improving national influenza vaccination rates among the elderly.

The Cost of Severe Sepsis at a Tertiary Care Teaching Institution

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OBJECTIVE: To determine the cost of treating an intensive care unit (ICU) patient with severe sepsis who expires while hospitalized at The Johns Hopkins Hospital (JHH), prior to the introduction of drotrecogin alfa (activated) for the treatment of severe sepsis. METHOD: The study utilized a cost-of-illness methodology. Data were collected through retrospective chart review. Patients with sepsis were identified based on their discharge summary in an integrated patient care database at JHH. Patient selection included those hospitalized between October 1, 2000 and September 30, 2001, in an adult ICU, who expired prior to hospital discharge. A random sample of these patients was chosen for chart review. Chart review identified patient status based on the PROWESS study inclusion criteria for the diagnosis of severe sepsis. Cost-of-illness calculation included direct medical costs (medications, hospital days, and ICU days). The cost to the hospital was calculated using the cost-to-charge ratio specific for JHH. Indirect costs were not included. RESULTS: A total of 60 patients were included in the study. The mean total hospital, non-ICU, ICU, and sepsis-related lengths of stay were 24, 8, 16, and 18 days, respectively. Patients spent a mean of 67% of hospitalized days in the ICU. The mean total hospitalization cost for a patient with severe sepsis who expires was approximately $54,000 and the mean sepsis-related hospitalization cost for one of these patients was approximately $40,000. The mean total costs per day (medication costs per day in parentheses) for the entire hospitalization, non-ICU stay, ICU stay, and sepsis-related stay were $2270 ($313), $1512 ($210), $2649 ($364), and $2245 ($339), respectively. CONCLUSION: Sepsis is a condition that has a significant impact on patient mortality and hospital costs. The results of this study will be used to monitor the effect of the use of drotrecogin alfa (activated) for the treatment of severe sepsis at JHH.

Cost Effectiveness of PI Based Therapy with Nelfinivir (NLF) Compared to Ritonavir (RTV) for Patients with HIV/AIDS

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OBJECTIVE: CPCRA-042/CTN-02, was a binational, randomized, open label trial in patients with advanced HIV receiving either Nelfinivir (NLF) or Ritonavir (RTV). A pharmacoeconomic (PE) sub-study of consenting Canadian participants prospectively captured health resource utilization (HRU) and Quality of Life (QOL) data. Our objective was to assess costs, effects and incremental cost-effectiveness of NLF compared to RTV as Protease Inhibitor therapy. METHOD: The PE sub-study recruited from 13 Canadian sites. Data collected included HRU and QOL as measured by a VAS and SF12 every 4 months. Costs were estimated using the St. Paul's Hospital (SPH) formulary, SPH Cost Model, and BCMA fee schedule. Using intent to treat analysis, the annual incremental cost effectiveness ratio (ICER) was calculated. RESULTS: In the main study, there was no difference in the time to clinical progression, immunologic or virologic responses between the two study arms. In PE sub-study, 137 patients were randomized: NLF (n = 71) or RTV (n = 66). The median (Q1–Q3) baseline patient age was 38 years (33–44), with median CD4+ count of 36/mm3 (12–70). Total follow-up time was ≥3 years. Preliminary results show mean (SD) first year annual total cost for NFV patients to be $26,099 (14,800) and $20,475 (7591) for RTV patients; p < 0.001. QOL scores showed no significant difference among groups at one year. The number of patients switching initially assigned study drug due to toxicity was lower for the NLF group 19 (27%) vs. 26 (39%) at one year and 8 (12%) vs. 24 (36%) in the first 8 months. The annual ICER per switch avoided equaled $24,071 per patient. CONCLUSION: The overall total cost and tolerability with assigned therapy were both higher for NLF. Given equal efficacy and immunologic response, the choice for one drug over the other as initial therapy depends on the importance placed on tolerability of the start-up regimen and potential for the emergence of drug resistance.

HIV/AIDS Patients: Experiences with Hospitalization

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OBJECTIVES: Even with the advent of new pharmacotherapies (e.g., HAART) that minimize inpatient care, HIV/AIDS patients are sometimes hospitalized for acute problems. Patients’ responses to specific aspects of hospitalization determine their satisfaction and have implications for hospitals’ quality improvement efforts. The objective of this study was to examine ratings of hospitalization experiences of HIV/AIDS inpatients and compare them with ratings of other, non HIV/AIDS inpatients. METHODS: A set of surveys from 78 patients discharged from 32 US hospitals in 2001 was assembled. Surveys contained 49 items pertaining to aspects of hospitalization as well as several patient demographic items. Surveys had been pre-coded to include diagnostic information (Diagnosis-Related Group (DRG)) and were