Disability Index. Data at screening and baseline were used to examine the convergent validity, discriminant validity, internal consistency, and test-retest reliability. Convergent validity was tested, using Pearson’s correlations, by comparing total and subscale scores on the CSHQ-RA to those from the Mental and Physical Component Summary (MCS and PCS) of the MOS SF-36 and HAQ. ANOVA and Kruskal-Wallis tests were used to assess the discriminant validity of the CSHQ-RA. Internal consistency was measured by Cronbach’s alpha coefficient. Test-retest reliability was assessed using intraclass correlation coefficients (ICCs). RESULTS: Response rate at baseline was 95% (291). Eighty-one percent of respondents were female; mean age was 52 years (±12); mean duration with RA was 10.8 years (±10.4). At baseline, mean scores on instruments were HAQ 1.5 (±0.7), MCS 37.9 (±10.9), and PCS 31.2 (±8.3). Pearson’s correlations between the CSHQ-RA and the MOS SF-36 and HAQ scores ranged from −0.33 to −0.73 (P < 0.0001) and 0.39 to 0.76 (P < 0.0001), respectively. The difference in scores on the CSHQ-RA of patients with different levels of physical disability as measured by the HAQ was statistically significant (P < 0.0001). Cronbach’s alpha coefficients were ≥0.9 indicating good internal consistency. Test-retest reliability was demonstrated in the instrument’s subscales with ICCs ranging from 0.82 to 0.94. CONCLUSIONS: These results support the validity and reliability of the original CSHQ-RA when tested in a representative patient population. Research to assess responsiveness and clinically significant change of the CSHQ-RA is underway.

THE DEVELOPMENT OF PROPENSITY SCORES FROM ADMINISTRATIVE DATABASES FOR THE ANALYSIS OF THE EFFECTIVENESS OF AN OSTEOARTHRITIS ACADEMIC DETAILING SERVICE ON PRESCRIBING BEHAVIOUR

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OBJECTIVES: The Nova Scotia Osteoarthritis (OA) Academic Detailing Service is voluntary and as such questions of selection bias when comparing the physicians’ prescribing behaviour that volunteered with those that did not are justified. The objective is to abate this bias, using propensity score methodology to control for selection bias. Propensity score methodologies were used to compare the physicians’ prescribing behaviour that volunteered with those that did not. The propensity score methodology was successful in abating selection bias by eliminating significant differences between variables measuring physician characteristics. It also identified one variable (participation in a previous influenza detailing service), which remained a significant predictor of participation in the OA service after the propensity score was completed (pre-propensity chi² = 407.48, p < 0.0001 and post-propensity chi² = 15.46, p < 0.0001). As such, there is a strong argument that this variable should be included as a covariable in the statistical analysis of behavioural differences between the groups.

SESSION II

HEALTH CARE REIMBURSEMENT

DO DRUG PRICES REFLECT VALUE? DO FORMULARY POLICIES?
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OBJECTIVES: Prescription drugs that provide high value should command higher prices than lower value drugs other things equal. We examined correlations between a drug’s price and its economic merit, as measured in cost-utility analysis (CUAs). We also examined whether formularies policies are consistent with cost-utility (CU) ratios. METHODS: CUAs from 1998 through 2001 on pharmacotherapies were selected from a large registry of analyses. All CU ratios and drug cost estimates were taken as reported in analyses and standardized to 2002 US$. Spearman correlation coefficients were used to quantify the association between drug prices and CU ratios. We examined the Florida Medicaid Preferred Drug List and Harvard Pilgrim Pharmacy Program to analyze whether insurers cover drugs with good value. Wilcoxon rank sum test was performed to assess if preferred drugs had different ratios than non-preferred drugs. RESULTS: Of 205 ratios, 16.1% were for short-term treatment (<2 months), 29.8% intermediate treatment (2–18 months), and 54.2% lifetime treatment. Ten and seven-tenths percent of ratios were cost saving and 8.3% dominated. Correlations between ratios and prices were 0.4991 (p = 0.0069), 0.1154 (p = 0.4724) and 0.2892 (p = 0.0041) for short, intermediate, and lifelong drugs, respectively. CU ratios did not differ significantly from preferred to non-preferred drugs on both health plans. Among cost-saving therapies, only 68.2% were covered by Florida Medicaid and 72.7% by Harvard Pilgrim. Among dominated drug interventions, 88.2% were covered by Florida Medicaid and 94.12% by Harvard Pilgrim. CONCLUSIONS: CU ratios of pharmacotherapies are positively associated with price, but the correlation is low among intermediate and lifelong treatments. Preferred drugs on two health plans generally do not reflect better cost-effectiveness. These results may reflect the absence of value-based pricing and lack of evidence-based reimbursement policies, or the fact that CUAs are poorly conducted (e.g., they have inappropriate comparators), or do not reflect decision makers’ perceptions of value.

DECISION-MAKER’S PERCEPTIONS OF ACCESS TO HIGH COST DRUGS (HCDs) IN PUBLIC HOSPITALS IN AUSTRALIA

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OBJECTIVE: To investigate the perceptions, concerns and attitudes of decision-makers regarding access to HCDs in public hospitals. METHODS: In-depth, semi-structured interviews were conducted with public hospital senior managers, directors of pharmacy and senior medical doctors in a Sydney Area Health Service. Topics for the interviews included the decision-making process and associated problems and solutions to matters of access to HCDs. Interviews were audiotaped, transcribed verbatim, thematically content analyzed and coded using NVivo software. RESULTS: Data analysis identified a number of emerging themes. Decision-makers perceived health care system funding...