Cutting Drug Copayments Boosts 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 Health Affairs.

"We observed improvements in adherence that were relatively modest in scale and that are consistent with the findings of other investigators," wrote lead author Dr. Niteesh Choudhry of Harvard Medical School, Boston, and colleagues. "This highlights the various factors involved in nonadherence. Thus, the ability of benefit design and patient financial incentives to address this complex problem completely should not be overestimated."

The investigators manipulated medication 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 patterns were compared with those of 49,801 fellow employees whose copayments were not changed (Health Affairs 2010;29:2022-6).

To measure adherence, the researchers estimated the number of days of medication each patient actually received through the pharmacy benefit manager, compared with the total number of days in each month between January 2006 and December 2007.

Adherence to statins rose by 3.1% immediately after the copayment was eliminated, compared with controls. The number of patients who were fully adherent to their statin regimen rose by 17% immediately, compared with controls.

Meanwhile, when copayments were reduced for clopidogrel, adherence rose by 4.2% in the intervention group compared to the control group, according to the investigators. The number of patients who were fully adherent rose by 20% immediately, compared to the control group.

Such value-based benefit designs can improve compliance, but physicians and policymakers will need to address other compliance factors in order to have a major cost-saving effect, Dr. Choudhry wrote.

Cost is not the only factor, noted Dr. Melissa S. Gerdes, a family physician at Trinity Clinic–Whitehouse (Tex.). "I get people who don't want to pay a $10 copay to see me, but who will go to McDonalds and drop $20," she said in an interview.

Decreasing copayments from $50 to $30, for example, wouldn't make much difference, Dr. Gerdes said, because most patients can no more afford the $30 copayment than the $50 one. To make a real difference, copayments need to drop to around $4, the price Walmart charges for many generics, she said.

Dr. Dennis Saver, a family physician in Vero Beach, Fla., agreed, but added that the patients in Dr. Choudhry's study already were paying a reduced cost for their drugs. If the researchers studied patients paying $150 out of pocket for a medication, and if that cost were dropped 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. "A lot of factors play into it," she said in an interview. "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." ■

VITALS

Major Finding: Eliminating the copayment for statin drugs led to a 3.1% increase in medication adherence among employees at self-insured Pitney Bowes.

Data Source: A comparison of medication adherence in employees whose copayments were modified and those whose were not.

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