Patients contribute to health care costs through out-of-pocket expenses, like copays and coinsurance. These cost-sharing mechanisms are intended to help payers manage costs and encourage more efficient use of health care resources.

When is higher cost-sharing for patients less acceptable?

Check out NPC’s 5 guiding principles

“Try and fail” is important
If the initial lower-cost therapy is unsuccessful, patients should have access to higher-cost therapy and lower out-of-pocket costs. This is also known as “reward the good soldier.”

Benefits are certain and significant
If there is high confidence the health benefits of a treatment are significant, then financial barriers should be lowered.

Costs must align with benefits
If the treatment costs are balanced with better effectiveness and safety, then cost-sharing should be lower.

Don’t penalize for “bad luck”
If patients need higher-cost treatments based on their biology or genetics, then cost-sharing should be reduced.

Lower, but do not eliminate, out-of-pocket costs
Cost-sharing differences incentivize trying lower-cost treatments first, but big jumps in costs for patients should be avoided.