

High Co-Pays Keeping Chronically Ill From Their Meds

Many are waiting years after a diagnosis to fill a first prescription, study finds



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MONDAY, April 27 (HealthDay News) -- Rising co-pays may be keeping Americans with chronic illnesses from get the potentially lifesaving [medications](#) they need, a new study finds.

The problem may be symptomatic of rising health care costs in general and, according to Dr. Matthew D. Solomon, lead author of a study in the April 27 issue of the *Archives of Internal Medicine*, it's likely to get worse as the economy unravels.

"As people's budgets are tightened, spending across all categories -- food, clothes, medicines -- will be trimmed," said Solomon, who is a medical resident at Stanford University School of Medicine and a consultant with the nonprofit research group the Rand Corporation.

"This study comes in the midst of a national discussion about how to control health care costs. A major focus is better management of care for those with chronic conditions," added Carol Pryor, policy director of The Access Project in Boston.

With rising prescription-drug costs, health plans have been passing more of their cost onto consumers, often in the form of higher co-pays.

But the new findings "suggest that increasing cost-sharing for this vulnerable group [of chronically ill patients] is counterproductive -- we need to make it easier for people with chronic illnesses to follow a treatment regimen to avoid greater costs for untreated disease later on," Pryor said.

Previous studies have shown that this practice has led to pared-down drug usage. One recent paper found that veterans' adherence to medication dropped more among veterans who had to make co-payments that increased in 2002, versus those who had no co-pays. Those making co-pays were also three times more likely to be without medication for more than three months.

The authors of this study looked specifically at *why* this phenomenon is occurring by delving into the records of more than 17,000 patients in 31 different health plans to track any delays between first diagnosis and when the patient started their medication.

All patients were newly diagnosed with hypertension, [diabetes](#) or high cholesterol between 1997 and 2002.

Previous studies have linked not taking or skimping on medicines to worse health outcomes. "If you do not treat these illnesses, you will end up with a higher rate of heart attack and stroke," Solomon said.

Five years post-diagnosis, 21.5 percent of patients with hypertension had still not initiated drug therapy, and neither had 36 percent of people with high cholesterol or 32.5 percent of those with diabetes.

Crunching the numbers further, the team found that as co-pay amounts doubled, the percentage of patients who had started their medications dropped. For example, five years after their diagnosis, about 82 percent of people with hypertension had begun taking the drugs they needed to get their blood pressure under control, versus only about 66 percent of those whose co-pays were twice as much.

People who had never before taken prescription medicines were even less likely to fill their new prescriptions, the study found.

One strategy to ameliorate the problem could be to stratify co-pays depending on the specific drugs or severity of the condition. "Do we care if somebody has a high co-pay for [Viagra](#)? Maybe not as much as if they have a high co-pay for a diabetes medication," Solomon said.

Also, people who generally don't like taking medication tend to be extra-sensitive to co-payments, the study found. This group might respond well to a reduction in these payments, Solomon said.

Other experts felt that the consumer could themselves counteract, at least partially, the burden of rising co-pays.

"People should shop for drugs the way they shop for groceries," said John Goodman, founder and president of the National Center for Policy Analysis (NCPA), a free-market think tank in Dallas. Also, "some drugs can be split, so, by buying larger pills and splitting them, you can cut costs in half," he reasoned.

"Sometimes, doctors give patients free samples, and when they go to refill, that's not an inexpensive drug on Walmart's \$4 list but a costly drug companies are trying to promote," added NCPA senior fellow Devon M. Herrick. "Patients who understand options can check for alternative [drug treatments](#) or ask if there are therapeutic options."

And another expert turned the focus to physicians.

"Overall, this [study] is more of a commentary about the delivery of primary care services, not cost-sharing," said Greg Scandlen, founder of the nonprofit advocacy group Consumers for Health Care Choices. "I'm just shocked that doctors are not paying attention to what their own patients are doing, that five years later, their patients are not taking the drugs prescribed."

More information

There's more on prescription drug costs at the [Kaiser Family Foundation](#).