COST OF CARE ATTRIBUTABLE TO ALZHEIMER’S DISEASE FOR MEDICAID ENROLLED ELDERLY

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OBJECTIVES: The purpose of this study was to describe the resource use before, and after, initiation of long-acting injectable antipsychotics (LAI-AP) using the provincial and public drug reimbursement program database of the Régie de l’assurance maladie du Québec (RAMQ).

METHODS: Patients who were incident users (no use in the previous 12 months) of a LAI-AP prescribed between January 1st 2008 and March 31st 2012, at least 20 years old, with a diagnosis of schizophrenia/schizoaffective disorder and with continuous enrollment during the study period were selected. Resource utilization and associated costs were analyzed both during the year before LAI-AP initiation (pre-initiation period) and the year after (post-initiation period).

RESULTS: A total of 992 patients met the inclusion criteria. The average age was 43.5 years (SD = 14.3). In pre-initiation period, 1,484 patients had at least one hospitalization, compared to 958 in post-initiation period (p < 0.001), and the number of days hospitalized was dependent (40.5 days (SD = 39.6) vs. 21.2 days (SD = 29.9), p < 0.001). The pre-initiation period costs were CDN$21,312 (SD = 27,303), compared to CDN$7,199 (SD = 16,419) in post-initiation period (p < 0.001). The outpatient costs were CDN$415,209 (SD = 1,278) in the pre-initiation period, and CDN$1,296,284 (SD = 2,184) in the post-initiation period (p < 0.001). In pre-initiation period (p < 0.001), comparisons of the three indications, ORT (53.0%) had a significantly higher economic burden.

CONCLUSIONS: The initiation of LAI-AP resulted in significantly lower health care resource use and cost reduction, with the primary driver being a reduction in number of hospitalizations, days of hospitalization and visits to the emergency room.