
Lack of understanding of “donut-hole”/ gap coverage	

Data from Charatan,¹⁰ McKeon,¹¹ and Kaiser Family Foundation.^{13, 14}

Roles for Pharmacists and Student Pharmacists

The 2005 Kaiser Family Foundation survey indicated that seniors rated pharmacists among their first choices in options as likely sources for providing help in making Medicare Part D decisions.¹⁴ Each year MPD plans may change premiums, deductibles, formularies, copayments, and coverage during the gap or “donut hole.” Because of these changes, pharmacists and pharmacy students have a continued opportunity to assist patients annually in comparing plans to ensure patients select the best plan possible for their individual needs and current or anticipated drug therapy. However, little is known about pharmacist and pharmacy student training and support for education regarding Medicare Part D due to an apparent limited amount of published data on the topic.

Several schools of pharmacy have begun to address preparing and training pharmacy students to assist patients in selecting and enrolling in MPD plans. A number of schools have reported organizing pharmacy students to educate seniors about Medicare Part D in various types of programs with the primary focus being on providing community service or outreach often through student professional organizations.¹⁵ The goal for these programs was to assist seniors in overcoming Part D barriers, such as those listed in Box 1. Potential benefits to educating seniors about Medicare Part D include: 1) ensuring they received the most affordable coverage appropriate to their medication needs and 2) avoiding consequences of non-coverage of drugs leading to non-adherence of medications, subsequently worsening disease states, and increasing hospitalization and other health care costs. In addition, 2 publications by Zagar and Cutler and colleagues described methods and outcomes for teaching pharmacy students to participate in MPD education and beneficiary enrollment through the development of didactic, problem-based learning curricula.^{16,17}

Opportunities for Development of Professional Competency Objectives

In addition to teaching students about Part D through extra-curricular service projects and didactic courses, we propose a different approach to educating students about MPD through an ambulatory care pharmacy practice experience. This approach allows students to learn about MPD, and provide community service, while participating in experiential curricular objectives that are applicable to the Accreditation Council for Pharmacy Education (ACPE) Standards. ACPE is the national accreditation agency for pharmacy schools' Doctor of Pharmacy professional degree programs. ACPE sets educational curriculum standards for didactic coursework as well as pharmacy practice experiences. Pharmacy practice experiences are divided into 2 categories: 1) Introductory Pharmacy Practice Experiences (IPPE)

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and 2) Advanced Pharmacy Practice Experiences (APPE). Criteria related to IPPE and APPE standards are included in Box 2.

Box 2: Accreditation Council for Pharmacy Education (ACPE) Standards for Students¹⁸

Standard No. 12: Professional Competencies and Outcome Expectations and Appendix C	
Introductory Pharmacy Practice Experience (IPPE)	<ul style="list-style-type: none"> • Shadow practitioners or APPE students • Interview real patients • Practice in community, long-term care, and institutional pharmacies • Participate in service learning activities that: <ul style="list-style-type: none"> • Meet a community need • Establish/enhance a relationship between the community and academia • Foster civic and professional responsibility and develop a sense of caring for others • Are integrated into the required academic curriculum • Enhance student learning from didactic curriculum • Provide opportunities for interaction with other health professional students and practitioners
Advanced Pharmacy Practice Experience (APPE)	<ul style="list-style-type: none"> • Practice as a member of an inter-professional team • Identify, evaluate, and communicate to patients and other health care professionals the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems • Consult with patients regarding self-care products • Recommend prescription and nonprescription medications, dietary supplements, diet, nutrition, traditional non-drug therapies, and complementary and alternative therapies • Administer medications in a legally permitted practice environment • Identify/report medication errors and adverse drug reactions • Manage drug regimen through monitoring and assessing patient information • Provide pharmacist-delivered patient care and education to a diverse patient population • Educate the public and health care professionals regarding medical conditions, wellness, dietary supplements, durable medical equipment, and medical and drug devices • Use clinical and scientific publications in the decision-making process to promote optimal health care • Participate in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative, and safety requirements, the drug approval process, public safety and standards, and key health care policy matters that may affect pharmacy

Data from Accreditation Council for Pharmacy Education¹⁸

The educational opportunity for students was created by the development of a Medicare Part D informational fair in which IPPE and APPE students participated. The educational goals of this project were to: 1) pilot a Medicare Part D service project within an ambulatory care IPPE and APPE in order to teach and prepare students to assist beneficiaries in evaluating and enrolling in Part D plans, 2) have students gain experience in assisting "real" patients in comparing and selecting Part D plans in a patient care/community service setting, 3) demonstrate the value of pharmacy student participation in this patient care/community service through achieving a high level of patient satisfaction with the fair, and 4) identify professional competencies and activities consistent with ACPE standards and guidelines that could be met through this project.

