PHARMACY BENEFIT DESIGN AND PATIENT DRUG SUBSTITUTION

Hodgson, W.; Potthoff, P.; Guether, B.

OBJECTIVES: This paper 1 examines the extent of drug substitution, for example, from brand-name drugs to generic drugs and from retail to mail order to mail order; 2) stimulates the cost savings associated with drug substitution; and 3) estimates the effects of various factors on drug substitution, including patient characteristics, cost-sharing and generic entry. METHODS: We use pharmacy claims data from three employers for working-aged adults and their dependents from 1998 to 2004. We focus on five major therapeutic classes and track the share of total days supplied to each therapeutic class in six categories: generic and retail, multi-source brand and retail, single-source brand and retail, generic and mail order, multi-source brand and mail order, single-source brand and mail order. The shares are compared by drug plan over time and we simulate the cost savings (both total costs and OOP costs) by assuming these shares are fixed at the 1998 level through the rest of the study period. RESULTS: Per capita drug spending increased by 12.2% and 2.1% lower, respectively, for each plan in 2003 than in 1998. The number of days for which patients had no substitution occurred since 1998. We find substantial variation in substitution by therapeutic class, by drug plan and over time. Plan 1 realized the most savings from Histamine subtype (183%) for Plan 1, 11% for Plan 2 and 45% for Plan 3 while Plan 2 realized the most savings from Cardiac, ACE Inhibitors (56%) for Plan 1, 76% for Plan 2 and 23% for Plan 3. Savings on OOP costs vary as well. CONCLUSIONS: Drug substitution could result in substantial savings. To more effectively promote drug substitution, certain policy steps need to be taken to address factors other than cost sharing, such as physician prescribing behaviors.

HEALTH CARE PATTERNS AND PATIENT SATISFACTION IN EUROPEAN COMPARISON OF SIX COUNTRIES

Nguyen, S.; Parkholtz, P.; Guether, B.

OBJECTIVES: To assess health care patterns and patient satisfaction with health care system across European nations. METHODS: TNS European Health Survey of individuals in France, Germany, Italy, Spain, UK and the Netherlands were surveyed in 2007 to assess health care patterns and disease burden at national level. The data is representative of population gender and age in respective countries, ensured by sampling and intensive panel management. The survey collected information on health conditions, quality of life, health care-utilization and satisfaction with health care system. RESULTS: Approximately 175,000 individuals completed the survey, with equal male/female representation. Pain>83.30, Alopecia>53.100, Migraine>18.400, Sleep problems>35.900, Skin disease>35.800, Gastrointestinal disease>34.000, Depression>31.200, High blood pressure>22.800, Urinary problems>20.200 and High cholesterol>19.200 were the top 10 reported ailments. Across the countries, 49.9% self-diagnosed a health condition (range: 37.5% (Netherlands) to 59.1% (Germany)), whereas 13.3% (range: 8.4% (Italy) to 19.1% (Netherlands)) and 19.4% (range: 8.8% (UK) to 24.7% (Germany)) reported Primary Care Physicians and Specialist as primary source of diagnosis. Correspondingly, 34.3% (range: 20.1% (Spain) to 59.0% (France)) reported self-medication, while 26.3% (range: 20.7% (Italy) to 34.1% (France)), 28.8% (range: 8.1% (UK) to 41.2% (France)) and 6.3% (range: 3.8% (Netherlands) to 11.6% (Italy)) reported being treated by Primary Care Physician/Specialist/Hospital Clinic respectively. Overall, 71.6% (range: 57.6% (UK) to 82.4% (France)), 36.0% (range: 23.6% (Spain) to 58.5% (UK)), 12.9% (range: 3.7% (Netherlands) to 17.7% (France)), 5.4% (range: 2.8% (Netherlands) to 7.5% (UK)) and 7.7% (range: 7.7% (Italy) to 12.3% (UK)) were treated with prescription medications, OTC, plant-based pharmaceuticals, alternative-therapeutic-optimics and other products respectively. Satisfaction with health care system varied dramatically: 49% very satisfied/satisfied (range: 26.4% (Italy) to 66% (France)); 17% Neutral (range: 7% (France/Netherlands) to 27% (Italy)) and 34% somewhat/very dissatisfied (range: 27% (France) to 47% (Italy)). CONCLUSIONS: Patient satisfaction with health care system appears to be low and reports of self-diagnosis and self-medication are high in the countries. This highlights the increasing importance of patient involvement in health care and treatment and need for integrating patients into health care processes in various forms to alleviate health care burden (clinical/economic/humanistic) in respective geographies.

HEALTH CARE USE & POLICY STUDIES - Diagnosis Related Group

PHARMACIST’s KNOWLEDGE OF THE FDA-APPROVED INDICATIONS OF COMMONLY PRESCRIBED DRUGS: RESULTS OF A NATIONAL SURVEY

Morley, R.; Chen, D.; Wynia, M.; Alexander, G.

OBJECTIVES: The Food and Drug Administration (FDA) regulates prescription drug marketing, not prescribing, and medication use for non-FDA approved indications (‘off-label use’) is common. However, many off-label use lacks supporting evidence and may expose patients to unwarranted risk. We sought to determine pharmacists’