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Using Medicare Part D Data for Research

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Using Medicare Part D Data for Research

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I declare no conflict of interest.

Overview of Presentation

Brief overview of Medicare Part D

Brief overview of Part D data

Examples Medicare Part D studies

Overview of Medicare Part D Drug Benefit

Part D implemented in 2006

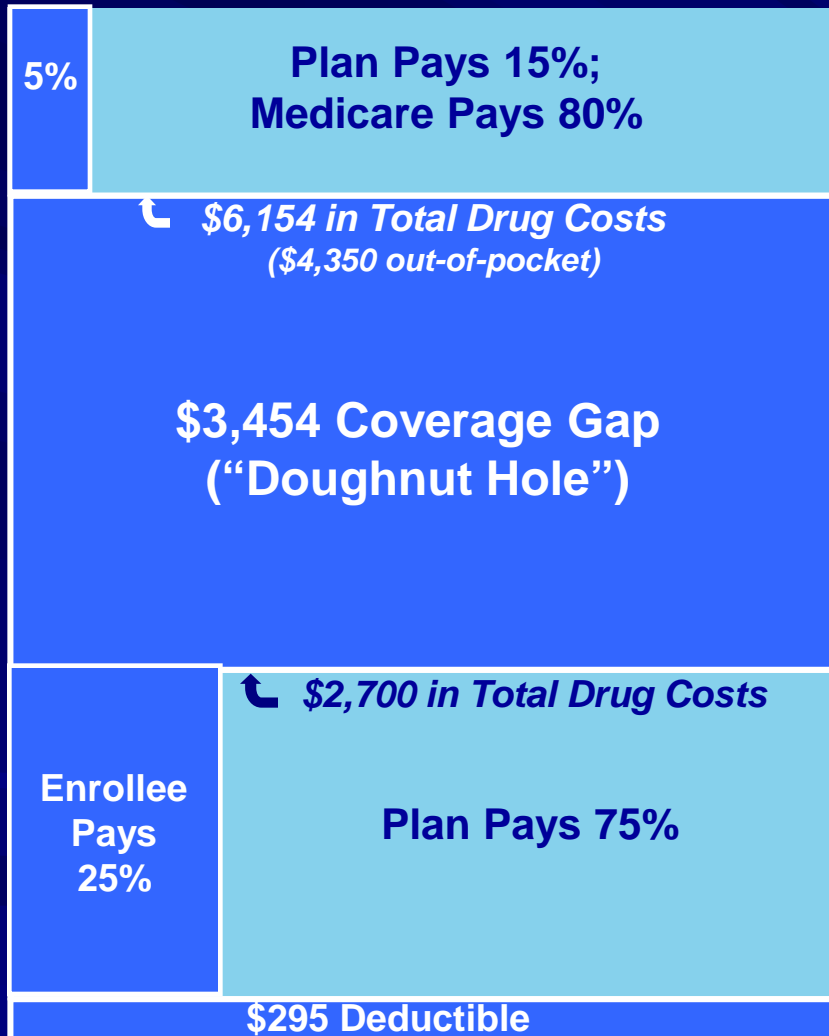
Voluntary enrollment unless in Medicaid

- Choose from dozens (~40) of private Rx coverage plans and Medicare Advantage organizations
- premiums are heavily subsidized, late penalty for late enrollment

Auto-enrolled into Part D if in Medicaid

Employers can offer Retiree drug subsidy benefits as generous as Part D, known as “creditable coverage”

This is what the “Standard” Part D drug benefit looks like in 2009



... Most plans do not offer the “standard” benefit, and coverage varies across most dimensions, including:

- Monthly premiums
- Deductibles
- The “doughnut hole”
- Covered drugs and utilization management restrictions
- Cost sharing for covered drugs

Part D data is available for research from Chronic Conditions Data Warehouse (CCW)

Chronic Conditions Data Warehouse
Your source for national CMS Medicare and Medicaid research data

Search... Search

Home Medicare Data Medicaid Data Data Dictionaries Condition Categories Analytic Guidance

