Health-Related Quality of Life (HRQoL). To inform the design of a large-scale prospective study is currently being conducted.

CONCLUSIONS: Although it is known that HZ and PHN can have a negative impact on HRQoL, limitations in previous research can be noted. In order to address these concerns, a large-scale UK-based prospective study is currently being conducted.

IMPACT OF HERPES ZOSTER AND POSTHERPETIC NEURALGIA ON PATIENTS’ QUALITY OF LIFE

OBJECTIVES: To investigate the impact of HZ and PHN from the patient’s perspective. Searches were limited to studies published in English between April 2000 and April 2010. The adequacy of these studies in quantifying the burden of HZ and PHN was critically assessed. RESULTS: A total of 329 papers were reviewed. Key points were noted. First, the burden of HZ and PHN has not been compared to HRQoL estimates for the general population or to those with comparable acute or chronic conditions, thereby making interpretation difficult. Furthermore, studies conducted to date have not accounted for the variations in pain and HRQoL burden at different stages of HZ presentation. Finally, from the studies reviewed, the pain experienced by patients with HZ and PHN is managed with a wide variety of products. However, until now no formal assessment of patient satisfaction with these products has been conducted.

CONCLUSIONS: Although it is known that HZ and PHN can have a negative impact on HRQoL, limitations in previous research can be noted. In order to address these concerns, a large-scale UK-based prospective study is currently being conducted.

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INFECTION – Health Care Use & Policy Studies

MODELING D-GRG REVENUE WHEN HOSPITALIZATION DURATION FROM CLINICAL TRIALS IS AVAILABLE: THE CASE OF DORIPENEM VERSUS IMIPENEM IN TREATING VENTILATOR-ASSOCIATED PNEUMONIA (VAP) IN GERIATRIC PATIENTS

OBJECTIVES: Since the introduction of D-GRGs, hospitals have become increasingly concerned about impact of changes in clinical practice on hospital costs and revenue. We developed an algorithm to estimate expected D-GRG payment by drug, when length-of-stay (LOS) data from clinical trials are available. We compared results with a scenario where only median values by trial arm are available. METHODS: D-GRG attribution is driven by MV duration and intensive care severity score. From a Phase III trial comparing doripenem and imipenem (DORI-10), we determined nine categories of MV duration (ranges based on MV hours resulting in higher-paying D-GRGs). Using the Muenster Webgrouper, we obtained D-GRG weights when simultaneously varying MV duration and intensive care severity score. Results: For the nine categories and by drug, we obtained percentage patients per group and median LOS by type of ward using. Per category, the appropriate D-GRG weight was selected based on: chosen profile, total MV duration, intensive care severity, and total LOS. Using distribution of patients by category derived from DORI-10, a weighted D-GRG was calculated for each arm, and multiplied by the 2010 base value to yield expected D-GRG payment. RESULTS: D-GRG revenue ranged from $2,578 to $6,975 (across 4 scenarios) to $16,146 for MV $≥$ 1800 hours. Using trial-based median LOS values, expected D-GRG revenue is $35,107 (all scenarios), with no difference in D-GRG revenue in both trial arms. When using the categories approach, expected revenue reduction when using doripenem instead of imipenem ranged from $2,084 to $2,451. CONCLUSIONS: A D-GRG revenue analysis helps to better understand net impact of introducing a new drug on a hospital’s budget. When LOS data (including MV) vary by drug and data from clinical studies are available, a classification approach enables more refined D-GRG revenue estimates as opposed to using median values by drug.

EFFECT OF THE ANTIBIOTICS USE MONITORING PROGRAM FOR THE ACUTE UPPER-RESPIRATORY INFECTIONS DISEASE IN KOREAN CLINICS

OBJECTIVES: Overuse of antibiotics has been focused for the public health and pharmaceutical expenditure in Korea. National Health Insurance introduced the antibiotics use monitoring program in 2002. This program includes a monitoring the antibiotics prescription rates of medical institutes, a feedback to prescribers, and a report to the public via website. This study aims to evaluate the impact of this program on the antibiotics prescription rates for the acute upper-respiratory infections (URI) in Korea. METHODS: We assessed the antibiotics prescription rates for the acute URI (J00-J06) of individual medical institutes from 2002 to 2008. Data was extracted from NHI outpatient’s claims database and the first quarter data of each year were selected to avoid seasonal variation. To evaluate the effect of program, we assumed the early change of prescription rate during 2002-2003 as a baseline, and compared it with every year variations of the prescription rate for 2004-2008. Generalized Estimation Equation (GEE) model was constructed to investigate the changes in antibiotics prescription. RESULTS: Data included about 49 million claims from 13,211 clinics (94.5% of all acute URI claims and 70.1% of all clinics in 2008). Prescription rate declined from 72.8% to 55.1% during 2002-2008. The analysis showed that the antibiotics use monitoring program reduced 6.11% of antibiotics prescription rate per clinic annually (OR: 0.96, 95% CI: 0.96, 0.96, P < 0.0001). The reduced antibiotics prescription estimate was averaged 4.0 million in year. CONCLUSIONS: After monitoring system introduced, the antibiotics prescription rates for acute URI patients have continuously decreased in the clinics.