CHARACTERIZING LOST PRODUCTIVITY AND DIRECT AND INDIRECT COSTS OF RHEUMATOID ARTHRITIS—A LARGE, SELF-INSURED EMPLOYER’S PERSPECTIVE

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OBJECTIVES: To characterize burden of illness, health care resource utilization, and direct and indirect costs of select autoimmune disorders. METHODS: A retrospective cross-sectional analysis was performed using data from Navistar, Inc. This integrated dataset included health care claims (medical and pharmacy), absenteeism, workers compensation, short and long term disability. Individuals were identified as having RA if they had a diagnosis code 714.xx and retirees were included in the study. Indirect costs were calculated from absenteeism and short-term disability days using aggregate payroll data. RESULTS: 1,344 RA sufferers were identified among the total sample (n = 65,000). Among the RA sufferers, 53% were retirees, 42% were dependents and 5% were active employees. 60% were over the age of 50 years and more than two-thirds (70%) were females. A high rate of comorbidities was also observed, with 40% having more than three comorbid conditions. The top three comorbid conditions were chronic obstructive pulmonary disorder, (COPD) (23%), congestive heart failure (CHF) (19%), and vascular disease (18%). RA sufferers used health care services at a high annual rate (ambulatory/physician office visits = 9,9, emergency visits = 1.8). Subsequently, the annual total direct costs of RA were also high at $8461 per patient. Among active employees, a high rate of short-term disability was observed (mean = 13.8%), whereas absence days were observed that averaged 2.7 days per annum. Annualized costs were to be $2963 per employee, including absenteeism ($710), short-term disability ($1015), workers compensation ($575), and long-term disability ($340). CONCLUSIONS: RA presents a significant total health care cost burden for employers. Employers should include dependents and retirees to determine the full impact of RA on total costs.