



High-Deductible Plans Linked to Lower Use of Imaging Tests



Results of a new study indicate that high-deductible health plans may reduce all diagnostic imaging rather than helping physicians and patients choose high-value imaging. Researchers found that patients enrolled in such health plans use about 7.5 percent fewer diagnostic tests than patients without such plans. The findings are published online in the journal *Medical Care*.

"I think what we found most surprising is the large reductions in imaging use among people with high deductibles," says senior author Kimberley Geissler, PhD, assistant professor at the School of Public Health and Health Sciences, University of Massachusetts Amherst. "We had hoped to find that patients were reducing use of low-value imaging, but we found they reduced all use similarly. It seems patients are not informed enough to discern which tests are more optional and which are medically necessary."

High-deductible insurance plans are those that offer relatively low monthly premiums but higher out-of-pocket costs. For this study, insurance plans with an annual deductible of at least \$1,200 for individuals and \$2,400 for families are considered to be high deductible. Low-value imaging tests are defined as those being less critical, such as diagnostic MRIs for lower back pain.

Researchers used a 2010 insurance database including more than 21 million adults to compare use rates and costs of imaging studies (ie, x-ray, CT or MRI) for patients with and without high-deductible plans. After controlling for age, sex, geographic location and health status, the researchers found that people enrolled in high-deductible plans used 7.5 percent fewer imaging studies than those in other plans. "This difference in imaging utilisation corresponded to a 10.2 percent difference in imaging payments," the researchers write.

The research team also found that patients in high-deductible plans were less likely to undergo any diagnostic imaging, a difference of 1.8 percentage points. However, once a patient had at least one imaging test, being in a high-deductible plan had little effect on their total use of imaging studies.

The authors caution that high use of "low-value diagnostic imaging," such as with "marginal medical benefit and potential patient harms," or "use of expensive diagnostic imaging when less expensive ones would be medically appropriate, may promote a cycle of increasing medical intervention conferring little or no benefit."

First author Sarah Zheng took part in the study of patient cost sharing and how it influences use of services as part of her doctoral work. She and colleagues recommend that future healthcare policy moves towards reducing diagnostic imaging should be combined with efforts to improve patient awareness and education, because at present people do not know what they should and should not do.

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