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Employee Benefit Research Institute

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FAST Facts

The Relationship Between Health Plan Type and Use of Specialty Medications

One common rationale for employers to offer certain health care plans, such as health savings account (HSA)-eligible health plans, is to engage employees in cost savings efforts. However, are costs really impacted by plan type?

The Employee Benefit Research Institute (EBRI) *Issue Brief*, "The Relationship Between Health Plan Type, Use of Specialty Medications and Worker Productivity" delves into this question by examining the relationship between plan type and use of specialty medications. Specifically, we examine use of specialty medications by individuals with autoimmune diseases who are enrolled in health maintenance organizations (HMOs), exclusive provider organizations (EPOs), preferred provider organizations (PPOs), point of service (POS) plans, health reimbursement arrangements (HRAs), and health savings account (HSA)-eligible health plans. The analysis was conducted on nearly 100,000 unique individuals with rheumatoid arthritis (RA), Crohn's disease, ulcerative colitis, psoriasis, and multiple sclerosis (MS) using data from the Truven Health Analytics MarketScan® Research Commercial Claims and Encounters Database.

> Specialty medications are high-cost medications used to treat chronic conditions that are often rare, such as autoimmune diseases and multiple sclerosis (MS), which has a prevalence rate of about 0.1 percent in the United States. Specialty medications usually require special handling and/or storage, as they are often injectable, infused, or inhaled. They can be covered by the pharmacy benefit, the medical plan, or both.

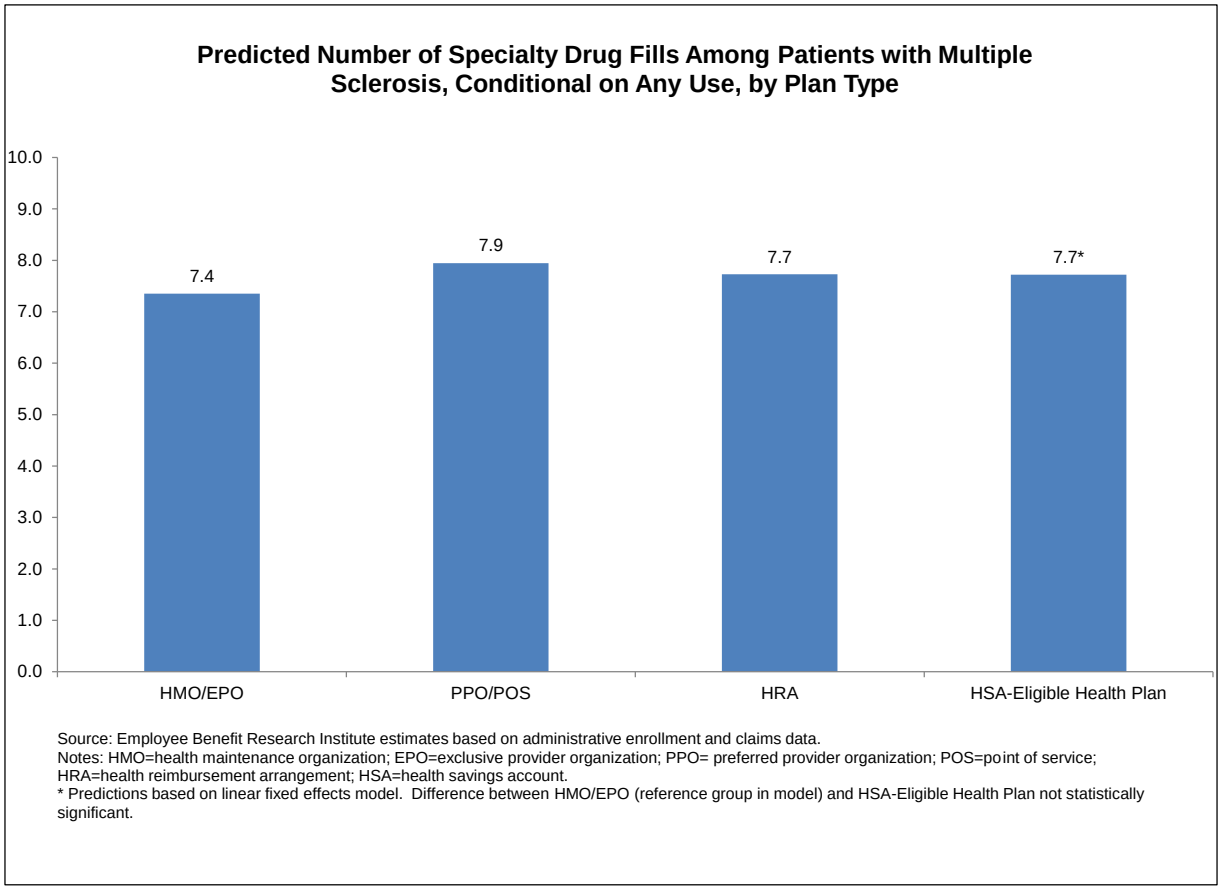
Key Take-Away: Overall, results were mixed when it came to whether plan type had an impact on whether any specialty medications were used. Those with Crohn's disease, ulcerative colitis, psoriasis, and MS were no more or less likely to have any specialty drug fills whether they were enrolled in an HMO/EPO, PPO/POS, HRA or HSA-eligible health plan. The only statistically significant results were found among rheumatoid arthritis patients enrolled in HRAs—who were less likely to have specialty drug fills than RA patients enrolled HMO/EPO plans.

Results were also mixed when examining the number of prescriptions filled. Rheumatoid arthritis patients had fewer drug fills when they were enrolled in HRAs than when they were enrolled in HMOs/EPOs; those with MS had more drug fills in the PPO/POS and HRA plans than in HMOs/EPOs.

While the results showed that MS patients in PPO/POS and HRA plans had more drug fills than those in HMOs/EPOs, the magnitude of the differences in the predicted number of drug fills was quite small.

There are some limitations to the data and research methods used for our analysis, among other things, related to type of health plan. For instance, we are unable to control for the choice set of available health plans. We do not know if a plan enrollee had a choice of other health plans, nor do we know what other health plans might have been available had there been choice. We do not know to what degree individuals with the diseases examined in

the paper choose specific jobs based on the available health coverage. We also do not know if individuals with the diseases examined in the paper pick a health plan because a specific physician is in the plan's network.



The EBRI report, "The Relationship Between Health Plan Type, Use of Specialty Medications and Worker Productivity" is published as the July 23, 2018 EBRI *Issue Brief*, and is available online here.

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