METHODS & CONCEPTS

TRANSFERABILITY OF ECONOMIC EVALUATIONS: CAN RESULTS FROM ONE GEOGRAPHIC AREA BE USED TO HELP INFORM HEALTH CARE DECISION MAKING IN ANOTHER?

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There has been increasing pressure to consider using published economic evaluations or health technology assessments from other jurisdictions for local reimbursement decisions. Geographic transferability has the potential to facilitate assessments that would otherwise be infeasible and the potential to make more efficient use of global evaluation resources. **OBJECTIVES:** To review and summarize the literature on: 1) factors affecting geographic transferability of economic evaluation data; 2) criteria, guidelines or decision rules for determining transferability potential; and 3) approaches which have either been proposed or used in practice for transferability. **METHODS:** A systematic literature review on transferability was conducted. Electronic databases, hand searching and bibliographic searching techniques were utilized. Two classification systems were developed; one summarizing transferability factors, and another summarizing transferability approaches. **RESULTS:** Titles and abstracts of nearly 5000 articles were reviewed and 808 in full text. There was a substantial literature identifying over 70 factors potentially affecting transferability. From these papers we developed a classification system which grouped these factors into five broad categories based on characteristics of the patient, the disease, the provider, the health care system and methodological conventions. Only three papers were identified that proposed criteria, guidelines or decision rules for determining transferability potential and 38 empirical studies attempted to transfer economic evaluation data from one country to another. **CONCLUSIONS:** There is strong evidence indicating that transferability of economic evaluation data is complex and can result in misleading results. The subjective nature of the proposed systems for determining transferability potential highlights the need for additional research. Approaches which have been used for transferability suggest that there is a need for country-specific substitution of practice pattern data as well as unit cost data. The results from this review will assist researchers and government decision making bodies when considering and conducting transferability studies.

HEALTH CONDITIONS IN POSTMENOPAUSAL WOMEN AND IMPLICATIONS FOR THE DESIGN OF CLINICAL TRIALS OF AROMATASE INHIBITORS

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OBJECTIVES: To establish reference levels within the US population of postmenopausal women for conditions often evaluated in clinical trials of aromatase inhibitors for the treatment of breast cancer. **METHODS:** The prevalence of selected health conditions was estimated using the 2002 Medical Conditions file from the Medical Expenditure Panel Survey (MEPS). The study cohort included women 55 to 85 years of age, without cancer or cancer related activity, and without hormone replacement therapy in 2002. Conditions of interest included osteoporosis, fractures, joint related problems, and lipid disorders. Estimated prevalence rates from MEPS were compared with those reported in clinical trials of AIs identified from Medline and other sources. **RESULTS:** A total of 2723 MEPS survey respondents representing 20.4 million US women aged 55 to 85 years were included in the prevalence estimation sample. The most prevalent condition of interest was joint-related problems other than rheumatoid arthritis and osteoarthritis (34.1%, SE = 0.9%); 22.7% (SE = 1.1%) reported dyslipidemia; 10.3% (SE = 0.8%) reported osteoporosis, and 6.0% (SE = 0.6) reported fractures. **CONCLUSIONS:** The results of this study suggest that conditions evaluated in clinical trials of aromatase inhibitors are commonly found within the US population of postmenopausal women. Moving forward it will be important to collect baseline information on the presence of these conditions in women with breast cancer enrolled in clinical studies of AIs in order to correctly interpret the potential impact of this treatment on these conditions.

HOW MUCH DOES A DAY IN THE HOSPITAL COST?

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OBJECTIVE: There are standard data sources for estimating the costs of inpatient and outpatient physician procedures, outpatient visits, and drug costs for the US, but no standard data source for estimating the average cost per day in the hospital at various levels of care (i.e., intensive or critical care units (ICU/CCU), regular care). **METHODS:** A method for estimating the cost per day in the hospital for different levels of care and different diagnoses was developed using data from the Healthcare Cost and Utilization Project's (HCUP) 2002 Michigan State Inpatient Database (SID). Linear regression models without an intercept were used to estimate the relationship between total cost and length of stay at each level of care for selected diagnosis-related groups (DRGs). **RESULTS:** Nearly 1.3 millions inpatient stays were initially included in the Michigan SID. Across all records with complete data (n = 787,753), the incremental cost per day, in 2005 dollars, in the hospital, for all medical conditions, was $1237 (SE = $0.97). The incremental cost per day by level of care across all conditions was $2401 (SE = $3.60) in an ICU or CCU and $1122 (SE = $0.97) in regular care. The incremental cost per day in an ICU or CCU varied across DRGs analyzed, ranging from $1241 (SE = $18.27) for DRG 387 (n = 1422), prematurity with major problems, to $3,315 (SE = $106.60) for DRG 105 (n = 1220), cardiac valve and other major cardiothoracic procedures without cardiac catheterization. The incremental cost per day in regular care varied from $504.94 (SE = $4.67) for DRG 379 (n = 1789), threatened abortion, to $3081 (SE = $119.23) for DRG 106 (n = 164), coronary bypass with PTCA. **CONCLUSIONS:** A simple regression analysis method can be used with data from national or state inpatient datasets to estimate average cost per day in the hospital at different levels of care and for different diagnoses. These estimates can be used in cost-effectiveness studies.

THE LEVEL OF AWARENESS OF TMC PHYSICIANS ON THE PRICES OF COMMONLY PRESCRIBED MEDICATIONS AND DIAGNOSTIC PROCEDURES AND ITS EFFECT ON THEIR PRESCRIBING PREFERENCES

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OBJECTIVE: To determine the level of awareness of The Medical City (TMC) physicians on the prices of commonly prescribed medications for common causes of illnesses and