**THE VA TECHNOLOGY ASSESSMENT ADVISORY GROUP: INFORMING EVIDENCE-BASED POLICY RECOMMENDATIONS FOR ROBOTIC PROSTATECTOMY**

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**ORGANIZATION:** Veterans Health Administration (VHA) Office of Patient Care Services provides policy and program development and oversight of clinical care delivered to 7.8m veterans nationally. PROBLEM OR ISSUE ADDRESSED: Should VA perform robotic prostatectomy (RP) for use in clinical care? If so, how should it be implemented? GOALS: 1) Apply a new health technology assessment (HTA) process for evaluating FDA-approved non-IT and non-pharmacologic new and emerging health care technologies that draws upon a wide range of VHA expertise as well as stakeholders that contain large numbers of cases for specific conditions and procedures and because charge and estimated cost information is available. The addition of estimated prices will provide researchers an additional tool to more effectively conduct their studies. IMPLEMENTATION STRATEGY: AHRQ solicited participation from organizations that have access to hospital revenue information by major payers for each hospital is limited. 10 States have been identified with most of the detailed information required. 2. While States may collect gross and net revenue information by payer, not all separate these revenues completely for inpatient and outpatient services and for the major payer groups. Estimating methods have been developed to address these issues. 3. Definitions of revenues and the level of detailed data collection vary considerably among States and needs to be reconciled.

**PODUM SESSION III: COMPLIANCE/ADHERENCE STUDIES**

**CM1 ADHERENCE, DISCONTINUATION, AND SWITCHING OF BIOLIGIC THERAPIES IN MEDICAID ENROLLLEES WITH RHEUMATOID ARTHRITIS**

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**OBJECTIVES:** Biological therapies are an expensive but important advance in the management of RA. The potential therapeutic benefits of biologicals demonstrated in clinical trials may be undermined by poor adherence and early discontinuation of treatment (i.e., non-persistence) in clinical practice. This study examined adherence, discontinuation, and switching of Rheumatoid Arthritis (RA) biologics over a one year period following initiation of the biologic treatment in Medicaid patients with RA. METHODS: The study sample consisted of Medicaid patients with RA in California, Florida, New York who had newly initiated etanercept (n = 1359), anakinra (n = 267), or infliximab (n = 1012) between January 1, 2000 and December 31, 2002. Adherence (proportion of days covered (PDC) ≥ 0.80), discontinuation (90-day continuous gap), and switching (initiation of second biologic within 90 days of discontinuation date of index biologic) were measured during the 12 months post-index biologic initiation. Sensitivity analyses were conducted by varying the thresholds to define these measures. Logistic regressions examined the factors associated with RA biologic adherence and discontinuation. RESULTS: Anakinra users had the lowest mean PDC (0.36) and percent adherent patients (10.5%) followed by etanercept users (mean PDC 0.57, % adherent:32%) and infliximab users (mean PDC0.64, % adherent:43%). All three groups had high discontinuation rates (41% etanercept, 76% anakinra, and 41% infliximab). Few patients who discontinued the index biologic switched to another biologic (0.2% to 9%). Logistic regressions found that patients in Florida had lower odds of being adherent and higher odds of discontinuing their index biologic than patients in California. Consistent with descriptive results, Anakinra users had lower odds and infliximab users had higher odds of being adherent than etanercept users. Anakinra users had higher odds of discontinuation than etanercept users. CONCLUSIONS: This study highlights poor adherence and premature discontinuation without concurrent switching of RA biologics that should raise concern for clinicians as well as payers.

**CM2 EFFECTS OF NONADHERENCE WITH ANGIOTENSIN CONVERTING ENZYME INHIBITORS/ANGIOTENSIN RECEPTOR BLOCKERS ON HOSPITALIZATION AND MORTALITY AMONG PATIENTS WITH DIABETES**

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**OBJECTIVES:** The objective was to determine the effect of nonadherence to angio- tensin converting enzyme inhibitors/angiotensin receptor blockers (ACEI/ARB) and subsequent diabetes-related hospitalization and mortality among patients with diabetes enrolled in a state Medicaid program. METHODS: This is a retrospective cohort study of patients with diabetes using Medicaid pharmacy and medical claims data.