ABSTRACT

Medicare beneficiaries diagnosed with diabetes are likely to have health complications or episodes associated with diabetes, resulting in higher health care utilization and costs. Andersen’s Health Care Utilization Behavior Model includes predisposing, enabling, and need factors, but it does not account for perception though Ajzen’s Theory of Planned Behavior shows that perception influences health service use too. This study was performed using a real-world model integrating Andersen’s HCBM and Ajzen’s TPB to determine whether there was an association between insurance type (Part D versus non-Part D) and perceived ease of access or cost among Medicare beneficiaries with diabetes. The second objective was to determine whether the receipt of care from primary care physicians was associated with greater perceived ease of access or better perceived cost when compared to non-primary care physicians.

This cross-sectional study examined Medicare beneficiaries diagnosed with diabetes (n=2591) using data from the Medicare Current Beneficiary Survey (MCBS) 2013 Access to Care (ATC) Public Use File (PUF). Perceived ease of access and perceived cost were identified as the dependent variables from a factor analysis and explored as a sum of survey responses. Insurance type and provider type were the two independent variables. Covariates were race, gender, age, marital status, education, income, and metro status. Multivariable linear regression models were used for analyzing the relationship between independent and dependent variables.
Study results showed a significant relationship between insurance type and perceived cost. There was a significant association between insurance type and perceived cost, and the significance of this relationship did not change as predisposing, enabling, and need variables were added to the unadjusted model. The unadjusted model between insurance type (i.e., Part D vs. non-Part D) and perceived ease of access was significant. The significance of the association between insurance type and perceived ease of access did change as those predisposing, enabling, and need variables were added to the unadjusted model. The relationship between provider type and perception of cost and ease of access was not significant when running the bivariate and multivariate analyses.

The results from this study showed Medicare beneficiaries diagnosed with diabetes overall are not satisfied with the cost of self-administered prescriptions needed for regulation of blood sugar levels. Diabetic beneficiaries have evaluation and management visits with their health care providers, but often feel incapable of getting the antidiabetic drugs (OADs) and/or insulin they need to self-manage diabetes due to perceptions of costs and ease of access afforded by insurance, specifically Part D coverage. Often, these perceptions result in preventable ED visits and hospitalizations as well as more unaffordable health care costs. This becomes important for policymakers, health care providers, and public health professionals to assist this population with getting timely appropriate care by developing policies that improve perception of access and cost.