Chronic Conditions Data Warehouse > Home

Chronic Conditions Data Warehouse

Your source for national CMS Medicare and Medicaid research data

Home Medicare Data Medicaid Data Data Dictionaries

Chronic Conditions Medicare Tables & Reports Medicare Charts

Interactive CMS Data
Chronic Conditions Dashboard

and State, 2011

Legend

Ratio to National Average

0.98 - 1.01
0.96 - 1.00
0.94 - 0.95
0.92 - 0.93
0.90 - 0.91

Tell us what you think of the new Chronic Condition Data Warehouse (CCW) website! The CCW website now provides interactive Medicare dashboard reports and various statistical resources with valuable content on a large volume of Medicare and Medicaid populations ranging from demographics and chronic conditions to Part D drug data.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

This website was developed under contract with the Centers for Medicare & Medicaid Services (CMS).

Home Privacy Policy Accessibility

Contains 100% Part D data and is official data source.

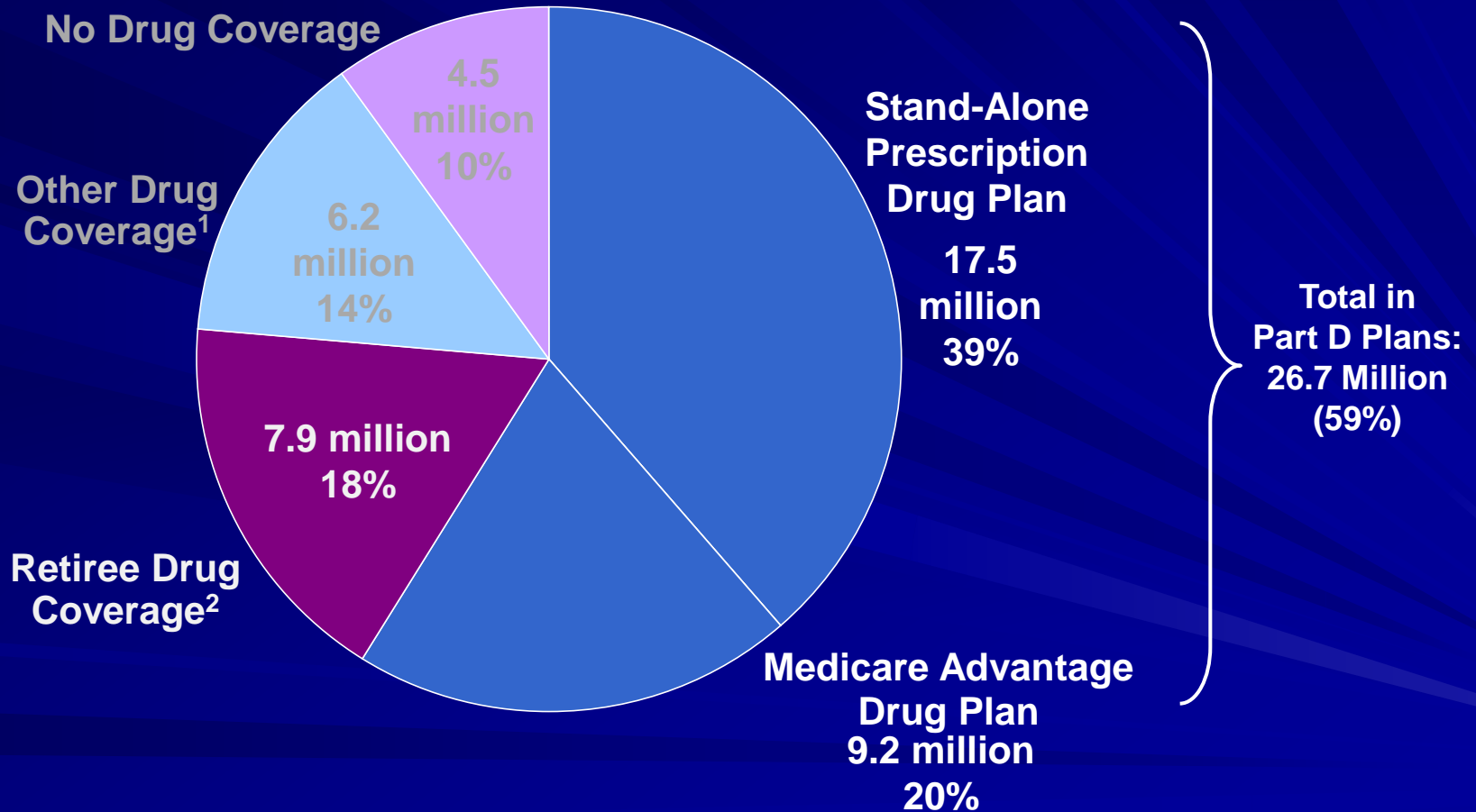
CCW offers chronic disease indicators (21 conditions).

