

Diabetes patients in high-deductible health plans 28% more likely to skip their medications due to cost: study

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For Americans with diabetes, being enrolled in a high-deductible health plan (HDHP) substantially increases the risk of not taking prescribed

medications due to cost, according to a new study conducted by researchers at Harvard Medical School that was published today in the *Journal of General Internal Medicine*. HDHPs, which now account for half of all commercial health insurance plans, require patients to pay for all care out of pocket until a plan's deductible is reached. Only after the deductible is reached (typically \$1,300 for an individual and \$2,600 for a family) does insurance begin to cover medical costs.

The study found that among all patients with [diabetes](#), 20% of those enrolled in a HDHP reported forgoing medications due to cost, compared with 16% of those in a traditional commercial plan—a 28% higher rate of missing medication for those with a high deductible. Among patients specifically taking insulin for diabetes, 25% of HDHP enrollees were unable to afford their medication, compared with 19% of those in a traditional plan—a 31% higher rate of missing medications.

The study used federal survey data on more than 7,000 [adult patients](#) with diabetes who were enrolled in a commercial health insurance plan, either with or without a high deductible. The researchers examined how often patients reported not taking prescribed medications because they could not afford it, comparing responses between those in a HDHP and those in a traditional plan without a high deductible.

"Taking prescribed medications is essential for maintaining [good health](#) for patients with diabetes," said Dr. Vikas Gampa, a primary care doctor and instructor in medicine at Harvard Medical School, now at the Massachusetts General Hospital. "Our results show that high-deductible health plans, particularly in this period of escalating prices for diabetes medication, are discouraging patients from getting the medications they need and thus they are placing patients with diabetes at risk."

The study also found that among the [diabetic patients](#) they studied, those that could not take their [medication](#) as prescribed because they could not

afford it were more likely to have one or more emergency department visits, and potentially more hospitalizations per year, than patients who were not forced to skip their medications. "Putting up financial barriers to care in order to save plans money—as high-deductible plans do—not only takes a medical toll on patients, it is also short-sighted because doing so actually increases other health care costs such as covering emergency department visits," commented Dr. Gampa.

The study authors believe that the new data are important for patients, doctors, and [policy makers](#). "Patients with diabetes should recognize that a high-deductible plan will put them at risk for missing or delaying their medications, and doctors need to recognize that their [patients](#) with these plans may not be able to adhere to treatment plans," said the study's senior author, Dr. Danny McCormick, an associate professor of medicine at Harvard Medical School and a primary care physician at the Cambridge Health Alliance. "Ultimately, policy makers need to enact reforms that discourage health plans from implementing financial barriers that block access to needed care, such as high-deductible plans. Our results suggest that policy makers must enact reforms that control rapidly escalating prices for diabetic medications."

More information: Association Between High Deductible Health Plans and Cost-Related Non-Adherence to Medications Among Americans with Diabetes: An Observational Study, *Journal of General Internal Medicine* (2021). [DOI: 10.1007/s11606-021-06937-9](https://doi.org/10.1007/s11606-021-06937-9)

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