



## At Pitney Bowes, Value-Based Insurance Design Cut Copayments and Increased Drug Adherence

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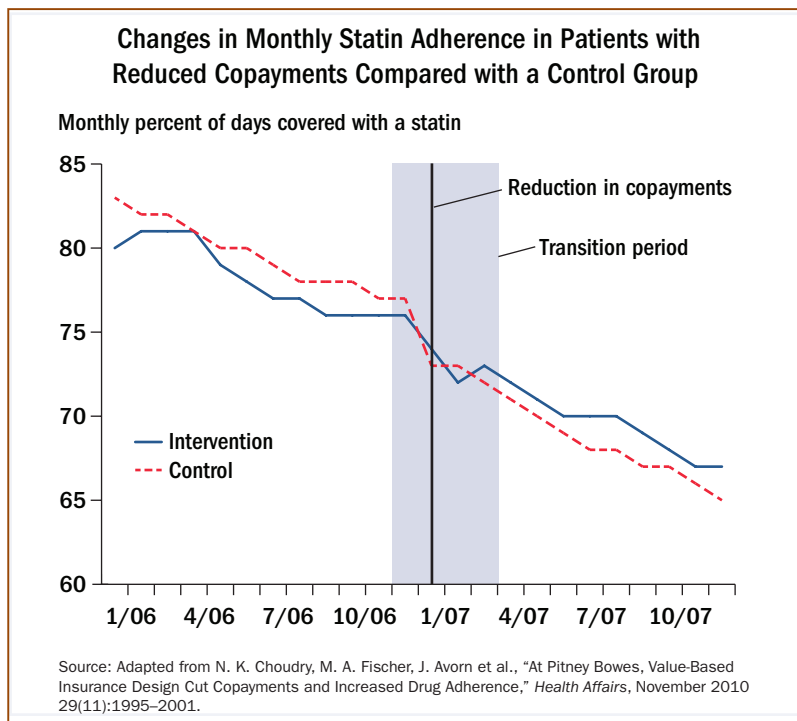
### Synopsis

By eliminating or reducing copayments for key drugs prescribed for employees at risk for cardiovascular disease, a value-based health insurance program at the U.S.-based firm Pitney Bowes led to modest increases in medication adherence rates compared with a control group.

### The Issue

Value-based insurance design (VBID) is a strategy for improving health care quality while controlling health spending. VBID programs are intended to promote the use of services or treatments that provide high benefits relative to cost and,

alternatively, to discourage the use of services whose benefits do not justify their cost. To date, however, there is little evidence to support that VBID works. This Commonwealth Fund-supported study examined the use of a VBID program at Pitney Bowes that eliminated copayments for cholesterol-lowering statins and reduced them for clopidogrel, a blood clot inhibitor.



## Key Findings

- In 2006, before the implementation of the VBID program, patient adherence to statins was declining among Pitney Bowes employees and patients in a control group, which happens typically over time after patients begin treatment, say the authors. After the new policy went into effect in January 2007, adherence stabilized in the Pitney Bowes group but continued to decline in the control group.
- Adherence to statins in the Pitney Bowes group was 2.8 percent higher than in the control group immediately after the policy was implemented and in the subsequent year.
- For clopidogrel, the policy was associated with an immediate stabilizing of the adherence rate. After a year, the Pitney Bowes group had a 4 percent higher adherence rate than the control group.

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## Addressing the Problem

Results from this study suggest that by reducing or eliminating copayments, patient adherence to prescribed medications can improve. Furthermore, such value-based insurance programs can serve as “an alternative to the current trend of rising cost-sharing faced by the majority of commercially insured patients,” the authors say. While noting that the improvements in adherence were “relatively modest,” the authors believe they could be augmented through additional policies that address “suboptimal” use of health care services. For example, several new VBID plans will grant copayment waivers only to enrollees who participate in a disease management program.

**“Reducing copayments for high-value services may provide an alternative to the more common practice of simply increasing patient cost-sharing.”**

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## About the Study

In January 2007, the large U.S.-based technology firm Pitney Bowes, Inc., eliminated copayments for the cholesterol-lowering drugs known as statins for all employees and beneficiaries with diabetes or vascular disease and lowered copayments for all employees and beneficiaries prescribed the clot-inhibiting drug clopidogrel. In this study, researchers compared the drug adherence among these individuals with patients insured by Horizon Blue Cross Blue Shield of New Jersey, which at the time did not have a similar program in place.

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## The Bottom Line

Value-based insurance design, which reduces the patient’s share of costs for cost-effective medications or treatments, can help increase patients’ adherence to their care regimens, though the improvement may be modest. Such a strategy could also help reduce growth in health care spending.

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## Citation

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