Researchers may request random 10% or 20% sample.

Part D data are linkable to other Medicare data

Part D Data available only on Part D enrollees

All Medicare Beneficiaries = 45.2 Million, 2009










¹Includes Veterans Affairs, retiree coverage without RDS, Indian Health Service, state pharmacy assistance programs, employer plans for active workers, Medigap, multiple sources, and other sources. ²Includes Retiree Drug Subsidy (RDS) coverage and FEHBP and TRICARE retiree coverage.


SOURCE: Centers for Medicare & Medicaid Services, 2009 Enrollment Information (as of February 1, 2009).


These are the types of Part D data files



Medicare Part D

-  Part D Event Data
-  Part D Drug Characteristics (Appended to the PDE)

-  Part D Plan Characteristics Files, 2006
-  Part D Plan Characteristics Files, 2007
-  Part D Plan Characteristics Files, 2008
-  Part D Plan Characteristics Files, 2009
-  Part D Plan Characteristics Files, 2010
-  Part D Plan Characteristics Files, 2011

-  Part D Pharmacy Characteristics Files, 2006 - 2008
-  Part D Pharmacy Characteristics Files, 2009 - 2011

-  Part D Prescriber Characteristics Files, 2006 - 2011

-  Part D Formulary File, 2010
-  Part D Formulary Files, 2011

Detailed information about drug: (NDC), brand/generic name, costs.

Data are de-identified.

Researchers request from Centers for Medicare and Medicaid Services and provide variable-level justification.

ResDAC provides technical assistance on using Part D data

The screenshot shows the ResDAC (Research Data Assistance Center) website. The header includes the ResDAC logo and navigation links for Careers, News, and Contact. A dark navigation bar contains links for ABOUT RESDAC, CMS DATA, TRAINING, and RESCONNECT, along with a search bar. The main content area features a sidebar with 'WORKSHOPS' and 'MEDICARE PART D WORKSHOP MAILING LIST' sections. The 'WORKSHOPS' section lists various introductory topics. The 'MEDICARE PART D WORKSHOP MAILING LIST' section includes an email input field and a 'Sign Up' button. The main content area is titled 'Introduction to the Use of Medicare Part D Data for Research' and includes tabs for 'Overview' and 'Repeats'. The 'Repeats' tab is active, displaying a description of the workshop, educational objectives, preferred qualifications, faculty, and workshop details.

ResDAC
RESEARCH DATA ASSISTANCE CENTER

Careers News Contact

ABOUT RESDAC CMS DATA TRAINING RESCONNECT

WORKSHOPS

- Intro to Medicare
Workshop Videos
- Intro to Medicaid
Workshop Videos
- Intro to Medicare Part D
Intro to Economic Research

MEDICARE PART D
WORKSHOP MAILING LIST

Email *

Sign Up

Introduction to the Use of Medicare Part D Data for Research

Overview Repeats

This workshop will familiarize the audience with the Medicare Part D program, the use of the Medicare Beneficiary Part D enrollment data, Part D Event data, and associated Part D Characteristic files for research. There is no charge for the workshop.

Educational Objectives:

- Understand the Medicare Part D Program and its benefits
- Understand what demographic, useful enrollment and linking information is available in the Master Beneficiary Summary file
- Understand the content of the Part D Event and Characteristics Files
- Understand issues involved with the use of Part D data for research
- Begin to appreciate the types of research that can be done using the Medicare Part D data
- Understand the requirements of the Centers for Medicare and Medicaid Services for obtaining and using Part D data

If you have questions about registering for our workshops, please contact Jennifer Schulz at (612) 626-4247 or schu2341@umn.edu.

