be more important in the future. Although respondents reported their knowledge of pharmacoeconomics to be good, a substantial lack of interest in caregiver burden suggests that a large percentage of MCOs are still in a silo model.

**PDH5**

**HEALTH CARE EXPENDITURE IN AN HMO BEFORE AND AFTER AN EXCLUSIVE PHARMACY PARTNERSHIP**

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Stadtlanders Pharmacy focuses on the management of high-cost, chronic illnesses by targeting numerous medication-optimizing initiatives towards patients and prescribers. The cost impact of these initiatives has never been measured in a controlled fashion. **PURPOSE:** The purpose of this study is to assess the impact of an exclusive pharmacy provider contract with a large HMO on healthcare expenditures by a third party payor. This analysis will evaluate per member per month (PMPM) medical costs based on claims data prior to and following a National Agreement that mandates exclusive pharmacy services for HIV and transplant patients. **METHODS:** A retrospective analysis of medical claims data was performed for 40 patients from selected plans of a large, nationwide HMO. Time frame for the analysis was 6 months prior to (1/97 to 6/97) and 6 months following (1/98 to 6/98) an exclusive provider relationship with Stadtlanders Pharmacy and the HMO. Inclusion criteria consisted of transplant and HIV1 patients enrolled in the third party plan from 1/97 to 6/98, who received immunosuppressants and antiretrovirals, respectively, from Stadtlanders during the post-agreement time frame. Medical claim submissions during the specified time periods were analyzed to determine mean per-member-per-month (PMPM) values. **RESULTS:** Nineteen transplant and 21 HIV patients were included in the analysis. Mean medical PMPM prior to and following the National agreement was $0,53 and $911, respectively for transplant patients and $448 and $306, respectively for HIV patients. The mean overall saving in medical costs was approximately $140 PMPM for each disease state following the exclusive contract with Stadtlanders Pharmacy. **CONCLUSION:** This analysis represents potential overall healthcare savings for certain chronic illnesses through an exclusive partnership between a specialty pharmacy and an HMO.

**PDH6**

**ADVANTAGES AND LIMITS OF THE FRENCH HOSPITAL DATABASE (PMSI) ON DESCRIPTION OF HAEMOPHILIA MANAGEMENT AND COSTS**

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**OBJECTIVE:** We assessed the usefulness of the French hospital database (PMSI) implemented in view of a DRG-like prospective payment system for an economic evaluation of the management of haemophilic patients. **METHODS:** We extracted and analysed data of the French public hospital database on hospitalizations with a principal or secondary diagnosis of haemophilia (type A) for the years 1996–1997. **RESULTS:** A total number of 7000 admissions were found per year. The inpatient admissions concerned haematology and orthopaedic surgery but were scattered over a total number of 328 DRGs, reflecting both the variability of practice patterns and more likely of coding procedures. Almost all of DRGs have less than 1% of the files related to haemophilia. The ambulatory DRGs contain more than 50% of the files related to haemophilia. The analysis of the national database does not permit to identify neither the type of therapeutic strategy for haemophilia (prophylactic treatment or on demand treatment) nor the presence of a factor VIII inhibitor. We found differences on the quality of diagnostic coding between the regional university hospitals (UH) and the local hospitals. The mean of diagnostics registered for patients in 1997 is 2.9 diagnostics in UH and 4 in other hospitals. We compared the observed costs of haemophilic patients with the DRG reimbursement schedule and found variations from plus to minus 40%. This gap is mainly explained by the length of hospitalization. Thus it appeared that the national DRG database is not currently appropriate for assessing the management and costs of treatments for haemophilic patients, but could well supplement the existing prospective cohort studies.

**PDH7**

**THE IMPACT OF LOCUS OF CONTROL ON COMPLIANCE**

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The impact of patient compliance/adherence on disease management is well known. In order to improve compliance with medication regimens health care providers have counted pills, evaluated re-fill patterns, developed electronic devices, used questionnaires to identify problem areas, yet compliance remains a significant barrier to the effectiveness of medication regimens. **OBJECTIVE:**