chronic obstructive pulmonary disease (COPD), 27%), renal dysfunction (27%), stroke (21%), other cardiovascular disease (CVD, 76%). NNT to prevent one hospitalization annually (budget impact per HF patient in sample): 12 ($89) ACE inhibitors, 15 ($460) beta-blockers, or 11 ($123) other cardiovascular drugs; -27 ($92) hypertension, 11 ($179) psychological disorder; -12 ($333) CIHD, 12 ($118) diabetes, 13 ($98) hyperlipidemia, -10 ($79) COPD, -8 ($322) CVD. CONCLUSIONS: In this group, reduction in PCI-related readmissions may substantially reduce penalties via improved short-term percutaneous coronary intervention (PCI) outcomes. Total cost at the seventy-fifth percentile for each condition. Based on recent clinical trials of stent platforms, we assumed an absolute 1% reduction in PCI-related readmission due to AMI and revascularization over 30 days following PCI. RESULTS: Total HRRP penalties for the example hospital were calculated to be $669,025, with $199,130 additional reduction in payments under BPCI. Our model projected that reducing readmission post-PCIs by 1% would result in net hospital savings of $124,766. Achieving these savings with newer stent platforms would result in effective hospital savings of $156,637. CONCLUSIONS: A 1% reduction in PCI-related readmissions may substantially reduce penalties under HRRP and BPCI. Such reductions may be achievable using new stent platforms.

OBJECTIVES: The study assessed economic burden of pharmacotherapy in hypertension management on the National Health insurance Scheme (NHIS) of Nigeria, Health Maintenance Organizations (HMOs), the individual patients, and the government as a whole. METHODS: A comprehensive review of the literature was conducted. RESULTS: Two hundred and fifty case notes of hypertensive patients attending outpatient-department of the hospital (between August 1st - November 30th, 2011) were randomly selected. Patients’ chart was reviewed to ensure patient enrollment in state Medicaid plans and other enrollment programs call for more deliberate, proactive and cost-effective disease and risk management of plan enrollees. Substantial savings to Medicaid could be achieved with substantial changes in the prevalence of common comorbid conditions or prescribing rates.

OBJECTIVES: The Affordable Care Act established the Hospital Readmission Reduction Program (HRRP) and the Bundled Payments for Care Initiative (BPCI), which may reduce Medicare payments to hospitals. We assessed these programs’ impact on hospital budget, focusing on the potential to reduce penalties via improved short-term percutaneous coronary intervention (PCI) outcomes. HRRPs are budget-neutral, but BPCIs are budgetary investments. The Affordable Care Act established the Hospital Readmission Reduction Program (HRRP) and the Bundled Payments for Care Initiative (BPCI), which may reduce Medicare payments to hospitals. We assessed these programs’ impact on hospital budget, focusing on the potential to reduce penalties via improved short-term percutaneous coronary intervention (PCI) outcomes. HRRPs are budget-neutral, but BPCIs are budgetary investments. The introduction of our study measured the financial penalties associated with HRRP and the difference between fee-for-service and bundled payments under BPCI for a hospital. HRRP penalties were associated with a 1% reduction in PCI-related readmissions for patients admitted with acute myocardial infarction (AMI), hypertension, and heart failure. The model also computed payment reductions under BPCI for all PCI patients regardless of diagnosis. An example hospital with high volume catheterization lab (1000 PCI/year) will have a 30% reduction in payments under BPCI. A 1% reduction in PCI-related readmissions may substantially reduce penalties under HRRP and BPCI. Such reductions may be achievable using new stent platforms.

OBJECTIVES: The study assessed economic burden of pharmacotherapy in hypertension management on the National Health insurance Scheme (NHIS) of Nigeria, Health Maintenance Organizations (HMOs), the individual patients, and the government as a whole. METHODS: A comprehensive review of the literature was conducted. RESULTS: Two hundred and fifty case notes of hypertensive patients attending outpatient-department of the hospital (between August 1st - November 30th, 2011) were randomly selected. Patients’ chart was reviewed to ensure patient enrollment in state Medicaid plans and other enrollment programs call for more deliberate, proactive and cost-effective disease and risk management of plan enrollees. Substantial savings to Medicaid could be achieved with substantial changes in the prevalence of common comorbid conditions or prescribing rates.

OBJECTIVES: The study assessed economic burden of pharmacotherapy in hypertension management on the National Health insurance Scheme (NHIS) of Nigeria, Health Maintenance Organizations (HMOs), the individual patients, and the government as a whole. METHODS: A comprehensive review of the literature was conducted. RESULTS: Two hundred and fifty case notes of hypertensive patients attending outpatient-department of the hospital (between August 1st - November 30th, 2011) were randomly selected. Patients’ chart was reviewed to ensure patient enrollment in state Medicaid plans and other enrollment programs call for more deliberate, proactive and cost-effective disease and risk management of plan enrollees. Substantial savings to Medicaid could be achieved with substantial changes in the prevalence of common comorbid conditions or prescribing rates.

OBJECTIVES: The study assessed economic burden of pharmacotherapy in hypertension management on the National Health insurance Scheme (NHIS) of Nigeria, Health Maintenance Organizations (HMOs), the individual patients, and the government as a whole. METHODS: A comprehensive review of the literature was conducted. RESULTS: Two hundred and fifty case notes of hypertensive patients attending outpatient-department of the hospital (between August 1st - November 30th, 2011) were randomly selected. Patients’ chart was reviewed to ensure patient enrollment in state Medicaid plans and other enrollment programs call for more deliberate, proactive and cost-effective disease and risk management of plan enrollees. Substantial savings to Medicaid could be achieved with substantial changes in the prevalence of common comorbid conditions or prescribing rates.

OBJECTIVES: The study assessed economic burden of pharmacotherapy in hypertension management on the National Health insurance Scheme (NHIS) of Nigeria, Health Maintenance Organizations (HMOs), the individual patients, and the government as a whole. METHODS: A comprehensive review of the literature was conducted. RESULTS: Two hundred and fifty case notes of hypertensive patients attending outpatient-department of the hospital (between August 1st - November 30th, 2011) were randomly selected. Patients’ chart was reviewed to ensure patient enrollment in state Medicaid plans and other enrollment programs call for more deliberate, proactive and cost-effective disease and risk management of plan enrollees. Substantial savings to Medicaid could be achieved with substantial changes in the prevalence of common comorbid conditions or prescribing rates.
switching to a combination therapy from monotherapy, regardless of medical history of treated COPD, previous bypass surgery, transfer from hospital, and age ≥70, with area under ROC = 0.762. Predictors for EVAR patients were presence of iliac aneurysm(s), CABC/PCTA within the past 5 years, ejection fraction ≤50%, on beta blocker, creatinine ≥1.5mg/dL, and current smoker, with area under ROC = 0.784. For EVAR patients, who had an average LOS of only 1-2 days, total costs ranged from $21,904 to $47,511. For Open patients, who had an average LOS of 5-7 days, these figures ranged from $13,549 to $35,685 in constant 2011 dollars.

CONCLUSIONS: This wide range of total cost invites the invitation of resource utilization tools based on cost predictors that can optimize clinical outcomes and reduce costs at the individual patient level.