Preferred Qualifications and Tech Requirements:
Attendees with prior experience working with Medicare data or have received Medicare data are preferred. Laptop computers with SAS will be provided for you. A working knowledge of SAS will be helpful.

Faculty: Barbara Frank
Kyoungrae Jung
A. Marshall McBean

Workshop Date: Wednesday, May 15, 2013 - 8:30am to Thursday, May 16, 2013 - 4:00pm

Location:

Part D data are not just administrative claims data

Constructed variables “may not exactly represent the beneficiary experience at the time of the prescription fill.”

Part D data contains only final status records

Will not include drugs excluded from Part coverage or filled through 3rd party, or not filed as claim (e.g., 100% cash).

2-year lag in availability

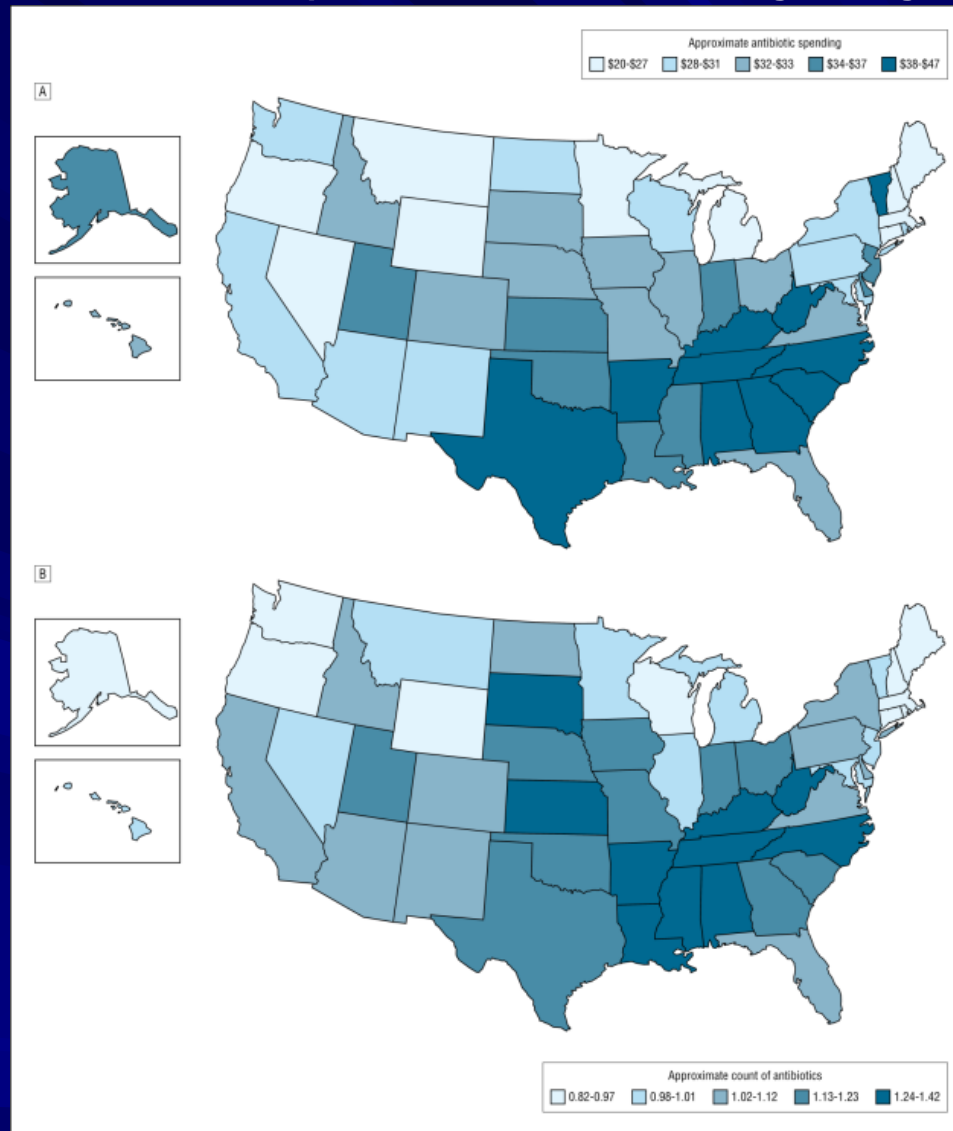
Example: OPTIMIZING CHRONIC DISEASE PREVENTION AND MANAGEMENT IN ADVANCED DEMENTIA R21HS019579-01: PI Tjia

