B) were included (14 hospitals). There were no significant differences concerning demographic data, clinical data and severity of COPD classified according to PSI-score between the groups. Total direct costs of CAP amounted to €1528.47 in A and €1750.01 in B (p < 0.001). Costs for drug acquisition decreased from €201.00 (A) to €136.55 (B). Costs for nursing and diagnostics were almost constant (nursing: A: €554.20, B: €539.25; diagnostics: A: €79.72, B: €81.17). Hotel costs and costs for non-medical therapy amounted to €640.03 (A) and €909.36 (B), (p < 0.001) and to €53.53 (A) and €83.41 (B), (p < 0.001), respectively. CONCLUSIONS: Most important cost-driving factors before and after DRG implementation were hotel and nursing costs. Drug costs represent only a small part of total costs and decreased during study period. The significant increase of hotel costs and costs for non-medical therapy may be caused by higher energy and staff costs. No cost-saving was achieved from hospital's perspective after the implementation of DRG.

PR8

RISK OF HOSPITALIZATIONS AND/OR EMERGENCY DEPARTMENT VISITS FOR MEDICAID PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD): COMPARISON OF CONTROLLERS

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OBJECTIVE: To compare the risk of hospitalizations and/or emergency department (ED) visits among Medicaid COPD patients prescribed various medications. This study analyzed both COPD-related events and all-cause events. METHODS: Observational, retrospective study in Texas Medicaid. Eligible patients were aged 40 to 65 years, with a primary or secondary diagnosis of COPD, and with ≥1 prescription for inhaled corticosteroid (IPR), inhaled corticosteroids (ICS), salmeterol (SAL) or fluticasone propionate/salmeterol (FSC) between September 1, 2000, and December 31, 2003. Outcome of interest was time to first ED/hospitalizations 12 months post index medication date. A matched propensity score sample was used as a sensitivity analysis. RESULTS: A total of 9671 patients were included: IPR (5786), ICS (1561), SAL (600), and FSC (1724). After adjusting for baseline characteristics (prior ED/hospitalizations, oral corticosteroid, albuterol, theophylline use, comorbidities, asthma diagnosis, age, race, and gender), compared with IPR, all cohorts were associated with significantly lower risk of a COPD-related ED/hosp event; ICS (HR 0.82 95% CI, 0.694-0.974), SAL (HR, 0.721 95% CI, 0.551-0.944), FSC (HR, 0.720 95% CI, 0.605-0.857). When comparing all-cause events, only FSC had a significantly lower risk than IPR (FSC, [HR 0.842-0.949]). Propensity matched sample of FSC versus IPR (1:1), showed that FSC had a lower risk for both COPD-related (HR, 0.760 [95% CI, 0.617–0.936]) and all-cause (HR, 0.909 [95% CI, 0.845–0.978]) ED/hosp events. CONCLUSIONS: FSC was associated with a significantly lower risk of COPD-related and all-cause ED/hosp events compared with IPR during 12 months of therapy in a Medicaid population. Additional studies are needed to confirm these finding across different populations.

PR9

CLINICAL PRACTICE VS GOLD RECOMMENDATIONS IN THE MANAGEMENT OF COPD PATIENTS: AN ECONOMIC ANALYSIS OF THE LACK OF ADHERENCE TO GUIDELINES

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OBJECTIVE: To quantify the economic consequences of the lack of adherence to GOLD guidelines regarding treatment of COPD in Spain. METHODS: A literature review was used to identify observational studies describing drugs used in patients with COPD and different levels of severity in Spain (FEV1 80%-50% of predicted–mild- and FEV1 <50%–moderate/severe-). A pooled analysis of these studies was conducted with drug costs (using different assumptions) to obtain the “observed cost” of COPD treatment. An “expected cost” was obtained by using the minimum and maximum treatment derived from GOLD recommendations, so obtaining a range of the expected cost of medications for COPD for different levels of severity. An economic model was built up to compare different scenarios of “observed vs expected” costs of COPD treatment and a Monte-Carlo simulation was carried out to estimate the proportion of patients in the real word setting presenting higher or lower costs than the range of ideal costs derived from GOLD recommendations.

RESULTS: Average medication cost of COPD patients in Spain