

savings and compliance programs at those who need them the most.

PHP7

#### THE EFFECTS OF NONCOMPLIANT COST-CUTTING BEHAVIORS ON OUTCOMES AMONG ADULTS IN THE UNITED STATES

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**OBJECTIVE:** To quantify the effects of noncompliant cost-cutting behavior on health-related quality of life (HRQOL), work productivity, and activity impairment among U.S. adults. **METHODS:** Data were from quarters one and two of the 2007 National Health and Wellness Survey (NHWS), an internet-based study of the health care attitudes, behaviors, disease states, and outcomes of a demographically representative sample of adults age 18+. Noncompliant cost-cutting behaviors were defined as taking less medication than prescribed, cutting tablets in half, or buying fewer tablets. Outcomes measures include the SF12V2 and the Work Productivity and Activity Impairment (WPAI) questionnaire. Linear regression analysis was used to control for gender, age, race, marital status, education, and comorbid conditions. **RESULTS:** Of the 42,010 NHWS respondents, 7% took less medication than prescribed, 6% cut tablets in half, and 2% bought fewer tablets. Controlling for potential confounders, SF12 physical and mental summary scores are significantly lower for those taking less medication (2.3 and 2.5 points lower,  $p < 0.001$ ), those cutting tablets in half (0.9 and 1.1 points,  $p < 0.001$ ), and those buying fewer tablets (1.5 and 1.6,  $p < 0.001$ ). Controlling for potential confounders, WPAI overall work loss and WPAI activity impairment are significantly lower for those taking less medication (10.3 and 7.2 points lower,  $p < 0.001$ ), those cutting tablets in half (11.2 and 5.3 points,  $p < 0.001$ ), and those buying fewer tablets (15.8 and 8.2,  $p < 0.001$ ). **CONCLUSION:** Noncompliant cost-cutting behavior negatively affects humanistic outcomes. By decreasing this behavior cost savings and compliance programs should have a positive effect on humanistic outcomes.

PHP8

#### THE EFFECTS OF NONCOMPLIANT COST-CUTTING BEHAVIORS ON INDIRECT COSTS AMONG ADULTS IN THE UNITED STATES

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**OBJECTIVE:** To quantify the effects of noncompliant cost-cutting behavior on health-related quality of life (HRQOL), work productivity, and activity impairment among adults in Europe. **METHODS:** Data were from the 2007 European National Health and Wellness Survey (NHWS), a self-administered, Internet-based study of the health care attitudes, behaviors, disease states, and outcomes of a demographically representative sample of adults age 18+ across five European countries: France, Germany, Italy, Spain, and the UK. Three noncompliant cost-cutting behaviors were analyzed: taking less medication than prescribed, cutting tablets in half, and buying fewer tablets. Outcomes measures included the SF12V2 and the Work Productivity and Activity Impairment (WPAI) questionnaire. Linear regression analysis was used to adjust for gender, age, country of residence, marital status, education, and physical and psychiatric comorbid conditions. **RESULTS:** Of the 53,524 NHWS respondents, 3.1% took less medication than prescribed, 2.1% cut tablets in half, and 1.6% bought fewer tablets. Unadjusted results showed a negative association

between these behaviors and indirect costs. Adjusting for potential confounders, SF12 physical and mental summary scores were significantly lower for those taking less medication (2.2 and 2.4 points lower,  $p < 0.001$ ), those cutting tablets in half (1.8 and 2.0 points lower,  $p < 0.001$ ), and those buying fewer tablets (1.8 and 2.3 points lower,  $p < 0.001$ ). Adjusting for potential confounders, WPAI overall work loss and WPAI activity impairment were significantly lower for those taking less medication (11.0 and 9.2 points lower,  $p < 0.001$ ), those cutting tablets in half (13.4 and 6.3 points lower,  $p < 0.001$ ), and those buying fewer tablets (10.1 and 7.7 points lower,  $p < 0.001$ ). **CONCLUSION:** Noncompliant cost-cutting behavior negatively affects indirect costs, specifically HRQOL, work productivity, and activity impairment. By decreasing this behavior cost savings and compliance programs should have a positive effect on humanistic outcomes.

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#### UNITED STATES PHYSICIANS AND IN-OFFICE DRUG ADMINISTRATION: THE CONCEPT OF "INCIDENT-TO" SERVICES

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**OBJECTIVE:** The U.S. Centers for Medicare and Medicaid Services (CMS) generally pays for non-institutional-based services and supplies "incident to" a physician's professional service. This study explores the concept of incident-to, the regulations and guidance surrounding its use and presents practical considerations for physicians. **METHODS:** Incident-to guidance provided by CMS was collected, arranged in order of issuance, abstracted and analyzed. A compilation of relevant resources, a glossary and checklist tool were also created as part of the project. **RESULTS:** Federal regulations at 42 CFR 410.26(b) specify criteria for "incident to" services. Medicare Part B pays for services and supplies incident to the service of a physician, including drugs or biologicals that are not usually self-administered. The services and supplies must be furnished in a non-institutional setting to non-institutional patients and be of an integral, though incidental, part of the service of a physician in the course of diagnosis or treatment of an injury or illness. They are also provided without charge or included in the bill of a physician. Such services are typically performed by non-physician staff however require direct personal supervision by the physician. The U.S Office of the Inspector General (OIG) has announced incident-to services as an area of study in their 2008 Work Plan. **CONCLUSION:** The concept of incident-to services is commonly misunderstood and may therefore present a Medicare compliance risk for physicians. It is essential for physicians and their practice decision-makers to understand and apply the CMS regulations surrounding incident-to services in order to appropriately bill and be reimbursed by Medicare for the provision of Part B separately payable drugs in non-institutional settings.

#### HEALTH CARE USE & POLICY STUDIES— Consumer Role in Health Care

PHP10

#### CREATION OF A RISK RATING SYSTEM TO COMMUNICATE DRUG SAFETY INFORMATION TO CONSUMERS

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**OBJECTIVE:** With the withdrawal of Zelnorm, recall of products such as Ranbaxy's generic gabapentin, and the increase in