Abstracts

icaid (MediCal) program. METHODS: A retrospective study was conducted by using claims data from January 1995 to December 2000. Dependent variables were total healthcare cost, the occurrence of event, and time to event. Event included hospitalization or ER visits. Historical data including demographic factors, healthcare cost and utilization, type of drugs, increasing dose, adding drugs, changing drugs, follow-up services based on diabetic guidelines (e.g., office visit, lab tests, and self glucose monitoring), medication compliance, complications, and comorbidity were used as independent variables. The generalized estimating equation and the fixed effect partial likelihood methods were used in a longitudinal data set and a cross-sectional data set with repeatable events, respectively. RESULTS: Older age was related to an increase in patient risk. Healthcare cost and utilization in the previous period had a significant positive impact on patient risk in the next period. Patients taking both insulin and oral hypoglycemic drugs and patients having oral hypoglycemic or anti-hypertensive drugs added into the regimen were positively associated with an increase in patient risk. However, medication compliance was negatively related to an increase in patient risk. Follow-up services based on diabetic guidelines factors (i.e., having office visit, having glucose monitoring strip, having HbA1C test) were negatively associated with an increase in patient risk. Comorbidity factors (i.e., hypertension and hyperlipidemia) and three complication factors (i.e., retinopathy, nephropathy and foot infection) were positively related to patient risk. CONCLUSIONS: Factors associated with high-risk diabetic patients could help healthcare providers and administrators intervene to improve patient outcomes.

PDB7

DIABETES RELATED DRUG UTILIZATION AND EXPENDITURES IN MEDICARE BENEFICIARIES WITH AND WITHOUT SUPPLEMENTAL PRESCRIPTION DRUG INSURANCE

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OBJECTIVES: There is increasing concern that rising drug costs may make prescription drugs unaffordable to seniors and therefore a need for Medicare prescription benefits coverage. The objective of this study was to assess prescription drug use patterns and expenditure of diabetic Medicare beneficiaries with supplemental private insurance with and without prescription benefits. METHODS: The 1999 Medical Expenditure Panel Survey (MEPS) provided the data for the study. Medicare diabetics with supplemental private insurance coverage were identified, and those with and without prescription benefits separated into two groups. Descriptive statistics for the two groups were determined and t-test used to compare differences in age, education, income, number of diabetes related prescriptions, total drug and out of pocket drug expenditures related to diabetes, and number of comorbidities. RESULTS: A total of 433 Medicare diabetics were identified from a total of 24,618 MEPS respondents with 186 (39.4%) reporting supplemental private insurance. Of these, 103 (55.4%) reported drug coverage. Those with and without drug coverage did not differ significantly with respect to age but education was significantly different (p = 0.04) with those having coverage being more educated. Income differed but did not reach statistical significance (p = 0.053). The two cohorts did not differ significantly in terms of total number of diabetes-related prescriptions and both total and out of pocket expenditures. However, out of pocket cost for those without prescription coverage averaged about 76% of total drug expenditure while it averaged 53% for those with coverage. CONCLUSIONS: In the MEPS data, Medicare diabetics with supplemental private insurance coverage with and without prescription benefits did not differ in terms of diabetes related prescription use and expenditure. However, those with out drug coverage who had a lesser mean income ($15,670) incurred a higher percentage of out of pocket drug cost than those with coverage and who had a higher mean income ($19,199).

PDB8

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