ASSESSING TRENDS IN UTILIZATION AND COST OF THE SIX PROTECTED MEDICATION CLASSES IN THE PART D PROGRAM
Blackwell S, Waldron C
Centers for Medicare & Medicaid Services, Baltimore, MD, USA
OBJECTIVES: To assess trends in the utilization and cost of the six protected medication classes in the Part D program between calendar years 2006 and 2007. METHODS: The primary data sources were the prescription drug event data in the Chronic Condition Warehouse (CCW) matched to the Beneficiary Annual Summary for 2006 and 2007, respectively. Rates were based on number of beneficiaries in the CCW. Results are based on analysis of 100% data for Medicare beneficiaries in the CCW. The six protected medication classes under study were anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, and immunosuppressants. RESULTS: Immunosuppressants were utilized by the fewest number of beneficiaries for 2006 and 2007 (81,974 and 80,187, respectively). Antidepressants were utilized the most (6,649,698 and 6,645,639, respectively). Immunosuppressants had the lowest aggregate ingredient costs for both years ($204 million and $199 million, respectively). Antipsychotics had the highest ingredient cost payment per beneficiary, antiretrovirals the highest. Regarding ingredient cost payment per beneficiary, antiretrovirals had the lowest increase and antidepressants the highest. From 2006 to 2007, antidepressants had the lowest increase and antipsychotics, antiretrovirals, and immunosuppressants. Aggregate ingredient cost payments increased for all six protected classes. Based on ingredient cost payments per beneficiary, the immunosuppressant class was the only protected class showing a slight decrease; all other classes showed an increase.

THE IMPACT OF MISUSE OF ANTIBIOTIC THERAPIES ON INPATIENT COSTS
Yao F
Peking university, Beijing, Beijing, China
OBJECTIVES: In the 1980s, China launched market-oriented reforms. Public hospitals were encouraged to make their own incomes with the aim of mobilizing medical workers' productivity and improving hospital efficiency. Less government funding resulted in financial deficits for public health institutions, which forced hospitals to generate their own revenue by aggressively selling drugs, especially antibiotics. To stem the tide of rising public complaints about high medical costs, the NDRC has capped the cost of hospital services, the NDRC has capped the cost of hospital services. The main policy in the early 2000s was to pursue. CONCLUSIONS: In our tertiary hospital, per-annum antibiotic costs increased by 84% ($87,975 in 2000 and $161,888 in 2001), control antibiotics. As a result, hospital antibiotic utilization, potential disparities of care, and inpatient mortality rates. RESULTS: A total of 2,663 inpatient admissions associated with poisonings from OTC medications occurred from 2002 through 2006. Cases averaged 4.3 ± 2.0 years of age, 3.5 ± 4.6 days length of stay, and $14,808 ± 24,683 in charges. Other, 1.2% of cases resulted in patient mortality, which averaged 53.3 ± 19.5 years of age, 5.7 ± 9.1 days of stay, and $44,904 ± $6,738 in charges. The national bill associated with OTC poisonings totaled $3.25 billion across the 3 years. Increased odds of inpatient mortality were associated (p ≤ 0.05) with patient age, total charges, number of comorbidities, patients who self-pay, the regional location of hospitals in the United States, and increased case-mix severities. Conversely, decreased odds of inpatient mortality were associated (p ≤ 0.05) with shorter lengths of stay, bed-sizes of hospitals, hospitals in urban settings, and teaching hospitals. CONCLUSIONS: Inpatient hospitalizations associated with poisonings from OTC medications account for a substantial burden of illness often exceeding 50,000 cases per year and summing to $5.25 billion over five years. Despite a small percentage of inpatient mortality, further research is needed on the costs and outcomes following discharge, as well as those treated and released solely in emergency departments, and OTC poisonings among children.

SPATIAL DEPENDENCE (OR CLUSTER) IN TOTAL NUMBER OF PRESCRIPTION DRUGS FILLED AT RETAIL PHARMACIES IN THE UNITED STATES
Kim J, Nickman N
University of Utah, Salt Lake City, UT, USA
OBJECTIVES: To examine the presence of spatial clusters across states in total number of prescription drugs filled at retail pharmacies in US METHODS: Using data on total number of prescription drugs filled at retail pharmacies by each state in US from Vector One and National by Verispan, L.L.C in 2008, Moran’s I statistic for global spatial dependence (i.e. cluster) was used to identify if clusters existed. In Moran’s I, weight matrix to define neighbors was utilized using Rook 1st order contiguity weight, Queen 1st order contiguity and 4-nearest neighbors. Permutations using 999 repetitions was used to calculate p-values in each weight matrix. RESULTS: Significant positive global spatial autocorrelation in total number of prescription drugs filled at retail pharmacies was found regardless of any weight matrix. Moran’s I using Rook 1st order contiguity weight, Queen 1st order contiguity and 4-nearest neighbors were 0.263 (p-value = 0.002) and 0.412 (p-value = 0.001), respectively. CONCLUSIONS: Findings showed that clusters or non-randomness in total number of prescription drugs filled at retail pharmacies existed. Moran’s I using Rook 1st order contiguity weight, Queen 1st order contiguity and 4-nearest neighbors was 0.412 (p-value = 0.001). Spatial cluster analysis does not imply clusters will necessarily exist. And, policy makers should consider clusters when they make a decision for health care distributions.