SURVIVAL RATES FOR PATIENTS RECEIVING TRANSFUSIONS IN THE UNITED STATES FROM AN ADMINISTRATIVE MANAGED CARE DATABASE

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OBJECTIVE: Published data for the age distribution and survival of transfusion patients is either outdated (Vamvakas, 1994) or non-US based (Mathoulin-Pellisier 2000; Tynell 2001). Vamvakas data were based on a sample of patients transfused during surgery in Olmsted county (MN) in 1981. The validity of such data for current analyses is uncertain given changes in transfusion practices. This study obtained current estimates of age at transfusion and survival of transfused patients to populate a cost-effectiveness model of screening volunteer blood donations.
METHODS: Eligible patients had at least one code (ICD-9-CM, CPT-4, HCPCS, UB-92) for blood transfusion in 1995 and were eligible for services one month surrounding the index transfusion date. Data were from a proprietary managed care database containing private health care claims and enrollment data representing health care services provided through various managed care plans to approximately 3 million members annually, including Medicare-eligible individuals, in over 20 states. Age distribution and age-specific five-year survival of transfusion recipients were calculated.
RESULTS: A total of 6,779 patients were included. The baseline age distribution was: <16 years—4.7%, 16–45 years—14.4%, 46–65 years—21.3% and >65 years—59.7%. This was similar to the distribution reported by Mathoulin-Pelissier, but with a larger proportion of the population in the older age categories. Annual post-transfusion mortality was estimated as: Year 1–31%, Year 2–13%, Year 3–9%, Year 4–9%, and Year 5–8% (percent of transfused cohort). These post-transfusion mortality rates are about 5 percentage points greater than those from the Vamvakas data. These data indicate that morbidity of patients receiving transfusion in the US may have risen since 1981; the new data may better represent general practice across the US.
CONCLUSIONS: Current data confirm that post-transfusion mortality rates continue to be high, presumably due to patient underlying disease, with over 40% mortality within the first two years of transfusion.

PATIENT SATISFACTION AND PHARMACEUTICAL OUTPATIENT CARE

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OBJECTIVE: This research aims to build an information system on pharmaceutical services, taking into account patients' opinions, to assess providers as well as health care system performance and to provide a market surveillance tool, at a time where increasing hazards for patients emerge from global trade and increased risks of counterfeiting and piracy. It also provides guidance on prescribing policies for clinical governance and policymakers.
METHODS: The patient survey combines patients' opinions and reported information about drug care, health status and socio-demographic characteristics. Patients' opinions are on information, clinical quality, access, communication and trust. Reported information, to assess system performance, is partly based on Prosper questionnaire from the Center for Quality of Care, HSPH (section 3). A sample of 251 patients was randomly selected, from computerized patient registers of three practices in a UK Primary Care Group on three chronic conditions: hypertension, asthma and diabetes.
RESULTS: Five rate-based patient satisfaction scores and several reported scores on drug therapies for three chronic conditions are presented. Large variations appear among patient satisfaction scores, but mainly at practice level. Highest opinion scores of practices are on communication and lowest scores on access. Around 13% of patient think they receive confusing information and the rate is especially high among asthmatic patients. Main sources of confusion are between professionals and media information sources. Reported information provides detailed insight on areas and forms of confusion (side-effects, how and when to take medications).
CONCLUSIONS: This paper shows that certain scores may conflict with rational drug use policy and appropriateness of uptake of medicines. Major problems in drug supply and lack of business ethics challenge providers and patients. Policy implications of such information system on drug care will be discussed in order to address increasing hazards for patient safety and pharmaceutical services.

DRUG INSURANCE TYPE AND INAPPROPRIATE PRESCRIPTIONS FOR THE ELDERLY: ANY CONNECTIONS?

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OBJECTIVE: Inappropriate prescribing can cause significant adverse events for all age groups. It is perhaps most challenging and costly when it happens to vulnerable population groups in general and the elderly in particular. Some studies explored the high prevalence and demographic variables as risk factors of inappropriate prescribing in the elderly. This study extends to examine the impact of insurance type on inappropriate drug use by the elderly.