Members of consumer-driven health plans choosing less care

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Consumer-driven health plans (CDHP) -- hailed since their inception in 2000 as a tool to help control costs -- are resulting in members forgoing care and discontinuing drugs to treat chronic medical problems, according to two newly published studies.

Under employer-offered CDHPs, members pay up-front deductibles either out-of-pocket or from a dedicated health-care account before insurance coverage begins. Proponents -- including President Bush and presumptive Republican presidential nominee John McCain -- argue that consumers in a market-oriented approach will make better health-care choices and drive health-care costs down by doing cost comparisons and accessing information about their conditions. Critics argue that people will instead opt out of important care.

The new research -- published in *Health Affairs* and led by two University of Oregon policy experts -- offers partial fuel to critics: Many CDHP enrollees were more likely to quit taking drugs that control high blood pressure and cholesterol-lowering medications than were participants with over medical coverage, said Jessica Greene, professor of health policy in the UO's department of planning, public policy and management.

"CDHPs seem to influence people because of the higher out-of-pocket costs, but not by making people more informed health-care consumers," Greene said. "We did not see more use of health information, higher generic drug use or more comparison shopping in terms of diagnostic

tests as predicted by proponents. What we did see was that people were two to three times more likely to drop off drugs that treat certain chronic illnesses.

"By cutting back on antihypertensive and lipid-lowering drugs," she added, "there may end up being higher health-care costs in the long run, so these consumers may be making short-sighted, cost-saving decisions that may have higher-cost and unfortunate health ramifications."

The medications dropped by consumers are considered asymptomatic, meaning discontinuance doesn't spark a quick return of symptoms. Researchers also looked at claims involving symptomatic medications for three other chronic conditions -- asthma, depression and ulcers -- but did not see evidence that these drugs were being discontinued at higher rates in the CDHPs.

Greene and Judith Hibbard, a departmental colleague at the UO, were co-authors on both papers in the peer-reviewed journal that explores current health policy issues. The studies separately examined claims data and survey responses of services offered under health-care plans offered to employees of a large Midwest manufacturer.

Survey data allowed researchers to focus on enrollee behavior in both high- and low-deductible CDHPs and a preferred provider plan. They found that enrollees in high-deductible plans were more likely to engage in risky cost-saving behavior by forgoing doctor's visits to save money. An alarming trend, researchers noted, was that in the second year of the study even some enrollees of a lower-deductible CDHP plan began to postpone or delay medical procedures or to take lower-than-prescribed doses of prescription drugs to save money.

To address these trends, researchers recommend that employers offering CDHPs consider exemptions that would allow employees to get

immediate coverage for drugs related to chronic diseases. Uncertainties in federal law regarding which chronic diseases would be allowed under such exemptions need to be revisited by Congress, Greene said.

Researchers also suggest that health-care providers and insurers regularly review claims to pinpoint patients who are forgoing medicine and/or treatment and follow up with alerts to both patients and their physicians about such risky choices.

Source: University of Oregon