

Cutting Copayments Improves Drug Compliance

BY JANE ANDERSON

FROM HEALTH AFFAIRS

Reducing or eliminating copayments for medications to treat common chronic conditions can improve medication adherence by several percentage points, according to a study published in the journal.

“The ability of benefit design and patient financial incentives to address this

complex problem completely should not be overestimated,” wrote lead author Dr. Niteesh Choudhry of Harvard Medical School, Boston, and his colleagues.

The researchers manipulated drug copayments for a subset of employees of Pitney Bowes, a self-insured company. For a total of 2,830 employees, copayments for statins were eliminated and the copayment for clopidogrel was significantly reduced. Their medication adherence pat-

terns were compared to 49,801 fellow employees whose copayments were not changed (doi: 10.1377/hlthaff.2010.0808). The authors estimated the number of days of medication each patient actually received through the pharmacy benefit manager, compared to the total number of days in each month between January 2006 and December 2007.

Compared with the control group, adherence to statins rose by 3.1% immedi-

ately after the copayment was eliminated, and the number of patients who were fully adherent to their statin regimen rose by 17%. When copayments were reduced for clopidogrel, adherence rates rose by 4.2% and the number of patients who were fully adherent rose by 20% immediately, compared to the control group.

But physicians and policy makers must address other compliance factors in order to have a major cost-saving effect, Dr. Choudhry wrote.

Dr. Melissa S. Gerdes, a family physician at Trinity Clinic-Whitehouse (Tex.) said that to make a real difference, copayments need to drop to around \$4, the price Walmart charges for many generics.

Dr. Dennis Saver, a family physician in Vero Beach, Fla., agreed, but added that these patients already were paying a reduced cost. “If they did a study of someone paying \$150 or \$200 out of pocket for a medication and then bring that down to \$15, they might see a greater effect,” he said in an interview.

Finally, financial considerations in overall care compliance have a cascade effect, said Dr. Gretchen Dickson of the department of family medicine at the University of Kansas, Kansas City. “Not making appointments, not going in for testing, not filling the prescription – all just go along with not being compliant with your medication. What this shows us is, sometimes they just can’t afford it.”

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VIEW ON THE NEWS

Employers increasingly are using positive incentives to persuade employees to get needed care and stay healthier, Marjorie Ginsburg wrote. Few employers have tried raising costs for high-cost, low-value care in order to save money, but that approach might receive more support than insurers and employers might think. And they should consider giving employees and patients a voice in the decision-making process.

“There is no substitute for getting people to help design the coverage that will affect them directly,” she wrote. “Giving them a voice will make them more supportive of the result, even if some people do not end up with their ideal plan.”

MARJORIE S. GINSBURG is executive director of the Center for Healthcare Decisions in Rancho Cordova, Calif. Her comments were made in the same issue of the journal (*Health Affairs* 2010 [doi:10.1377/hlthaff.2010.0808]).