ties encountered and offer recommendations for using such databases to examine provider prescribing practices, patient compliance, and outcomes of ADHD-related care. The following methodological issues will be discussed: 1) determining the presence of specific psychiatric disorders and their comorbidities from pharmacy benefits databases; 2) using pharmacy benefits databases and patient telephone and mail surveys to distinguish discontinued psychotropic treatment from patient noncompliance and medication switching; 3) applying health services utilization and pharmacy databases to determine small area variation in ADHD care; 4) examining the impact of behavioral health care carve-outs on analyses of patient outcomes; 5) employing findings to benchmark existing quality of care, calculate rates of provider adherence to guidelines, identify best practices, and evaluate impact of interventions on outcomes of patients with ADHD.

WW2

USING LINKABLE CLINICAL AND ADMINISTRATIVE CLAIMS DATA TO IMPROVE OUTCOMES RESEARCH: SELECTED CASE STUDIES FROM ONCOLOGY AND DIABETES MELLITUS

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OBJECTIVES: The objectives of this workshop are to describe various types of linkable clinical and administrative claims data, review selected case studies, and highlight the strengths and limitations of these databases.

PARTICIPANTS WHO WOULD BENEFIT: Those involved in planning, designing, implementing, and using data from retrospective database studies would benefit from this workshop.

Administrative claims are increasingly used for outcomes research studies, despite known limitations associated with data reliability and validity, and a lack of clinical content. In recent years, efforts have been made to link claims to other sources, such as disease registries and clinical laboratory files, to create richer databases for research purposes. These linked data sources offer the potential for improved accuracy in case identification and outcomes ascertainment. For example, study patients can be selected based on their presence in a disease registry instead of relying on diagnoses reported on medical claim forms, and clinical laboratory files can be used to evaluate the success or failure of therapy. In this workshop, we will review, via case studies from oncology and diabetes, the content of linkable clinical and claims databases, the specific ways in which such data have been used in published outcomes studies, and the remaining limitations of this record linkage approach. Participants will learn how clinical data can be applied to strengthen studies of treatment costs and the burden of illness, and they will gain an appreciation of the improvements that linked data sources can make to the pharmacoeconomics and out-

comes research fields. One case study will review applications of the SEER-Medicare database, which includes a linkage between cancer registry data and Medicare administrative claims for approximately 14% of U.S. cancer cases across 17 diverse regions. The other illustration will describe published studies of the economic benefits of improving glycemic control among diabetes patients, in which claims data from several managed-care organizations were linked to glycosylated hemoglobin test results.

WW3

ISSUES AND PROBLEMS ENCOUNTERED IN MODELS ON PREVENTION OF DEEP VENOUS THROMBOSIS (DVT)

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OBJECTIVES: The purposes of the workshop are to demonstrate a systematic method to compare published models developed for a same disease and to point out the importance of validation of model structure, data input and outcomes.

PARTICIPANTS WHO WOULD BENEFIT: Pharmaco-economic and outcomes researchers involved in modeling and/or in the area of DVT.

In the clinical and health economic literature, 11 different models from different researchers are published in the area of DVT prevention with heparins. These models generally compare standard heparin with one of the low molecular weight heparins in order to assess the health economic consequences of better prevention at a higher price. All models differ in many aspects of study design and methodology: perspective, target audience, patient population, patient subpopulations, choice of comparator(s) and justification of this choice, medical management patterns and corresponding decision trees, clinical data input and reporting, economic data input and reporting, dealing with uncertainties, validation, conclusions and extrapolations. This lack of uniformity in design and methods within a same research topic leads to incomparable outcomes and conclusions. The workshop is designed to discuss with the audience the strengths and weaknesses of all models, and to have the audience suggest solutions for better design, reporting and communications of results in this area and for decision models in general. A novel consensus method, leading to a new model, attempting to bring together the best elements of existing models, is proposed for discussion with the audience.

WW4

A NEW APPROACH TO DISEASE MODELING WITH NUMEROUS COMPARATORS AND MULTIPLE DECISION TREES

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