

**URINARY/KIDNEY DISORDERS—Health Care Use & Policy Studies**

PUK24

**POLYPHARMACY TREND IN WOMEN WITH CHRONIC KIDNEY DISEASE IN UNITED STATES OUTPATIENT SETTINGS**Rasu R<sup>1</sup>, Abercrombie M<sup>2</sup><sup>1</sup>University of Missouri- Kansas City, Kansas City, MO, USA, <sup>2</sup>University of Missouri Kansas City, Kansas City, MO, USA

**OBJECTIVE:** Women with chronic kidney disease (CKD) are often at risk of experiencing polypharmacy. Polypharmacy is defined as the excessive use of drugs. This study examined variations in numbers of medications used by women with CKD in outpatient settings in the United States. **METHODS:** This cross-sectional study used data from the National Ambulatory Medical Care Survey (NAMCS) from 1996–2003. Women aged 18 years and older with CKD were included in the study sample based on clinical diagnoses and the reason for the visit. Polypharmacy was determined by retrieving number of medications used ( $\geq 5$  medications) during the time of visit (retrieved using the NAMCS drug codes). All analyses were weighted to make national estimates. **RESULTS:** There were approximately 58 million weighted outpatient visits for women with CKD from 1996 to 2003. The mean age for this population is 62. Nearly 14% of these visits were by Hispanic women. Nephrologists accounted for only 15% of CKD patient visits. Just over 4% of women reported having 8 medications at the time of their visits. Furthermore, 32% of patients were using  $\geq 5$  medications. Multivariate analysis showed that women seen by nephrologists were about two times more likely (OR:1.9;95% CI: (1.19–3.30) ( $p \leq 0.05$ ) to receive a prescription for  $\geq 5$  medications than those not seeing a nephrologist. Hispanic women were 54% less likely (OR:0.46;95% CI: (0.23–0.94) ( $p \leq 0.05$ ) to receive a prescription for  $\geq 5$  medications than non Hispanic patients. Additionally, this study also identified significant regional and time variations ( $p \leq 0.05$ ) in polypharmacy trends within this population in U. S. outpatient settings. **CONCLUSION:** The findings of this study suggest that polypharmacy is prevalent in this population within U.S. outpatient settings. Increased awareness among clinicians is needed regarding the impact of polypharmacy on women with CKD in outpatient settings in the U.S.

PUK25

**DIALYSIS FACILITY CHARACTERISTICS INFLUENCE THE USE OF HOME DIALYSIS IN THE U.S.**

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**OBJECTIVE:** Use of home dialysis (HomD) therapies, home hemodialysis and peritoneal dialysis (PD), comprise approximately 8% of total dialysis utilization in the United States. The remainder being hemodialysis (HD) performed in-center. Recent work suggests 50% or more dialysis patients could receive HomD. The objective of this study is to evaluate whether dialysis facility characteristics affect HomD use. **METHODS:** The number of facility point prevalent (December 31, 2006) dialysis patients on HomD and facility HD was extracted from end-stage renal disease (ESRD) network annual reports. Data on ownership status (profit/not-for-profit), chain status (independent or managed/owned by a chain organization), night shift for dialysis, and the number of HD stations were obtained from Medicare's Dialysis Facility Compare (DFC) database. A regression model was used to estimate the impact of these factors on utilization of HomD (e.g., percent of total dialysis patients on HomD). Additional risk adjusters included a rural/urban indicator, percent of dialysis patients employed, and percent of dialysis population 18 to 54 years of age.

**RESULTS:** There were 3480 facilities in the analysis. As the number of HD patients per HD station increases the percent of patients on HomD significantly decreases at an increasing rate. If the facility has a late shift, the percent of patients on HomD is 6 percent higher than in facilities without a late shift ( $p < 0.001$ ). If a facility is for-profit, a chain organization, or is located in a more rural area, the percent of patients on HomD significantly decreases. Finally, a facility with the median of 62 or more dialysis patients has a significantly greater use of HomD. **CONCLUSION:** HomD was more common in not-for-profit and independently managed/owned facilities. The financial implications of these findings may be significant as in-center HD is 37% more costly than a home option in the Medicare population.

**HEALTH CARE DECISION-MAKER'S CASE STUDY POSTER SESSION**

PCASE1

**GCSF: SAVING COSTS WITHOUT SAVING QUALITY OF CARE. A UNIMED VITORIA HEALTH INSURANCE EXPERIENCE**

Figueira CM

Unimed Vitória, Vitória, Espírito Santo, Brazil

**Organization:** Unimed Vitoria health insurance Company. Work Medicine Cooperative.

**Problem or Issue Addressed:** Increased costs and utilization of GCSF for the treatment of oncology patients within Unimed Vitoria, without any change in the ASCO indication criteria and cancer incidence.

**Goals:** 20% cost reduction of GCSF treatment of oncology patients through strict compliance of ASCO guidelines.

**Outcomes items used in the decision:** Cost-effective study on GCSF indication in different tumors and actual clinical application (interest conflicting prescription medicine).

**Implementation Strategy:** Single-observer evaluation of all GCSF requests and consequent release by the health insurance company only if the indication met ASCO guideline.

**Results:** Significant GCSF cost and utilization reduction from December 2005 to December 2007. The utilization reduction in 2006 was 25% followed by another 10% in 2007. The cost reduction was even greater as a result of direct purchase of the drug by the health insurance company.

**Lessons Learned:** Direct purchase of medications by the health care professional that is responsible for the prescription and drug distribution may increase drug prescription without scientific support.

PCASE2

**THE ROLE OF ECONOMIC EVALUATION IN CHANGING DECISION-MAKER BEHAVIOURS : A CASE STUDY FROM TRINIDAD AND TOBAGO**Bailey HH<sup>1</sup>, Kind P<sup>2</sup>, Dan DV<sup>3</sup>, La Foucade AD<sup>1</sup><sup>1</sup>University of the West Indies, St. Augustine, Trinidad and Tobago;<sup>2</sup>University of York, York, UK; <sup>3</sup>San Fernando General Hospital, San Fernando, Trinidad and Tobago

**Organization:** The Health Economics Unit of the University of the West Indies conducted an investigation into diffusion of laparoscopic general surgery in Trinidad and Tobago.

**Problem or Issue Addressed:** The adoption of new health technologies increasingly requires evidence of effectiveness (and cost-effectiveness). However, even where such evidence is available, its influence in modifying clinician behaviour is variable. Where current clinical practice resists the adoption of new technologies with demonstrable cost-effectiveness, then this is likely to lead to a) sub-optimal health outcomes for patients, and (b) inefficient and wasteful use of scarce health care resources. Minimally inva-