

Medical service use down with deductibles in diabetes

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(HealthDay)—Lower-income patients with diabetes and private



insurance with a low (LD) or high deductible (HD) have reduced medical service use, according to a study published online Dec. 12 in *Diabetes Care*.

David L. Rabin, M.D., M.P.H., from the Georgetown University School of Medicine in Washington, D.C., and colleagues used the 2011 to 2013 Medical Expenditure Panel Survey to compare demographic characteristics, <u>medical service</u> use, <u>diabetes care</u>, and health status among 1,461 privately-insured adult respondents with diabetes (aged 18 to 64 years) by lower and higher income and deductible versus no deductible (ND), LD, and HD.

The researchers found that privately-insured lower-income respondents with an LD reported significant decreases in service use for primary care, check-ups, and specialty visits (27, 39, and 77 percent lower, respectively) compared with those with diabetes with ND; among respondents with an HD the decreases were 42, 65, and 86 percent, respectively. Significant decreases were seen in specialty and emergency department visits for higher-income respondents with an LD (28 and 37 percent, respectively). Diabetes care measures were similar by income and insurance, and no changes were seen in physical <u>health status</u>.

"Private insurance with a deductible substantially and problematically reduces medical service use for lower-income insured respondents with diabetes who have an HD; these patients are more likely to report forgoing needed medical services," the authors write.

More information: <u>Full Text (subscription or payment may be</u> <u>required)</u>

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