FRENCH GATEKEEPING COST-EFFECTIVENESS IMPACT ON CHRONIC PATIENTS TREATED WITH INHALED CORTICOSTEROIDS, IN REAL LIFE

Methodology: Vanzelii J², Véron N², Bouchekour A.², Fantino B.², Ayray JP.¹, Launois R.²

¹Claude Bernard University Lyon I, Viterbanne, France, ²Regional Health Insurance Medical Service, Orleans, France, ³ADSM-AGORAS, Lyon, France, ⁴REES, Paris, France

OBJECTIVES: To estimate the cost-effectiveness impact of the French gatekeeping system on chronic patient treated with inhaled corticosteroids (ICS). The study question is: Can an incentive economic system as the French gatekeeping (“coordinated care pathway”-CCP, August 2004 French Health Insurance reform) have a significant cost-effectiveness impact, from the French Health insurance perspective. METHODS: A retrospective analysis has been set up, in region Centre, to produce a retrospective Health insurance database comparative study. A total of 290 patients in each group were included (the totality of the non-gatekeeping group, based on these matched individuals. RESULTS: The semi-Markovian model, based on these groups matched, estimated costs of one-year a 10,000 bootstrap ICER equal to $34,640 ($34,640 [$34,246, $34,938]). To go further on the basis of the relationship between respiratory disease well controlled or not and QALYs, the new ICER ranges from 30,468 euros to 44,157 euros per QALY gained, thus included in the European Economic Community thresholds defined by the World Health Organiza- tion ($30,468 to $44,157). CONCLUSIONS: This retrospective study on annual observational data has shown that the coordinated care pathway strategy is cost-effective in the management of chronic patients treated with inhaled corticosteroids, from the French Health insurance perspective.

CAN THE FRENCH GATEKEEPING SYSTEM BE COST-EFFECTIVE FOR PATIENTS WITH CHRONIC RESPIRATORY DISORDER?

Mannouri P, Vanzelii J², Véron N², Bouchekour A.², Fantino B.², Ayray JP.¹, Launois R.²

¹Claude Bernard University Lyon I, Viterbanne, France, ²Regional Health Insurance Medical Service, Orleans, France, ³ADSM-AGORAS, Lyon, France, ⁴REES, Paris, France

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OBJECTIVES: To evaluate the cost-effectiveness of a grass allergy immunotherapy tablet, Grazax (ALK-Abelló AS) in combination with symptomatic medications compared to the standard care of symptomatic medications alone for the treatment of grass pollen induced rhinoconjunctivitis. The analysis focuses on children, either with or without co-existing asthma, for the German setting. METHODS: The two treatment options were evaluated in terms of costs and health outcomes using a decision tree approach. The analysis was undertaken from the payer’s perspective, with only direct costs included in the base case. The model followed a cohort of 1000 hypothetical children over nine years in the reference case. Continuous use of Grazax was modelled, with the effects of treatment captured in terms of symptom management, resource utilisation and allergic asthma outcomes. Data inputs were derived from published studies, published papers and published clinical trials. RESULTS: The use of Grazax plus symptomatic medications compared to standard care showed an improve- ment in patient outcomes; 6.92 QALYs as opposed to 6.82 QALYs over the nine-year time horizon. The total cost per patient with Grazax was €4117 compared to €5,952 for standard care. The resulting incremental cost per QALY is €25,900. The QALYs are a result of increased quality of life related to effective symptom management and the reduction in allergic asthma development. Sensitivity analysis carried out around key parameters shows that the results estimated by the model remain robust. CONCLUSIONS: The analysis found Grazax treatment to have an incremental cost per QALY which falls below commonly accepted willingness to pay thresholds. Therefore, Grazax is a cost-effective option for the treatment of grass pollen induced rhinoconjunctivitis for children in Germany.