BACKGROUND

- Traditional cost-sharing models (i.e., copayments, coinsurance, deductibles etc.) reduce the use of high-value services and address the "Moral Hazard". 1
- Value-based insurance design (VBID) is a form of cost-sharing that improves the ease of access for drugs with high value relative to their costs, simultaneously improving health outcomes and healthcare spending.2
- The peer-reviewed literature supports the ability of copay reductions to increase medication adherence rates, but the effects on clinical outcomes, healthcare utilization and costs remain unclear.2-3
- In April 2016, Baylor Scott & White Health implemented a copay reduction program for select chronic and preventive medications.

OBJECTIVES

- To discuss the use of Interrupted Time Series study designs and Segmented Regression analyses when evaluating policy interventions.
- To evaluate the impact of a copay reduction program on adherence rates, clinical outcomes and costs for specific chronic and preventive medications.

SETTING

- BSWH is a non-profit, integrated delivery system (IDS) in Central and North Texas that includes a network of 48 acute care hospital sites, more than 900 patient care sites, more than 6,000 active physicians, and owns and operates 24 retail pharmacies in North and Central Texas.

METHODS

- **CONCLUSIONS**
  - The value-based insurance design produced an intended effect on medication adherence.
  - Post-period average quarterly PDCs increased by an average of 3.4% from the pre-period.
  - For both corticosteroids + Beta-2 agonists and GLP-1 inhibitors, we observed a statistically significant increase in the monthly PDC after the intervention of about 1-2%, respectively.
  - Future analysis on cost and clinical outcomes will provide greater insight on the impact of the value-based insurance design.

REFERENCES

1. Homedes, N. and A. Ugalde, Improving access to pharmaceuticals in Brazil and Argentina. 2006: Oxford University Press in association with The London School of Hygiene and Tropical Medicine.