

POSTER ABSTRACTS

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Impact of Office Copayments on Office Visits in a Managed Care Environment

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Background: As health care costs continue to rise in the United States, cost-sharing is becoming increasingly common even in prepaid integrated delivery systems (IDS). While patients are paying for a greater share of their health care costs, there is little data on how the cost-sharing influences behavior in prepaid delivery settings. We examined the effect of various levels of an office visit copayment on office visit rates.

Methods: In a retrospective cohort study using automated clinical databases, we examined the effect of office copayment level on office visit rates in 2001. All subjects had commercial insurance and were members of the Kaiser Permanente Northern California (KPNC) health plan. We classified the copayment into 4 categories: no copayment, \$1-9, \$10-19, and \$20-30 per office visit. We compared relative rates of office visits by copayment level using a Poisson mixed-effects model applied to monthly utilization counts, adjusting for age, gender, comorbidity and month. This cohort is part of a larger study on cost-sharing.

Results: There were 1,755,574 subjects with commercial insurance in 2001. Of these subjects, 19.0% had no copayment, 39.7% had a \$1-9 copayment, 40.5% had a \$10-19 copayment, and 0.8% had a \$20-30 copayment per office visit; the unadjusted rates of office visits per person-year were 4.69, 4.30, 4.00, and 3.79 in these copayment groups respectively. After adjustment, the relative rate of office visits decreased 9.1% with the \$1-9 copayment (RR=0.909, 95% CI: 0.905 – 0.913), 12.7% with the \$10-19 copayment (RR=0.873, 95% CI: 0.869 – 0.877), and 18.7% with the \$20-30 copayment (RR=0.813, 95% CI: 0.798 – 0.828).

Conclusions: These data suggest that moderate office copayment levels are associated with lower office visit rates. Less clear is whether the reduction stems primarily from decreases in necessary or unnecessary care. Further research is needed to assess the potential effects, i.e. are copayments safe or do they lead to delayed care and unfavorable clinical outcomes.