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Methods

To help minimize the concerns listed in Box 1, plans were developed at the Saint Luke's Multi-Specialty Clinic to assist patients in making decisions regarding Medicare Part D during the initial IEP through an informational fair. Patients were made aware of the fair through fliers posted near and in the clinic and mailings sent to their homes. Medicare Part D eligible patients from 2 hospital-owned community service clinics were invited to participate. Appointments were made for interested patients during a 4-hour timeframe. IPPE and APPE students were trained on the subject of MPD and approaches to providing information to patients. Students spent approximately 4 hours reading and discussing articles regarding the structure and parameters of Part D. Students also reviewed basic communications skills and health literacy, which had been addressed in previous professional skills course work. For the patients who had made an appointment in advance as instructed in the mailings and flyers, another 6 hours were spent prescreening their clinic medical records, entering their current medications into the Medicare Prescription Drug Plan Finder (a web-based resource on the Medicare Web site available to assist Medicare beneficiaries evaluating their MPD options), and printing lists of plan options from the Medicare Prescription Drug Plan Finder that covered most or all of their current medications.¹⁹

When the patients arrived for their appointment the day of the fair, each individual was directed to a patient room and paired with 1 or 2 trained IPPE and/or APPE students who were able to discuss the basic Part D plan format. The students were trained to highlight key features of MPD (Box 3), explain individual patient plan options based on the patient's medication regimen, and answer questions that patients had regarding MPD.

Box 3: Key Educational Highlights of MPD Reviewed at Fair⁵

- Types of Plans (MA-PD and PDP)
- Monthly Premiums
- Deductibles
- Co-payments ("co-pays")
- "Donut-hole"/ Coverage Gap
- Catastrophic Phase
- Formulary Issues
- Checklist for General Considerations for MPD (printed check list provided to each patient)
- Additional Resources List (including state and Medicare contact information)

Data from US Department of Health and Human Services⁵

Computers with Internet access were available to re-enter or update new or changed medications on the Medicare Prescription Drug Plan Finder, or to obtain any additional information needed during the visit. Written information and reports from the Medicare Prescription Drug Plan Finder and Medicare Web site were also provided and reviewed with the patients during the visit. Following the consultation by the pharmacy student(s), patients were given a voluntary questionnaire to complete (see Appendix A). Patients were also given the option to enroll in an MPD plan onsite with Community Leaders Assisting the Insured of Missouri (CLAIM) representatives, if they so desired. CLAIM is also known as the State Health Insurance Assistance Program (SHIP) in other states. CLAIM is the Missouri non-profit health insurance program that assists patients of Missouri with information about benefits.²⁰ The CLAIM representatives

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were available to provide counseling and assistance to seniors who needed additional health insurance information and to enroll patients in MPD if they so desired. Patients could also take printed information and reports home with them to review and enroll at their convenience at a later date.

In addition to enrollment information, IPPE and APPE students with oversight from preceptors provided recommendations to patients for changing non-preferred medications or suggesting more cost-effective generic options for discussion with their physicians. Training sessions and the fair were held at a Saint Luke's Community Services Clinic and supervised by UMKC School of Pharmacy faculty members, Maureen Knell, PharmD, BCPS, and Jennifer Santee, PharmD. Students documented patients' attendance at the fair and included a brief statement about information provided in each patient's medical record. Patients' medication lists were confirmed and updated in the patients' medical records during the visit. Therapeutic recommendations were also included in the medical record documentation, when applicable.

Patient Satisfaction Questionnaire

The questionnaire was distributed to patients during the visit. When the visit concluded patients were asked to complete the voluntary questionnaire and place it in a box located in the area where patients exited the clinic and/or waited to meet with CLAIM representatives. The questionnaire asked patients about their satisfaction about different aspects of the fair on a scale of 1 (very poor) to 5 (very good). See Appendix A for questionnaire items. Demographic information was also requested and is available in Table 1. IRB applications to Saint Luke's Hospital and University of Missouri-Kansas City were submitted and given exempt status.

