CONTROLLING THE COST OF CARE OF BREAST CANCER PATIENTS IN GERMANY USING CLINICAL PATHWAYS

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OBJECTIVES: In Germany, development of clinical pathways in routine healthcare settings is a slow process. Our main objectives were: 1) to introduce proper clinical pathways of breast cancer (BC) management in a large hospital in Munich, Germany, 2) to identify problems in the implementation process of clinical pathways, and 3) to suggest steps for further improvement of clinical pathway strategies. METHODS: In collaboration with health care professionals (HCPs) working in a large Munich hospital, we developed a clinical pathway algorithm for management of BC patients and introduced it to that hospital for implementation. Then we developed a standardized check list to measure the success of the clinical pathways program based on various clinical indicators, reported by HCPs involved in BC management. And finally, we compared health economics data of two groups of patients with primary diagnosis of BC: intervention group (n = 45), which was managed according to our clinical pathways in 2004, and comparator group (n = 56), which was managed in 2003 prior to introduction of clinical pathways. RESULTS: Mean duration of hospitalization in intervention group was slightly higher compared to comparator group (9.08 vs. 8.75, respectively), but approximately 51% of patients in intervention group were discharged from the hospital within 7–8 days compared to 40% in comparator group. About 73% of patients in intervention group had been admitted 1 day prior to operative treatment, compared to 93% of patients in comparator group. By means of a survey we learned, that only a small percentage (up to 17%) of HCPs in that hospital were aware of the detailed processes of clinical pathways. CONCLUSIONS: Clinical pathways are important tools in that they optimize health care processes and can potentially lead to cost savings through optimal care. However, proper training and active involvement of HCPs in the implementation of clinical pathway processes is important.

THE IMPACT OF PROSTATE CANCER AMONG CAUCASIAN AND AFRICAN AMERICANS IN A HOSPITALIZED SETTING

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OBJECTIVES: Prostate cancer is the second most common cause of death from cancer in men of all ages and the most common cause of death from cancer in men over 75 years old. The mortality rates in African-American men are more than twice that of Caucasian men, even after attempts to adjust for access-to-care factors. Even with increases in screening, African American men still experience high incidence and mortality rates than all races. Therefore, the specific aim was to examine differences affecting Caucasian and African American men with prostate cancer in a hospital setting. METHODS: The study design was an exploratory, nonrandomized, secondary data analysis of the 2006 HICUP—NIS. Ten percent of the subsample was used. Only Caucasian and African American men with a primary diagnosis of prostate cancer (ICD-9 Code = 185) were included. SPS 15.0 was used to analyze the data. RESULTS: The study population consisted of 9,736 Caucasian Americans (87.5%) and 1,387 African Americans (12.5%). Results of the t-test (p = .000) indicated that Caucasian Americans experienced a significantly lower average length of stay than African Americans (3.04 vs 5.04 days, respectively). Based on the regression analysis, the model was significant (F = 52.746, p = .000, R2 = 27.6%). Six of the eight variables were significant: race, income, admission source, principal procedure, length of stay, and died during hospitalization, each with a p < .000 value. The mean for total charges was $2,843, with a standard deviation of $323,119. CONCLUSIONS: African American men were found among the two groups. These findings may assist health care entities in determining additional factors which could aid in the fight against prostate cancer. In addition, private payers (including HMOs and Medicare) would especially be interested in each entity represented the bulk of expected primary payers for the hospitalized patients.