

# PROJECT TITLE: Impact of Emerging Health Insurance Designs on Diabetes Outcomes and Disparities

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## PRINCIPAL INVESTIGATOR AND PROJECT TEAM:

### Department of Population Medicine, Harvard Medical School and the Harvard Pilgrim Health Care Institute:

Dennis Ross-Degnan, ScD, MSPH (Principle Investigator); Frank Wharam, MB, BCh, BAO MPH (Co-Principle Investigator), Steve Soumerai, ScD, MSPH (Co-Investigator), Emma Eggleston, MD, MPH (Co-Investigator), Fang Zhang, PhD (Co-Investigator), Connie Trinacty, PhD (Co-Investigator), Christine Lu, PhD (Co-Investigator)

## KEY PARTNERS/COLLABORATORS:

Department of Population Medicine, Harvard Medical School  
Harvard Pilgrim Health Care Institute  
Optum Insight Life Sciences

## DEMOGRAPHIC/GEOGRAPHIC AREA:

Nationwide, commercially-insured population, 18 to 64 years of age.

## PROJECT HIGHLIGHTS:

**Goals:** Health insurance plans that require patients to pay large out-of-pocket expenses (high-deductible health plans or HDHPs) are rapidly replacing low cost-sharing plans. This project seeks to improve public health by determining the effects of HDHPs and their novel design features on patients with diabetes. These studies will allow the designers of health plans to improve care and outcomes for patients with diabetes.

### Study Aims:

- 1) Determine the impact of HDHPs on disease monitoring and clinical outcomes in a national population with diabetes.
- 2) Examine the differential impact of HDHPs on the outcomes from Aim 1 among black, Hispanic, low socioeconomic position, and high morbidity patients with diabetes.
- 3) Determine the impact of HDHPs with and without full drug cost-sharing on medication adherence, high severity emergency department visits, preventable hospitalizations, and hospitalization days.

Study Design: The study will examine patterns of care among patients with diabetes before and after switching to HDHPs, and compare them to patients with diabetes who remain in traditional health plans.

### **POTENTIAL IMPACT:**

**Health insurers and policymakers** could use the results to design more personalized health plans that promote high-quality care and better outcomes among patients with diabetes. **Policy makers** could use findings to identify tests and therapies that should be exempt from full cost sharing, potentially leading to changes to account-based HDHPs and leading to insurance designs that are better tailored to the needs of patients with diabetes. Results also may affect the health plan arrangements that regulators include in emerging state-based health insurance exchanges.

**Employers** can better understand the effect of HDHPs on the health of their employees with diabetes. They could use results or tools developed based on the findings to choose the health insurance types that optimize health and costs for their chronically ill workers.

**Patients and the general public** may better understand how HDHPs affect the use of health services and the health outcomes of patients with diabetes. This could lead to better decision making when choosing health insurance types during open enrollment or in state-based health insurance exchanges.

**FOR MORE INFORMATION:** go to an [article about this study](#) in *Preventing Chronic Disease*.