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ECONOMIC EVALUATION OF A COMPLIANCE PROGRAM IN PATIENTS WITH STATIN THERAPY—DESIGN AND PILOT PHASE OF THE ORBITAL STUDY

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OBJECTIVES: In the secondary prevention of cardiovascular disease patient compliance with established risk-reducing factors remains inadequate. The primary objective of the ORBITAL Study is to evaluate the impact of a compliance enhancing program in patients receiving statin therapy on long-term disease-related outcomes and costs. Here the design and results of the pilot phases are presented. **METHODS:** Approximately 7000 patients eligible for statin therapy (Joint European Guidelines) will be enrolled nationwide in primary care practices in Germany. Patients will be randomised into an intervention group (12-month rosuvastatin plus compliance program) and a control group (12-month rosuvastatin alone). Disease-related costs, quality of life, cardiovascular events, and compliance will be assessed every 6 months during the 36 months follow-up. The compliance program was developed based on previous studies, expert advice, and pilot testing, and includes a start package with a video and an information brochure, followed by mailings and telephone calls. The program addresses factors such as diet and lifestyle in addition to compliance with pharmacotherapy. The information brochure and telephone calls were evaluated in two subsequent pilot phases. **RESULTS:** In the first pilot phase, 23 of 25 contacted patients in a cardiac rehabilitation center considered the brochure to be easy to understand although some criticized the use of too many medical terms. 17% of patients considered the brochure to be too long. In the second pilot phase, 70 patients were randomised into intervention (n = 37) or control (n = 33) groups. The majority of the intervention patients expressed high satisfaction with the telephone calls although 10% indicated the calls contained too much information and should be shortened. **CONCLUSION:** With regard to the compliance initiatives evaluated, the importance of not overloading patients with information became apparent. Therefore, the compliance enhancing program was revised accordingly for the main phase of the ORBITAL Study, which started in May 2002 and is scheduled to run for 3 years.

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MANAGEMENT EFFECTIVENESS AND COST/UTILITY RATIO IN CHRONIC HEART FAILURE: COMPARISON BETWEEN HEART FAILURE MANAGEMENT PROGRAM DELIVERED BY DAY-HOSPITAL AND USUAL CARE

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The chronic heart failure (CHF) is a chronic illness typically characterized by phases of clinical deterioration requiring hospitalization. The relief continuity is a fundamental element to better the effectiveness of the sanitary intervention. The Day-Hospital (DH), particularly, could represent a valid tool to guarantee the relief continuity and to extend the phases of clinical stability in patients with CHF. **OBJECTIVES:** The aim of this study was to compare the managerial effectiveness and Cost/Utility ratio between heart failure management program delivered by day-hospital and usual care. **METHODS:** Two hundred thirty-four consecutive patients (M/F: 196/38; 56 ± 10 years) with chronic heart failure (EF 29 ± 7%) referred to UHF were evaluated. After clinical evaluation and therapeutic optimization, 122 patients received usual care (UC) and follow-up (control every 6 months), despite 112 patients were activated in the DH. The DH program foresaw: 1) risk profile identification; 2) objectives definition; 3) sanitary run determination; 4) outcome markers measurement; and 5) territory interaction (physician of family and/ or cardiologist of reference). Management (optimized therapy and Hospital readmission for heart failure (HRHF), functional (NYHA functional class, Left ventricular ejection fraction (LVEF)) and hard (cardiac death and urgent heart transplantation) outcomes during 258 ± 88 days of follow-up were considered. Cost/utility ratio of two strategies were calculated. **RESULTS:** At baseline not clinical and functional differences between two groups were found. Hard cardiac events occurred in 21/122 (17.2% on usual care (UC) and in 4/112 (3.6%) in DH patients (p < .0007). The cost/utility ratio of two strategies was similar (UC 2409\$ vs DH \$2244). The incremental analysis pointed out for each gained Qaly in DH a cost-saving of \$1068. The cost-utility ratio for integration of Day Hospital to manage chronic heart failure was \$19,462(13,904–34,048). **CONCLUSIONS:** heart failure management program delivered by day-hospital can reduce mortality and morbidity of CHF patients. This management strategy is cost-effective and has an equitable cost from a society point of view.

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INCIDENCE AND ECONOMIC BURDEN OF DEEP VEIN THROMBOSIS AFTER TOTAL HIP REPLACEMENT IN HONG KONG

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