HE4
CHARACTERIZATION OF FREQUENT HOSPITAL EMERGENCY DEPARTMENT (ED) USE BY UN- OR UNDERINSURED PERSONS
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OBJECTIVES: ED use for non-emergencies contributes to crowding, increased health care costs, and, potentially, poor clinical outcomes. Efforts to decrease inappropriate ED use have focused on insured individuals. The purpose of this retrospective cohort study was to characterize frequent ED use among un- and underinsured individuals in central Texas. METHODS: Data were obtained from the ICare system, which includes information for > 800,000 individuals and > 5 million encounters within 24 Central Texas health care providers who arrange for or provide care for uninsured or underinsured individuals. Persons who received care from an ICare-participating organization during calendar year 2007 were included in these analyses. Frequent ED use was defined as at least 6 ED visits within either a calendar quarter or any contiguous three-month period. Linear regression was used to estimate the relation between patient characteristics and total ED visits among frequent users. RESULTS: There were 216,169 ED visits in 2007; 128,538 individuals had at least 1 ED visit and 0.07% (n = 892) were considered frequent ED users. Frequent users were mainly female (55.6%), and Caucasian (55.8%). Hispanics and African-Americans accounted for 14.2% and 17.3% of frequent users, respectively. The regression model accounted for 12.1% of variability in the outcomes (β = 0.38, p < 0.001, 95% CI 0.300–0.494), inpatient admissions (β = 1.35, p < 0.001, 95% CI 0.976–1.716) and having any mental health diagnosis in any ED visit (β = 3.278, p < 0.001, 95% CI 2.606–4.496) were positively and statistically significantly associated with the number of ED visits among frequent users, after adjusting for age, sex, and race. CONCLUSIONS: In 2007, frequent users accounted for < 1% of ED users, and 5.4% of total ED use. A study of these frequent users may help identify opportunities for intervention to help reduce underlying causes for these frequent visits.

PODIUM SESSION I: HEALTH TECHNOLOGY ASSESSMENT STUDIES

HT1
COMPARATIVE-EFFECTIVENESS VERSUS COST-EFFECTIVENESS: A COMPARISON OF THE FRENCH AND SCOTTISH APPROACHES TO STI HEALTH TECHNOLOGY ASSESSMENT (STA)
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OBJECTIVES: To compare the pharmaceutical STA guidance advice of Haute Autorité de santé (HAS) which appraises clinical efficacy/safety against the Scottish Medicines Consortium (SMC) in which appraisal includes both clinical and cost-effectiveness. METHODS: All English translated advice were downloaded from the HAS website resulting in 78 transparency committee opinions for between 2005 and 2009. These were matched with SMC advice, resulting in 19 matched drugs. A comparison between drug advice, the clinical evidence through identification of trials on the CENTRAL database of the Cochrane library and a statistical analysis was performed on improvement in medical benefit (ASMR) supplied by HAS and the cost-utility estimates (CQG) of the SMC. RESULTS: The HAS and SMC had the same advice in 14/19 (74%) of the drug comparisons. The average number of trials included were 2 trials in HAS advice and 1.8 trials in SMC advice with more comprehensive detail on the efficacy in HAS advice. Each matched comparison had at least one common trial and 30% of guidance included additional clinical trials. The correlation between the medical improvement provided by HAS and the SMC CQG were analysed and show that for those treatments considered cost saving by the SMC the ASMR was on average 4.6. The CQG for £0–£10,000 had an average ASMR, 3.6, £10,000–£20,000, 2.8, £20,000–£30,000, 3.1, and £30,000+ 3.4, showing little correlation between ASMR and CQG. CONCLUSIONS: The differences in guidance advice reflect the countries different MDA processes, interpretation of clinical efficacy and approaches to economics. HAS advice provided more detailed information on the clinical efficacy in comparison to SMC for these drugs. The SMC presented formal analysis of cost-effectiveness in comparison to France where economic issues are considered by the economic committee and not reported. The transparency committee implicitly uses economics as the choice of ASMR influences pricing decisions and the cost-effectiveness of treatments.

HT2
VARIABILITY IN UTILIZATION OF INNOVATIVE DRUGS IN EUROPE AS A RESULT OF HEALTH TECHNOLOGY ASSESSMENT AND FUNDING PROCEDURES: EXAMPLES OF TRASTUZUMAB AND CETUXIMAB
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OBJECTIVES: More of recently launched monoclonal antibodies are high and their accessibility differs across Europe. Trastuzumab (TR2) was recommended by payers for early and advanced breast cancer (BC) in Europe, with differences in the process and timelines of recommendations. Cetuximab (CTX) for metastatic colorectal cancer