Evaluation of Value-Based Insurance Design for Primary Care

The authors evaluated the impact of value-based insurance design (VBID) in a large employer. Compared with a control group, the removal of cost sharing for primary care in the VBID group reduced utilization of the emergency department (ED) and did not negatively affect total cost of care.

QUASI-EXPERIMENTAL, DIFFERENCE-IN-DIFFERENCES CLAIMS-BASED STUDY, 2008-2014

The VBID cohort had

- Per member per month relative reduction in spending:
  - Overall: $12.0
  - Emergency department: $1.3
  - Other outpatient services: $7.6

VBID was associated with

- Relative reductions:
  - ED visits for primary care–treatable conditions: 7.4%
  - Other outpatient visits: 4.1%

Access to primary care

- Change in physician office visits:
  - Increase in VBID group: 2.6% (P = .25)
  - Increase in control group: 1.7%

- Change in out-of-pocket spending:
  - Decrease in VBID group: $15 (P = .08)
  - Increase in control group: $13

Limitations include the potential effects of concurrent implementation of the Affordable Care Act.