Statistical Analysis

Descriptive statistics for all study variables were computed. All analyses were conducted using STATA[®] (version 9.0) (College Station, TX) software. Descriptive statistics were used to compute patient demographics information, their health status, and number of reported prescriptions. In addition, patients' satisfaction with pharmacy students' ability to communicate and helpfulness of meeting with the student were summarized. All *P* values less than .05 were considered to be significant. Bivariate analyses (Pearson's chi-square) were performed to examine patients' satisfaction with the students (Appendix A, question 3b and 3c as described below) and patients' decision to identify/choose (Appendix A, question 4) a Medicare Part D plan. Appendix A includes a list of the survey items relating to patient satisfaction. Dichotomous variables (yes/no) were created for each variable reporting highly satisfied (good or very good) rating from patients. The variables were analyzed in the following manner:

- Did our Pharmacists/Pharmacy students provide you with information that helped you or will help you identify/choose a Medicare Part D drug plan? (Yes/no)
- How satisfied were you with the assistance provided by our Pharmacists and/or Pharmacy students?
 - Patients responding to question 3b (Ability to communicate) that marked either Good or Very Good ratings were collapsed into a *highly satisfied* category for analysis. Also, patients that marked question 3b as either Fair, Poor or Very Poor were collapsed into to a *not satisfied* category.
 - Patients responding to question 3c (Helpfulness of meeting with a pharmacist and/or pharmacy student) that marked either Good or Very Good ratings were collapsed into a *highly satisfied* category for analysis. Also, patients that marked question 3c as either Fair, Poor or Very Poor were collapsed into to a *not satisfied* category.

Results

Results were collected from the returned questionnaires following the fair. Twelve IPPE or APPE students participated in the half-day fair and met with 60 patients. A total of 42 (70%) of the questionnaires were returned. Approximately 60% of patients rated their overall satisfaction with the fair as "very good" with an additional 29% rating satisfaction as "good." Results relating to patient satisfaction with pharmacy

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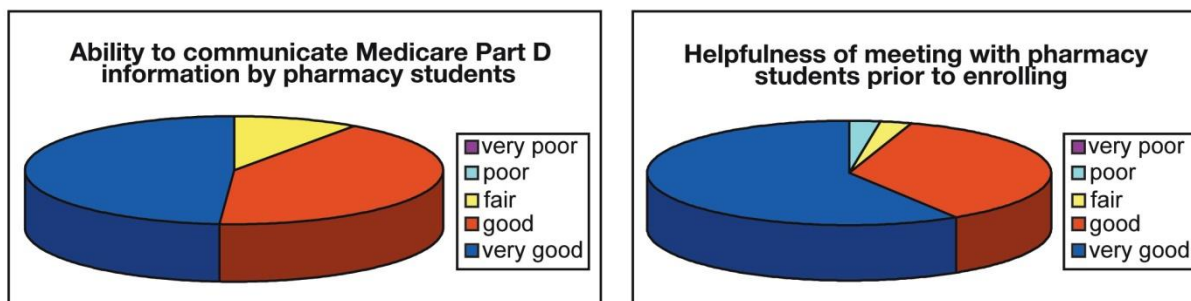
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students' ability to communicate and the impact of pharmacy student intervention in plan selection are provided in Figure 4.

Table 1: Patient Satisfaction Questionnaire Demographic Information

Age (years)	
18-50	7.3% (3)
51-64	7.3% (3)
65-75	61.0% (25)
76-85	17.1% (7)
86 and up	7.3% (3)
Gender^a	
Male	28.6% (10)
Female	71.4% (25)
Health Rating (self-assessed)^b	
Very Poor	0% (0)
Poor	22.5% (9)
Fair	55.0% (22)
Good	10.0% (4)
Very Good	10.0% (4)
Number of Current Prescription Medications (indicated by patient)^c	
<5	22.5% (9)
5-10	55.0% (22)
11-15	10.0% (4)
15-20	10.0% (4)
>20	2.5% (1)

Total Sample N = 42, ^a7 missing responses, ^b3 missing responses, ^c2 missing responses

Figure 4: Pharmacy Student Satisfaction

Patients also reported a high level of satisfaction in the areas of effectiveness in helping identify plans covering most or all patient medications (52.4%), student friendliness (80.5%) and length of time taken to explain options (66.7%). Patients who were highly satisfied with students' ability to communicate information about options (42.9%, Figure 4) were more apt to indicate that the pharmacy student helped them with the decision to identify/choose (90.5%) a Medicare Part D plan (*Pearson's Chi-square $P < .05$*). Patients who were highly satisfied meeting with a pharmacy student prior to the opportunity to enroll (54.8%, Figure 4) were more apt to indicate that the pharmacy student helped them with the decision to identify/choose (90.5%) a Medicare Part D plan (*Pearson's Chi-square $P < .05$*). Among the 42 respondents, 22% indicated continued uncertainty of their decision to enroll in MPD. However, 77% stated they planned to enroll in a Part D plan, with 38% of those choosing a plan and enrolling during the fair.

