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WORLD NEWS

Co-Payments Shown to Curb Number of Mammograms

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DAVID ARMSTRONG

Updated Jan. 24, 2008 12:01 a.m. ET

A modest insurance co-payment is enough of a deterrent to keep many older women from having mammograms to detect breast cancer, a new study has found.

The study, published in this week's New England Journal of Medicine, follows prior research showing that patients are more likely to skip beneficial treatments or stop them early if their insurers require co-payments.

What surprised the researchers in the mammogram study is how many women opted not to get the test despite evidence the exam saves lives through the earlier detection of breast cancer. A U.S.-government task force recommends regular mammograms for women older than 40.

Screening rates were 8.3 percentage points lower for women in insurance plans requiring a co-pay than those in plans that picked up the full cost of mammograms. Most co-pays were \$20, but the amounts ranged from \$12.50 to \$35.

After years of steady increases, recent studies have found a decline in the rate of breast-cancer screening. At the same time, more insurance plans have begun to require co-payments, which have been increasing in price.

The New England Journal study looked at 174 Medicare managed-care plans insuring 366,475 women between the ages of 65 to 69 years. During the four-year period studied, the number of plans requiring a co-payment for a mammogram rose to 21 in 2004 from three in 2001. The study was conducted by researchers from Brown University; the Veterans Affairs Medical Center in Providence, R.I.; and Brigham and Women's Hospital in Boston.

The researchers said managed-care plans would be wise to exempt elderly women from mammogram co-payments because it is cheaper to treat breast cancer when caught early. In this scenario, both the patient and insurer benefit.

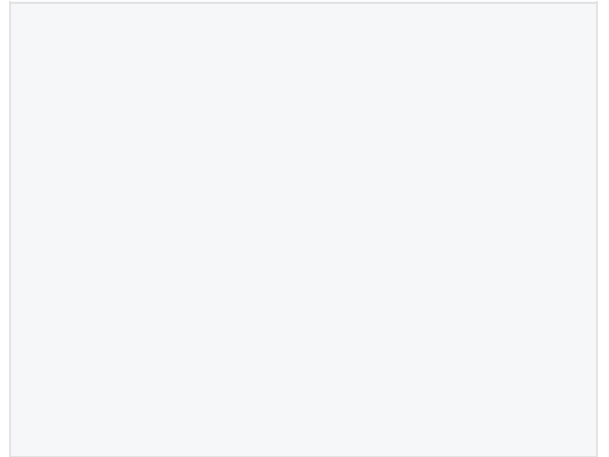
The study adds to research bolstering the idea of "value-based insurance" in which insurers lower co-pays and other costs to patients as a way to promote the use of tests and drugs that are proven to be cost-effective in the long run.

A 2005 study, for instance, found that waiving co-payments for a class of drugs taken by diabetics would not only save lives, but would reduce long-term costs to Medicare, as well. That is because more patients would take the drugs when there is no co-pay, leading to fewer kidney and heart-related complications from diabetes.

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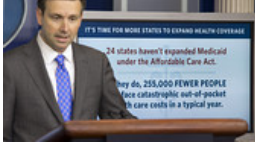
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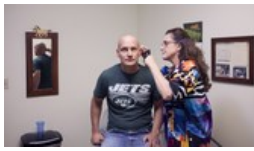


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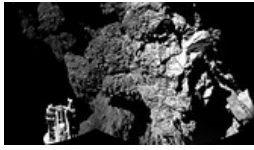
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