Data cost: \$20,000

Request turnaround: 9 month lag

Final result: Part D data linked to Part A, MDS, and OSCAR on 200,000 Medicare enrollees with end-stage dementia in NHs.

Example of Use: Geographic Variation in Outpatient Antibiotic Prescribing Among Older Adults



A, Variation in adjusted antibiotic spending. B, Variation in adjusted counts of antibiotics, 2009

Example of Use: Association Between the Initiation of Anti-Tumor Necrosis Factor Therapy and the Risk of Herpes Zoster

JAMA. 2013;309(9):887-895.

Table 4. Crude Herpes Zoster Incidence Rates and Adjusted Hazard of Herpes Zoster Among Patients With Rheumatoid Arthritis Stratified According to Tumor Necrosis Factor Antagonist Exposure

	Infliximab (n = 8087)	Etanercept (n = 10 138)	Adalimumab (n = 6711)
Herpes zoster cases	124	105	42
Person-years of exposure	9086	8513	4218
Crude incidence rate (95% CI) ^a	13.6 (11.4-16.3)	12.3 (10.2-14.9)	10.0 (7.4-13.5)
Adjusted hazard ratio (95% CI) ^b	1 [Reference]	1.09 (0.82-1.45)	0.82 (0.55-1.22)

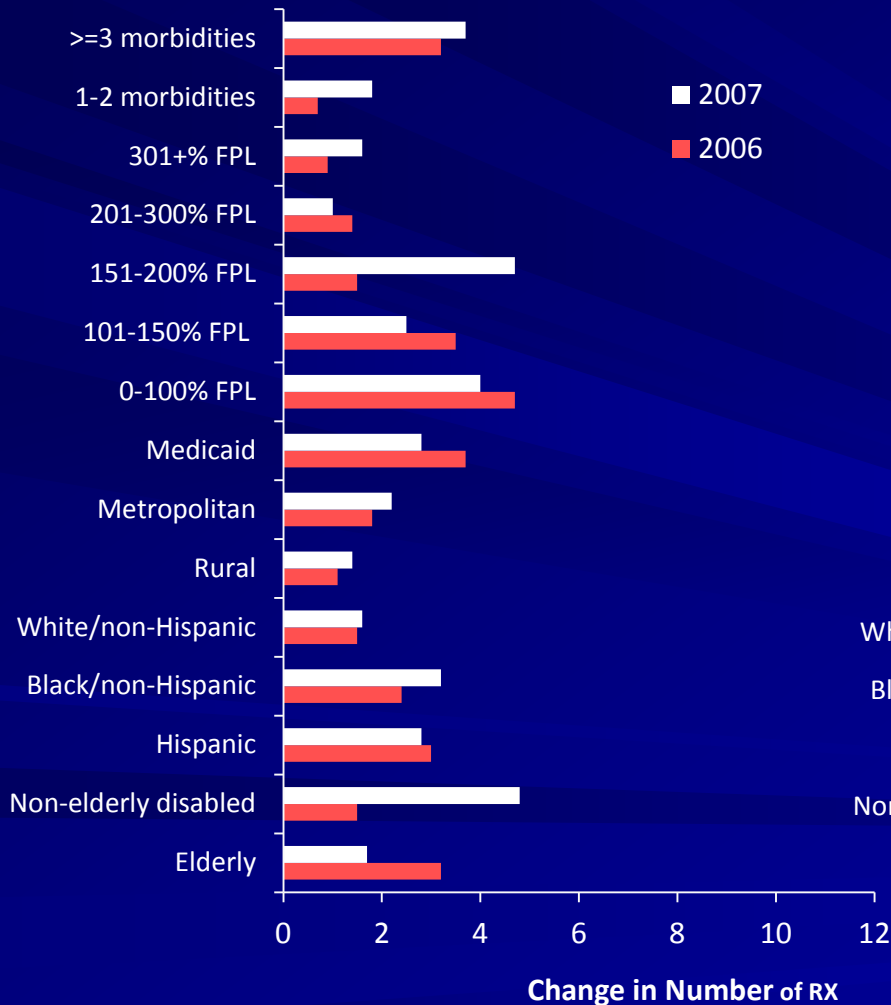
^aCrude incidence rates per 1000 person-years of exposure.

