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HEALTH SERVICES UTILIZATION AND COSTS AMONG EMPLOYED ADULTS WITH DEPRESSION

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OBJECTIVES: Depression is a major cause of increased work errors and low productivity increasing the total healthcare costs. Continuing to work while suffering from depression (presenteeism) may actually improve patient condition through colleague support and reduce healthcare costs, however, there is not enough evidence to support this. The objective of this study was to compare health services utilization and healthcare costs among employed patients with depression who engage in productivity increasing behavior (presenteeism) and those who do not (absenteeism).

METHODS: This was a retrospective cross-sectional study of 225 employees (106 men; mean age 43.4 years [SD 11.2]) who were employed throughout the year and were assessed for presenteeism and absenteeism through survey responses. Logistic regressions were conducted to determine whether condition of depression, length of stay, and financing were important predictors of medical reimbursement amount using risk adjustment and risk predictive models.

RESULTS: A total of 1,501 adults with depression were identified. Of those, 66.7% were females. Among employed adults with depression, 14.7% engaged in absenteeism, while the others engaged in presenteeism behavior. The regression models were used to examine the relationship of body weight with chronic kidney disease in health care use and associated spending needs further exploration in larger studies.

CONCLUSIONS: Obese patients had longer hospital stays than overweight patients and resulted in higher health care expenditures. End-stage renal disease patients who were obese may be more sick. With the rising incidence of chronic kidney disease, overweight and obesity internationally, the relationship of body weight with chronic kidney disease in health care use and associated spending needs further exploration in larger studies.

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PREDICTING MEDICAL REIMBURSEMENT AMOUNT - WHAT FACTORS DRIVE THE MEDICAL COST TREND

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OBJECTIVES: Healthcare costs in the U.S. are the highest worldwide and are rapidly increasing. As a result of this upward trend, employers and health insurance companies are trying to contain the cost of healthcare. This study aimed to understand the relationship of body weight with chronic kidney disease in health care use and associated spending needs further exploration in larger studies.

METHODS: This study examined several factors associated with medical reimbursement amount. Both Commercial and Medicare members, utilization (including services by inpatient, outpatient and professional), and Medicare health plan enrollment and claims data from 2011 and 2012 for 2 million participants, this study empirically examined the impact of socio-demographic, environmental, and utilization models, total healthcare costs, OOP and B&O expenditures for presenteeism and absenteeism.

RESULTS: Compared to absenteeism, presenteeism among employed adults with depression is associated with lower health services utilization that can potentially be cost-saving in the long run. Employers and the medical community should work together for depression management among employees and reduce the clinical and economic burden of depression.

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OUT-OF-POCKET HEALTHCARE EXPENDITURES AMONG PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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OBJECTIVES: To describe out-of-pocket (OOP) expenditures for hospitalizations, ambulatory care visits and prescription medications and to determine if there is the difference in OOP expenditures by insurance status among subjects with Chronic Obstructive Pulmonary Disease (COPD).

METHODS: Data for this study were drawn from the 2012 Medical Expenditure Panel Survey (MEPS). The sample included adults (aged 18 years) with a COPD diagnosis (ICD-9 codes 491, 492, and 490) who received COPD services at least once in 2012. The dependent variable was annual OOP expenditures and the independent variable was health insurance type (private, public, or no insurance).

RESULTS: Descriptive statistics and inferential tests were conducted using SAS ProcSurvey for complex sampling design. RESULTS: Study subjects’ (N=587 unweighted; N=5,982,925 weighted) total mean OOP COPD expenditures were $2,362.4±95.1 per person. Subjects with no insurance had total OOP expenditures ($2,313.3±963.9) that were 2.8 to 4.0 times higher than those who were privately ($2,141.4±92.6) or publicly ($1,567.8±92.9) insured. Inpatient expenditures (N=31 unweighted, N=352,414 weighted) were significantly higher for subjects with no insurance ($4,631.7±9,0) and lower for subjects with private ($1,861.9±9.0) and public insurance ($1,056.4±7). Ambulatory care visit (N=385 unweighted, N=3,831,525 weighted) OOP expenditures for subjects with no insurance ($777.9±14.9) were over 2 times higher than OOP expenditures for those privately or publicly insured ($350.6±3.3, $282.5±6, respectively). Of those who had prescription expenditures (N=468 unweighted, N=4,906,191 weighted), patients with private and those with no insurance paid similar OOP amounts ($2,222.4±48.8, $2,219.6±48.8, respectively), while those with public insurance had lower OOP expenditures ($1,612.5±44.7). CONCLUSIONS: When compared to subjects with private or public insurance, those with no insurance had higher OOP expenditures for COPD-related care, both in total, inpatient and ambulatory services and lower OOP expenditures for prescriptions. Increasing the use of appropriate COPD medications among the uninsured may result in cost-savings due to reduced hospitalizations.

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COST STUDY ON PROVINCIAL GENERAL HOSPITALS

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OBJECTIVES: Chronic kidney disease, overweight and obesity are growing public health challenges in the U.S. with large financial implications. To examine healthcare utilization, data that were linked to MEPS. The Negative Binomial generalized linear model was used to quantify the relationship between VI and hospitalization controlling for confounding factors such as age, gender, race, income, education, marital status, smoking, body mass index, and chronic conditions. RESULTS: At baseline, 29% of those with mild VI, 6% had moderate-to-severe VI. Overall, the time of the rate of hospitalization declined for those with mild VI or no VI, but was constant for those with moderate-to-severe VI. The rate of hospitalization was higher in those with a baseline and variance of 30% and 50% for those with moderate VI compared with beneficiaries with no VI (Ratio Rate: 1.21, 95% Confidence Interval: 1.06, 1.37), adjusting for potential confounding variables. CONCLUSIONS: Moderate-to-severe VI was associated with an increased rate of hospitalization among older adults. Our results suggest that further research is needed to determine whether condition of depression, length of stay, and financing were important predictors of medical reimbursement amount using risk adjustment and risk predictive models.

REFERENCES: This study examined several factors associated with medical reimbursement amount. Further research is needed to help understand what other factors are important which may help shed light on potential options for ‘bending the cost curve’.