Discussion

Benefits to Patients

The results of this questionnaire indicated that patients were much more likely than not to value the education and advice provided by pharmacy students and use it in making decisions in selecting an MPD plan. Even though the number of participants was small, the results are encouraging. While patients' knowledge of MPD was not directly assessed, the patients' satisfaction would imply that at least some of the barriers to MPD (Box 1) could be reduced for patients as a result of the increased assistance and education that was available at the fair. Although not assessed by the questionnaire, there was also the potential that such interaction would reduce costs to the patients when information was provided, more affordable plans were selected, and/or more cost-effective therapeutic substitutions or generic options were recommended to patients to be discussed with their physicians.

Benefits to Students

The development of the pilot MPD fair as a student service project during an experiential learning course provided an ideal opportunity for IPPE and APPE students to receive training about MPD. As the next generation of pharmacists, these students were provided with: 1) the training to deliver a valued patient-centered, educational service to a group of patients with an important need, 2) the experience in assisting "real" patients with MPD, and 3) the opportunity to enhance their own professional competencies. Appendix B maps selected competencies that can be directly applied to ACPE accreditation standards from the student experiences gained at the Medicare Part D informational fair.

This project provided experiential pharmacy students opportunities to develop key ACPE professional competencies including participating in "real life activities" involved with population-based care, patient-centered care, and management of resources to ensure efficient, cost-effective use in the provision of patient care. The training provided to students prior to the fair engaged students in learning about MPD as a population-based care issue. The process of reviewing patients medication lists and using the Prescription Drug Plan Finder on the Medicare Web site to offer each patient an individual report that

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indicated which plans covered most or all of their medications provided students experiences in patient-centered care and management of resources to ensure efficient, cost-effective use in the provision of patient care. In addition, students engaged in patient-centered care activities by reviewing medication lists and interacting with “real patients” during the fair to provide education about MPD, and to identify drug interactions, therapeutic duplications, and cost-effective therapy by suggesting therapeutic alternatives.

With the changes in 2007 ACPE accreditation standards, many schools are faced with evaluating and perhaps increasing the number of IPPE and APPE credit hours. Developing a program for students either within an experiential course or as a separate experience to assess, compare, and re-evaluate MPD plans for a group of patients, or the community at large on an annual basis, would have the potential to address several ACPE accreditation standards or suggested activities while providing a needed community service for many seniors. In addition, teaching students a basic understanding of MPD plans and how to identify appropriate plans for patients would provide students additional insights and understanding as a framework for further training in areas of Medication Therapy Management (MTM).

Limitations

This project was provided for Medicare Part D eligible patients at 2 local, hospital-owned community services clinics in the Kansas City urban area. The project and outcomes may not generalize to all populations. Patient knowledge and attitudes about Medicare Part D were not evaluated prior to their interactions with the pharmacy students; therefore, changes from baseline knowledge were not evaluated. In addition, this fair was completed on a small scale with a limited number of patients. Therefore, the sample size for the questionnaire was based on convenience sampling with patients that were available. More research is needed with larger sample size.

Conclusions

Patients reported high levels of satisfaction with pharmacy students during the pilot MPD informational fair based on results from questionnaire survey items. The development of the MPD informational fair pilot project allowed IPPE and APPE pharmacy students to provide a service that patients valued based on patient satisfaction results, while engaging students in MPD training, and opportunities for growth in the development of “real life” professional competencies in the areas of population-based care issues, patient-centered care, and management of resources to ensure efficient, cost-effective use in the provision of patient care. In the initial year of this project student learning was not assessed, but plans have been made to assess evidence of student learning in future MPD projects of similar nature to this pilot project. Colleges of pharmacy in the United States may wish to consider the development of MPD fairs or similar programs to provide a valuable service to seniors in the community, while addressing selected requirements for the accreditation standards for introductory and advanced pharmacy practice experiences.

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Appendix A. Patient Survey Items