^bAdjusted for propensity score quintile adjustment and baseline glucocorticoid use.

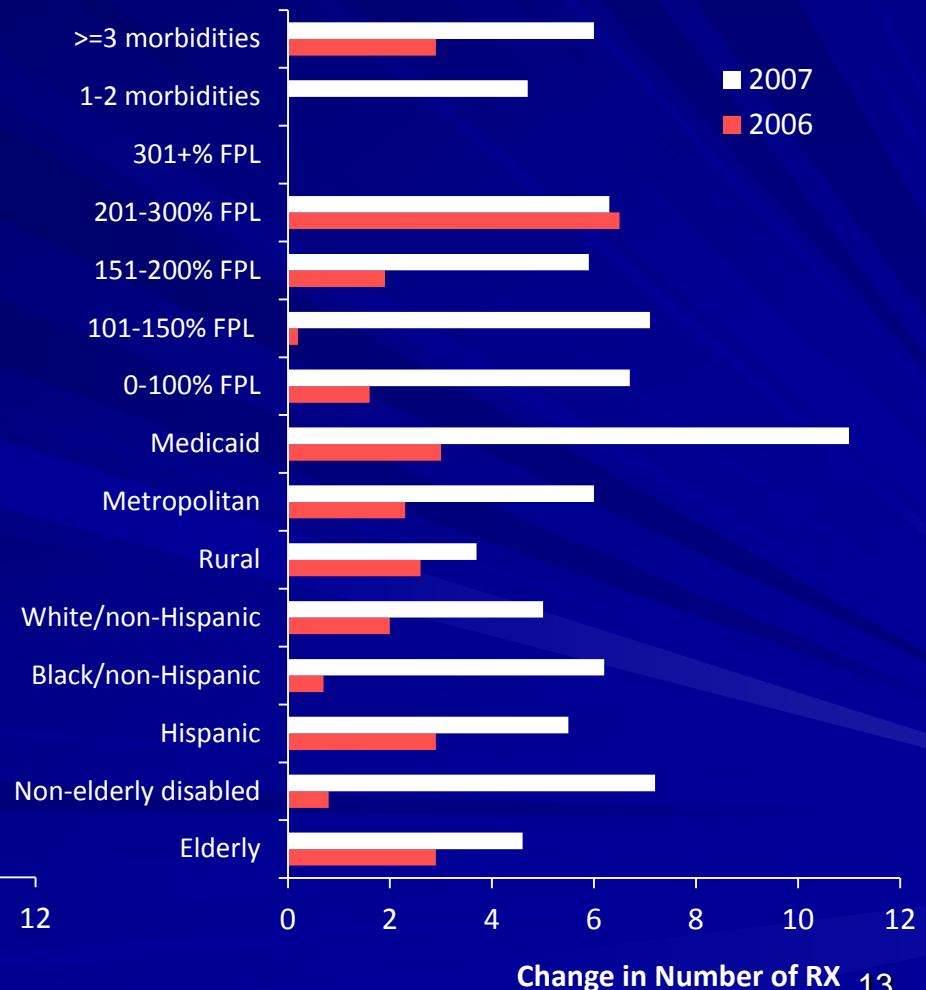
Annual Prescription Drug Fills

absolute differences between observed and predicted means

Excellent to Good Health



Fair to Poor Health



Advantages of Part D include:

- Large and nationally representative data
- Linkable to other data