

POSTER ABSTRACTS

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Prescription Drug Cost-Sharing: Patient Awareness and Behavior

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Background: The use of cost-sharing to control pharmacy costs is increasing. This study examines whether patients are aware of their copayments for prescription drugs and the effects of these perceptions on their decisions about drug use.

Methods: We conducted a cross-sectional telephone interview of a stratified random sample of Kaiser Permanente Northern California (KPNC) members, oversampling low-income subjects and those over age 65. We evaluated participants' awareness of prescription drug copayment levels. Subjects also reported if they had delayed or avoided filling prescriptions because of their copayment amount. We analyzed the association between copayment awareness and these changes in behavior.

Results: The 695 subjects had a mean age of 62 years, and tended to be female (57%), white (72%), and not to have graduated from college (70%); 44% of participants reported having "excellent" or "very good" health status. Over 98% of participants actually faced a pharmacy copayment of \$1, \$3, \$5, \$10, \$15, or \$50. Most participants (80%) accurately reported their pharmacy copayment amount in the correct category (\$0, \$1-\$5, \$6-\$10, \$11+), with a high level of agreement ($\kappa=0.7$). Few patients reported delaying or avoiding filling a prescription because of the copayment amount (6%). Factors associated with awareness of the correct prescription drug copayment category in bivariate analyses were the perceived copayment amount (OR=1.4, 95% CI 1.1-1.9), age over 65 (OR=1.9, 95% CI=1.3-2.8), white race (OR=1.7, 95% CI=1.1-2.6), and female gender (OR=1.67, 95% CI=1.1-2.5). In our multivariate models, delay or avoidance behavior was strongly associated with increasing prescription drug copayment level (OR=3.3, 95%CI=1.7-6.5).

Conclusions: Most patients are aware of the amount of their drug copayment. While few patients reported delaying or avoiding filling a prescription, an individual's copayment level was strongly associated with reported changes in behavior. Further research is needed on the influence of patient cost-sharing on both physician and patient behavior, and to determine whether this behavior leads to adverse health outcomes.