Generic Drug Use Helps Curb Health Care Costs

BY ALICIA AULT
Associate Editor, Practice Trends

Overall health spending growth for 2005 hit the lowest level since 1999, largely because of a continuing slowdown in retail prescription drug sales and an increased use of generic drugs, according to a report issued by the Centers for Medicare and Medicaid Services in January.

The CMS report, the official government tally, found that overall, health care spending grew 6.9% in 2005, compared with 7.2% in 2004 and 8.1% in 2003.

"It is unclear whether this is temporary or indicative of a longer-term trend," lead author Aaron Catlin, a CMS economist, said in a statement.

Even with the slowdown, the United States spent slightly more per capita in 2005—$6,697 per person—than in 2004, when expenditures were $6,322 per person. The percentage of personal income devoted to health care also rose. Out-of-pocket spending grew from $235 billion in 2004 to $249 billion in 2005, with prescription drugs accounting for 20%.

Total spending in 2005 hit $2 trillion, according to CMS (Health Affairs 2007; 26:142-53; Health Affairs 2007;26:249-57).

Medicare was the biggest spender, accounting for $342 billion of the $2 trillion total, not including the Part D drug benefit, which began in 2006. Medicaid spent $311 billion in 2005, a 7.2% increase from the previous year. But that growth rate was on par with 2004, when spending rose 7.5%.

Cost-containment efforts by Medicaid helped hold down the nation's overall drug bill, according to the report. Medicaid drug spending grew only 2.8% in 2005. The nation's total drug tab in 2005 was $200 billion, an increase of 5.8% over the previous year, when drug spending rose 8.6%.

Most drugs—about 73%—were covered by private sources in 2005. Private spending grew only 6%, down from 7.2% in 2004. Drug price increases remained stable from 2004 to 2005, at about 3.5% overall and 6% for brand names.

The pharmacy benefit management industry helped keep a lid on spending, with industry tools such as formularies, rebates, generic drugs, and mail service being used by both private and public payers. "PBMs have played a huge role in helping to drive prescription drug trends to an historic low," said Mark Merritt, Pharmaceutical Care Management Association president.

Increasing use of multitiered drug formularies—which require consumers to pay more for higher-cost medicines—also contributed to the drug spending slowdown.

Spending on physician and clinical services hit $421 billion in 2005, making it the second biggest category, after hospitals. That was a 7% increase from 2004, when spending rose 7.4%. Medicare spent 9.5% more on physician services in 2005, a slight decline from the 10.4% growth in 2004.

Hospital spending grew about 8% in 2005 and 2004, hitting $611 billion.

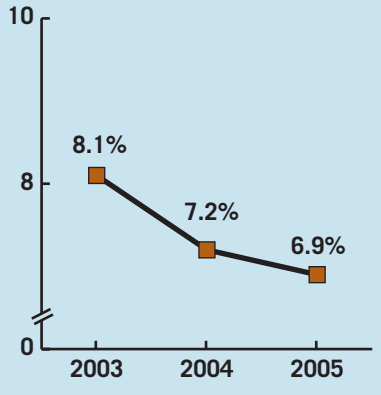
The fastest growing component was home health care, rising 11% in 2005 to $47.5 billion. At least three-quarters of home care is covered by public payers.

Spending for nursing home care grew 6% in 2005 to $121 billion, more than the previous year's 4%. Medicaid is the largest payer, funding 44% of nursing home care, but its expenditures increased by only 4% in 2005, compared with Medicare's 12% rise.

Growth in the cost of health insurance premiums also declined. In 2005, premiums increased 6.6%, compared with 7.9% in 2004. It was the third consecutive year that premium increases dropped.

However, employees are still paying more for health care through higher coinsurance, deductibles, and out-of-pocket costs. ■

Health Care Spending Growth Is Slowing Down



Source: CMS Report