Economic Studies

RESEARCH METHODOLOGY STUDIES—PHARMACOECONOMIC & OUTCOMES

performance improvement program. The Clinical Effectiveness Initiative (CEI) was designed to help hospitals achieve better data assessment to measure patient outcomes, reduce medical errors, reduce risk, and reach towards optimal financial performance in these patient groups. METHODS: CEI begins with analysis of data available from the UB-92 and pharmacy or cost-accounting systems. The actuarial analysis provides a risk-adjusted comparison of patient cohorts receiving antithrombotics (LMWH or UFH). Results are reported to the institution in a format suitable for use with performance improvement activities and physicians. The total cost for each cohort is broken down into drug acquisition costs and costs associated with laboratory tests, level of care, supplies and length of stay. RESULTS: Results completed from two hospitals in 87 DRGs that had at least 10 discharges in each drug category (5374 LMWH, 9380 UFH) showed a case mix adjusted average savings of $698 per discharge. The study to-date has shown that the use of LMWH reduced overall cost in many high-use categories, despite the higher drug acquisition cost. Those included DVT, Hip and Knee replacement cases. Findings also demonstrated an opportunity for substantial savings with greater selective use of LMWH in several cohorts that will shared in chart form. The data analysis and structured interviews with hospital leadership presented valuable insights into how best to facilitate changes in practice patterns that can be continually measured. CONCLUSIONS: We conclude that the data assessment and efficiency modeling capabilities of CEI are powerful tools to help hospitals achieve clinical effectiveness, especially when integrated into a hospital’s performance improvement program.

DO DIFFERENCES AMONG COST-EFFECTIVENESS ANALYSIS GUIDELINES AFFECT POLICY CONCLUSIONS?

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OBJECTIVES: Guidelines for conducting cost-utility analyses (CUAs) contain inconsistent recommendations for selecting cost, quality of life, and discount rate parameters. Sensitivity analyses can indicate whether adhering to different guidelines results in different policy recommendations. The purpose of this study is to investigate the use of sensitivity analyses to test economic parameters in the cost-utility literature. METHODS: Recommendations from published guidelines are summarized. CUAs of pharmaceutical therapies identified in a prior study (N = 71 articles) were reviewed and further audited. We identified threshold CU ratios (N = 36) and base cases for which sensitivity analyses were reported (N = 123). For each base case, up to 2 sensitivity analyses for cost (N = 97), quality of life (N = 136), and discount rate (N = 127) were examined. RESULTS: There are substantial disagreements among the guidelines regarding economic parameters. The most frequently mentioned threshold CU ratios were $20,000/QALY, $50,000/