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## Study: Value-based insurance design improves diabetes medicine use

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A new study has concluded that a value-based insurance program--in this case, meaning one that lowers prices for procedures or medications meeting evidence-based criteria for benefit--can significantly increase the use of diabetic medication as compared with traditional health coverage.

The study, unveiled at the annual meeting of the Society of General Internal Medicine, enrolled active University of Michigan employees and their dependents into a value-based insurance program in 2006. The program reduced co-pays for secondary diabetic prevention agencies like antihypertensives, lipid-lowering medications and glucose-lower agents. They used employees of other institutions and their dependents with diabetes who were enrolled in the same health plan as a control group.

The study concluded that under value-based designs, there was a 5 percent increase in metformin use, an almost 9 percent increase in ACE inhibitor or angiotensin II receptor blocker use, and a more than 9 percent increase in statin use among the 1,777 diabetics with value-based insurance, compared with the control group of 3,273 diabetics with conventional insurance.

The program also improved ACE/ARB adherence by 7 percent, and statin adherence by 4 percent, according to Dr. Allison B. Rosen, who presented the study.

To learn more about the study:

- read this *Elsevier Global Medical News* [piece](#)

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