Erratum

The incorrect version of abstract PMC12 by M. Scheuringer and KJ Krobot was printed (Value Health 2009;12(7):A389). This abstract was presented at the ISPOR Twelfth annual European Congress in Paris, France on 24–27 October 2009.

The correct text of the abstract appears below:

DEVELOPMENT OF COST CATALOGS FOR COST-EFFECTIVENESS ANALYSES IN GERMANY: RESULTS OF A FEASIBILITY STUDY

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The uniform costing methodology is an essential prerequisite for the comparison of health economic evaluations. An important contribution to such standardization would be the usage of public data routinely provided by the Federal Health Monitoring for the monetary valuation of units. To our knowledge the applicability of this approach has not been investigated in Germany. OBJECTIVE: To evaluate which unit costs can be derived from the Information System of the Federal Health Monitoring. METHODS: The official 2006 Cost-of-Illness Accounts (www.gbe-bund.de) provide healthcare expenditures differentiated by the OECD health accounts (ambulatory care, stationary/semi-stationary health care, ambulance services, administration, other providers and private households) as well as by the (three-digit) ICD10 codes. We demonstrate our approach using three prevalent conditions. Results are limited on those health accounts for which clear diagnosis links exist. Numbers of cases account for transfers within 24 hours upon admission. RESULTS: Acute myocardial infarction (ICD10 I21) accounted for 0.7% (€1,767 million) of total healthcare expenditures in Germany. 71% of these cost related to 193,422 hospital cases, while 5% related to 21,494 rehabilitation stays. Thus, average unit cost for hospitalization and rehabilitation, respectively, were €6,494 and €3,722. Heart failure (ICD10 I50) accounted for 1.2% (€2,879 million) of all health care expenditures. 45% of these cost related to 312,923 hospitalizations, while less than 1% was due to 2,694 rehabilitation stays. Thus, average unit costs for hospitalization and rehabilitation, respectively, were €4,167 and €4,083. Finally, cerebral infarction (ICD10 I63) accounted for 1.3% (€2,964 million) of all healthcare expenditures. 40% of these cost related to 196,377 hospital cases, while 11% related to 59,194 rehabilitation stays. Thus, average unit cost for hospitalization and rehabilitation, respectively, were €6,060 and €5,389. CONCLUSIONS: The results of this feasibility study show that it is possible to develop standardized diagnosis-specific cost catalogs based on actual expenditures in the German healthcare system. Provided that respective data on other OECD health accounts become available from the Federal Health Monitoring, it will be possible to expand these cost catalogs accordingly.

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