Ethnicity and the Impact of Higher Medication Copayments among Veterans with Schizophrenia

John Zeber, PhD1,2; Laurel Copeland, PhD1,2; Alexander Miller, MD3; Amy Kilbourne, PhD4; Dawn Velligan, PhD4; Eric Mortensen, MD1,4

1 Veterans Affairs HSRD: San Antonio (VERDICT) 2 Veterans Affairs HSRD: Ann Arbor (SMITREC) 3 UTHSCSA Department of Psychiatry 4 UTHSCSA Department of Internal Medicine

INTRODUCTION

- Pharmacy costs rising ~20% annually (US and VA)
- 40% of veterans with schizophrenia already poorly adherent (Figure 1)
- Higher medication copayments not only affect all veterans with schizophrenia, but certain subgroups appear to be more sensitive
- African-Americans were relatively younger with significantly higher substance abuse
- Hispanics were most distinct; fewer females, older, lower GAF, more likely to be copayment exempt, yet healthier in terms of substance abuse or other comorbidities
- The White and Other groups were the most similar in baseline characteristics

RESULTS

- African-Americans were relatively younger with significantly higher substance abuse rates
- Hispanics were most distinct; fewer females, older, lower GAF, more likely to be copayment exempt, yet healthier in terms of substance abuse or other comorbidities
- The White and Other groups were the most similar in baseline characteristics

multivariate results summary

- Overall, veterans subject to copayments reduced psychotropic fills & slightly increased inpatient utilization
- However, while white patients had minimal ramifications, minority veterans were extremely sensitive to medication cost changes (p<.001)

DISCUSSION

- Higher medication copayments not only significantly affect all veterans with schizophrenia, but certain subgroups appear to be more sensitive
- Although white patients also substantially decreased fills over time, their potential consequences (i.e., IP days) were minimal compared with minorities
- Hispanics were particularly vulnerable to adjusting fill patterns with subsequent clinical ramifications.
- Since medical fills were largely unaffected (not shown), decisions about psychotropic drugs here might reveal ethnic differences in Health Beliefs
- We are currently investigating other vulnerable, high risk groups (elderly, multiple illnesses)
- In addition, future studies will also examine multiple financial and psychosocial factors for ramifications, including:

CONCLUSIONS

- Effects of copayment policies are often unequally distributed across a population
- Need to reconcile pharmacy costs versus VA mission, potential disparities and equity issues, especially considering future copayment increases
- Benefit changes for chronically ill veterans should be implemented cautiously and carefully evaluated