Out-of-Pocket Costs Impact PrEP Use Among Young Adult MSM in the US Healthcare System

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BACKGROUND
• PrEP is highly effective in preventing HIV and an estimated 1.2 million people would benefit from PrEP in the US.1,2
• Individual PrEP care costs include an office visit, laboratories, and medication; out-of-pocket (OOP) costs can vary depending on insurance coverage.3
• Having insurance coverage has been shown to impact PrEP use, but the extent that OOP costs (i.e., costs not covered by the insurance company or self-paid) impact PrEP use has not been quantified.4

We assessed individual OOP cost and its effect on PrEP utilization among young adult men who have sex with men (MSM).

METHODS
Study Participants and Setting
• Intake demographics, behavioral, and financial data were reviewed among individuals receiving PrEP care at the Washington University in St. Louis Infectious Diseases Clinic between June 2014 and August 2017.
• Inclusion criteria: MSM, 18-35 years, and individuals who were prescribed PrEP for at least three months.
• The billing department sends an OOP charge invoice, by mail, within 60 days of the individual’s claim; the billing time frame depends on insurance company claim processing time. The median invoice time in this sample was 39 days (interquartile range [IQR] 26, 57).
• The study was approved by the Washington University in St. Louis Institutional Review Board.

Statistical Analysis
• Financial data included initial office visit charges made to individuals (i.e., copayments, coinsurance) and insurance companies, costs that individuals were responsible for after insurance reimbursement (i.e., OOP charges), the amount individuals paid (i.e., OOP payments), and the debt an individual incurred (i.e., the difference between the total amount a person was responsible for and paid).
• Individual office visit OOP charges = OOP payments + accrued debt
• Insurance categorization: private coverage was commercial insurance, public insurance was state- or federally-funded insurance (e.g., Medicare, Medicaid, Gateway to Better Health), and uninsured had neither type of coverage. Three individuals were included in the university charity program (i.e., OOP charge, OOP payment, accrued debt were $0).
• Ratios using monthly income were calculated for individuals that reported having an income above $0.00.
• All statistical tests were two-sided and the significance level was set at 0.05.
• Of 163 young adult MSM, the median age was 26 years (24, 30), 53% were White, 31% were Black, 4% were Latino/Hispanic, 6% were Asian, 6% had no insurance.
• Proportion of individuals utilizing PrEP at follow-up was 83% (uncertainty range [UIR] 78, 89).
• Median OOP charge was $35.00 ($3.90, $79.30), median OOP payment was $19.84 ($0.00, $40.00), and accrued debt was $1.11 ($0.00, $40.00).
• Primary outcome: PrEP utilization, defined as self-reported PrEP use at three-month follow-up.
• OOP charge ($38.98, 0.52, 0.39), accrued debt ($38.98, 0.58, 0.07), OOP payment ($0.00, 0.59, 0.05), OOP payment/monthly income

RESULTS
• Out-of-pocket costs, which vary by insurance coverage, can impact PrEP utilization among young adult MSM seeking care at private sector facilities in the US healthcare system.
• Out-of-pocket costs, and their relation to individual income, that were quantified in this study can inform program planning and individual payment plans for subsidized care centers in order to maximize PrEP use.
• Public sector financing to cover individual medical costs is needed to reach the population-level benefit of PrEP.
• Future PrEP implementation studies should incorporate individual out-of-pocket-costs when examining PrEP utilization.

CONCLUSIONS

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REFERENCES