

POSTER ABSTRACTS

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Income, Out-of-Pocket Drug Costs, and Medication Adherence among Medicare Enrollees

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Background: Many proposals for Medicare drug coverage involve cost-sharing and other forms of managed care. There is limited data on the out-of-pocket drug costs of Medicare members facing such arrangements or on the impact of these costs on patient behavior. We examined self-reported prescription drug costs and medication adherence of Medicare enrollees in a large, managed-care integrated delivery system (IDS).

Methods: We conducted telephone interviews with a random sample of IDS members. The survey collected information on patients' out-of-pocket prescription drug costs and adherence behaviors over the last 12 months.

Results: In this sample of 648 subjects, 61.1% of subjects were female; 70.2% did not graduate from college; 53.4% reported an annual income less than \$35,000 in 2002 ("low income"); and 40.3% reported their health to be "very good" or "excellent." All subjects had some form of prescription drug coverage: 98.2% of subjects had any copayment; 80.9% had a tiered copayment; and 44.8% had an annual drug benefit cap. In the multivariate analyses, higher levels of cost-sharing were associated with larger out-of-pocket costs during the past year ($p < .01$). Furthermore, 32.9% of subjects who reported spending more than \$500 in the past 12 months on drugs also reported being non-adherent because of the amount they had to pay for drugs. After controlling for demographic, socioeconomic and clinical factors, higher out-of-pocket drug costs were significantly associated with higher rates of non-adherence ($p < .05$). In patients with low income, out of pocket costs as low as \$50 were significantly associated with non-adherence. Among high income subjects, out-of-pocket costs of \$500 or more were significantly associated with non-adherence ($p < .01$).

Conclusions: These findings suggest that Medicare patients with high out-of-pocket costs may not be adherent to their drug treatment regimens. In particular, low income patients appeared to be very sensitive to out-of-pocket costs as low as \$50 per year. Future analysis will investigate the impact of non-adherence on clinical outcomes.