external agents, lung involvement in non-pulmonary conditions, or miscellaneous diseases of the lung/respiratory system. Study measures were assessed over four time periods: 0-12 months pre- and post-index, 13-24 months post-index, and 25+ months post-index. Costs of IPF, pulmonary disease (ICD-9-CM 480–519), and all healthcare services were estimated by category of resource use. RESULTS: A total of 896 met all patient selection criteria. They had a mean (SD) age of 48.1 (22.2) years, about 60% were female, and about 44% were white. Approximately 14% of patients died within 12 months of their index date. Mean monthly costs of all IPF-related care varied from $148–$314 depending on the follow-up period. Mean monthly costs of all patient care were more than $4000 higher among IPF versus non-IPF patients in Florida Medicaid ($4360 vs. $314) depending on the follow-up period. Mean monthly costs of all patient care were more than $4000 higher among IPF versus non-IPF patients in Florida Medicaid ($4360 vs. $314). CONCLUSIONS: Per-patient costs of IPF appear to be considerable in this population.

PRS6

TOBACCO SMOKING AND DIRECT COSTS OF TREATMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATIONS
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OBJECTIVES: The study evaluated the influence of tobacco smoking on direct costs of treatment of chronic obstructive pulmonary disease (COPD) exacerbations. METHODS: A total of 112 men who underwent treatment of COPD exacerbation in the Military Institute of Health Service from November 2001 to October 2002 were included in the study. The patients were qualified into one of three groups: I—never-smoking patients (n = 40), II—former smokers (n = 42); III—active smokers (n = 30). RESULTS: The mean direct cost of exacerbation treatment was USD 686.2 (SD 292.3) [group I—642.9 (SD 216.2); group II—USD 595.4 (SD 193.2); group III—USD 871.1 (SD 401.9)]. No significant differences in treatment costs were found between the group I and group II. The costs of inhospital treatment of COPD were significantly higher in the group III than in the groups I and II. A linear correlation was found between each consecutive pack year of addiction and the costs of exacerbation treatment in the group III (R = 0.39, R2 = 0.13; p < 0.03). No similar relationship was found in the former smokers’ group. CONCLUSION: Active tobacco smoking by COPD patients is related to significantly higher direct costs of hospitalization due to COPD exacerbations.

PRS7

TREATING DOCTOR AND DIRECT COSTS OF HOSPITALIZATION DUE TO CHRONIC OBSTRUCTIVE PULMONARY DISEASE EXACERBATIONS
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OBJECTIVES: Assessment of the influence that a doctor taking care of a patient has on direct costs of inhospital treatment of chronic obstructive pulmonary disease (COPD) exacerbation. METHODS: Medical documentation of patients who had undergone treatment of COPD exacerbation in the Military Institute of Health Service from November 2001 to October 2002 was studied retrospectively. Direct costs of hospitalization in 8 groups of patients treated by different doctors (8 specialists, with a similar length of experience), were compared. RESULTS: A total of 182 patients were qualified into 8 study groups, each treated by a different doctor. The mean hospitalization period was 7.6 (SD 3.1) days. The mean cost of COPD exacerbation treatment was USD 841.7 (SD 371.0). No statistically significant differences between the groups were found in the mean age of the patients, strength of nicotine addiction (expressed in pack years), severity of the disease and pulmonary function indices. Differences between the mean direct costs of treatment by individual doctors amounted to as much as 87% [USD 690.6 (SD 401.5) vs. USD 1 291.8 (SD 438.6), p < 0.05], and they resulted mainly from different length of hospitalization and costs of additional examinations. CONCLUSION: A way of taking care of a patient by a doctor significantly influences direct costs of inhospital treatment of COPD exacerbations.

PRS8

THE COST-EFFECTIVENESS OF PALIVIZUMAB IN AUSTRIA
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OBJECTIVES: To assess the cost-effectiveness of Palivizumab, a prevention against respiratory syncytial virus (RSV) in infants at high risk, such as premature babies, infants with bronchopulmonary dysplasia (BPD), and children with congenital heart disease (CHD) in an Austrian health care setting. METHODS: A decision tree model was used to estimate the cost-effectiveness of Palivizumab in high-risk children. The data sources included published literature, the Palivizumab pivotal trials, official price/tariff lists and national population statistics. The study was conducted from the perspective of the health care purchaser (HCP) (primary) and society (secondary). RESULTS: From the perspective of the HCP, the incremental cost-effectiveness ratio (ICER) for preterm infants is €4484/quality adjusted life year (QALY) without discounting; and becomes €14,439/QALY discounted. For children with BPD the ICER is €6719/QALY without discounting and increases to €21,672/QALY after discounting. In the CHD indication the ICER is €3115/QALY undischounted, while €11,390/QALY discounted. The results from the society perspective were substantially more cost-effective in all study populations. In preterm children the ICER is €1435/QALY without discounting, and becomes €4623/QALY discounted. For children with BPD the ICER is €4881/QALY undiscounted and €15,741/QALY after discounting. For the CHD group the ICER is €2,511/QALY undiscounted, and €917/QALY discounted. Sensitivity analyses confirmed the robustness of the model. CONCLUSION: This study showed that Palivizumab is a cost-effective prevention against RSV infections in high-risk infants in Austria under the current health economic standards.

RESPIRATORY DISEASES—Health Care Use & Policy

PRS9

EVALUATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENTS INITIATING AN INHALED CORTICOSTEROID OR AN ANTICHOLINERGIC IN A MANAGED CARE POPULATION
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OBJECTIVES: Current treatment guidelines for COPD recommend the use of bronchodilators for the management of patients with mild to moderate disease and adding inhaled corticosteroids for severe patients and patients with repeated exacerbations. This analysis evaluates COPD patients initiating treatment with either an inhaled corticosteroid or an anticholinergic to