HEALTH CARE AND DRUG UTILIZATION PATTERNS IN PATIENTS RECEIVING LONG TERM THIENOPIRYDINE THERAPY
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OBJECTIVES: Long-term antiplatelet therapy is typically considered standard of care for secondary prevention of cardiac events. The goal of this study was to examine patterns of use and total health care utilization in patients receiving clopidogrel.

METHODS: The study used a random subset of the PharMetrics Patient-Centric Database (2001–2002) representing 3 million commercially insured members. Inclusion criteria were: index prescription for clopidogrel preceded by a 3-month drug free pre-period, followed by a 6-month post-period. RESULTS: Of 11,000 patients included; mean age was 63.7, 58% were male, 74% were Health Maintenance Organization members. Common comorbidities included: diabetes 24%, myocardial infarction 16%, acute coronary syndrome 18%, angina 18%, coronary heart disease 57%, stroke/transient ischemic attack 24%. Pre-period resource utilization showed 33% had an Emergency Room (ER) encounter, 58% were hospitalized, 58% had a cardiologist encounter, 38% a general practitioner (GP) encounter. Mean total charges were $2,857. Percutaneous coronary intervention (PCI) was also common (38.6%). In the post-period, 24% had an ER encounter, 54% were hospitalized, 44% had a cardiologist encounter, 63% a GP encounter. Mean total charges were $17,357. PCI occurred in 8.4% during the post-period. Sixty-seven percent of patients received the index clopidogrel prescription within 7 days of an ER encounter. Mean length of clopidogrel therapy was 86 days. Patterns of use showed 67% Stopped (not on clopidogrel 28-days prior to end of follow-up), 82% with a Gap (refills were > 14 days apart). Concomitant statin use occurred in 57% (atorvastatin 32%).

CONCLUSIONS: As defined by an index prescription, substantial resources were used both pre and post-period and coronary intervention was common. Long-term adherence to clopidogrel was poor and did not meet current guidelines. Patients receiving clopidogrel had many comorbidities and were high utilizers of health care resources, suggesting the need for better guideline compliance and perhaps better treatments.

TOBACCO COST-EFFECTIVENESS ANALYSES AND THE PAYER: IS THE SHORT TERM LONG OVERDUE?
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OBJECTIVE: Despite overwhelming evidence that tobacco cessation interventions are cost-effective, only 24% of employer-sponsored health plans offer any coverage for tobacco-use treatment. One reason may be that health plans fear that they won’t recoup projected savings because of member turnover, which averages 10–20% annually. The objective of this study was to assess whether the cost-effectiveness literature provides health plans with the information they need to make tobacco treatment coverage decisions.

METHODS: We performed a comprehensive search for all cost-effectiveness analyses of tobacco cessation interventions published in 1980 or later. Two readers independently reviewed 23 analyses and recorded several items including: 1) the perspective of the analysis; 2) whether medical cost savings were assessed; 3) the time-frame over which the medical costs were calculated; and 4) whether comprehensive program implementation costs were included.

RESULTS: Of the 23 analyses reviewed, 13 described the cost-effectiveness of potentially reimbursable services or medications from the payer’s perspective. However, of the 13, only two incorporated medical cost offsets from smoking cessation. Neither described the cost implications over the short term nor did they include the program costs that are of interest to payers.

CONCLUSIONS: Published cost-effectiveness information for tobacco treatments is not presented in a way that is useful to health plans. Providing information in a manner more useful to managed care organizations, emphasizing short term cost savings, could lead to better coverage of tobacco treatment.