		Very Poor	Poor	Fair	Good	Very Good	N/A
1.	OVERALL satisfaction with the Medicare Part D fair today	1	2	3	4	5	0
How satisfied were you with the registration process for this program?		Very Poor	Poor	Fair	Good	Very Good	N/A
2a.	The friendliness of staff during registration	1	2	3	4	5	0
2b.	Time allowed to enroll in the fair	1	2	3	4	5	0
How satisfied were you with the assistance provided by our Pharmacists and/or Pharmacy students?		Very Poor	Poor	Fair	Good	Very Good	N/A
3a.	Effectiveness helping you identify Medicare Part D plans covering most or all of your current medications	1	2	3	4	5	0
3b.	Ability to communicate information about your Medicare Part D plan options	1	2	3	4	5	0
3c.	Helpfulness of meeting with a pharmacist and/or pharmacy student prior to having the opportunity to enroll in a Medicare Part D plan.	1	2	3	4	5	0
3d.	Friendliness of pharmacists and/or pharmacy students during explanation your Medicare Part D plan options	1	2	3	4	5	0
3e.	Length of time taken to explain your Medicare Part D plan options	1	2	3	4	5	0
Please fill in your answer for each question							
4.	Did our Pharmacists/Pharmacy students provide you with information that helped you or will help you identify/choose a Medicare Part D drug plan?	Yes <input type="radio"/>		No <input type="radio"/>		Don't Know <input type="radio"/>	
5.	Were you able to make a choice and enroll in a Medicare Part D plan today?	Yes <input type="radio"/>			No <input type="radio"/>		
6.	If "No" to Question 5, please answer this question: Are you planning to enroll in Medicare Part D at a later date?	Yes <input type="radio"/>		No <input type="radio"/>		Don't Know <input type="radio"/>	

Demographics							
What is your age?	18-30 <input type="radio"/>	31-50 <input type="radio"/>	51-64 <input type="radio"/>	65-75 <input type="radio"/>	76-85 <input type="radio"/>	86 and up <input type="radio"/>	
What is your gender?	Male <input type="radio"/>	Female <input type="radio"/>					
How many prescription medications do you currently take?	None <input type="radio"/>	1- 5 <input type="radio"/>	5-10 <input type="radio"/>	1-15 <input type="radio"/>	15-20 <input type="radio"/>	20 or more <input type="radio"/>	
Please <u>circle</u> a number that expresses your answer for each question.			Very Poor	Poor	Fair	Good	Very Good
How would you rate your current health?			1	2	3	4	5

Appendix B. A Mapping of Applicable ACPE Accreditation Standards and Activities Associated with a MPD Fair Project¹⁸

Student Activities	Relation to Standard No. 12 ¹⁸			Corresponding Activities from Appendix C ¹⁸
	PCC	MR	PBC	
Preparing for fair				
1. Educate and train students for fair <ul style="list-style-type: none"> Medicare Part D basic structure Use of Medicare Web site Fair process/logistics Communication /education strategies 	√	√	√	<ul style="list-style-type: none"> Providing patient-centered services Assessing patient health literacy Participating in educational offerings designed to benefit the health of the general public
2. Prescreen individual patient medical record and medication list 3. Use Medicare Prescription Drug Plan Finder on the Medicare Web site to create patient profile and identify appropriate Medicare Part D plans 4. Print Medicare reports	√	√		<ul style="list-style-type: none"> Creating patient profiles using information obtained
5. Identify potential cost-effective therapeutic substitutions or generic options and present plan to preceptor for approval 6. Document recommendations on reports generated to provide to patients at the fair	√	√		<ul style="list-style-type: none"> Interpreting and evaluating patient information Identifying patient-specific factors that affect health, pharmacotherapy and/or disease state management Presenting patient cases in an organized format covering pertinent information

				<ul style="list-style-type: none"> Identifying, evaluating and communicating the appropriateness of the patient's specific pharmacotherapeutic agents, etc. Recommending prescription and nonprescription medications, etc. Documenting interventions in patient records, etc.
Conducting the fair				
7. Assess patient's knowledge of Medicare Part D at introduction 8. Discuss goals of fair 9. Ask about changes to or new medications 10. Confirm Medicaid participation, if applicable 11. Collect other pertinent information	√	√		<ul style="list-style-type: none"> Conducting patient interviews to obtain patient information Interpreting and evaluating patient information Identifying patient-specific factors that affect health, pharmacotherapy and/or disease state management Assessing patient health literacy Communicating with patients
12. Educate patient regarding Medicare Part D basic structure 13. Educate patient about plan options covering most or all current medications from Medicare report 14. Educate patient on ways to enroll in Medicare Part D	√	√	√	<ul style="list-style-type: none"> Participating in educational offerings designed to benefit the health of the general public Communicating with patients
15. Assess patient's understanding of information presented and answer patient questions 16. Provide reports and printed information to the patient	√	√		<ul style="list-style-type: none"> Assessing patient health literacy Communicating with patients
17. Document visit in patient medical record	√			<ul style="list-style-type: none"> Documenting interventions in patient records, etc.
Abbreviations: MR, Manage resources to ensure efficient, cost-effective use in the provision of patient care; PBC, Population-Based Care; PCC, Patient Centered Care/Services.				

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