OR3
THE DIRECT AND INDIRECT COSTS ASSOCIATED WITH HYPOGONADISM AMONG PRIVATELY-INSURED EMPLOYEES IN THE UNITED STATES
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OBJECTIVES: To assess associations between joblessness and all-cause emergency department (ED), hospitalization, outpatient and office-based health services utilization in US diabetic working-age adults in the United States
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OBJECTIVES: To assess associations between joblessness and all-cause emergency department (ED), hospitalization, outpatient and office-based health services utilization in US diabetic working-age adults in the United States

RESULTS: Employees with HG had higher comorbidity rates and costs compared with demographically matched controls. Given the low HG-related costs, the main driver of overall costs among HG patients may be their comorbidity burden.

OR4
ASSOCIATIONS BETWEEN JOBLESSNESS AND ALL-CAUSE HEALTH SERVICES UTILIZATION IN DIABETIC WORKING AGE ADULTS IN THE UNITED STATES
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OBJECTIVES: Abstraction of hospital records is currently underway at inpatient health services utilization. Final abstracted records are identified; 1) patients discharged on paliperidone palmitate, and 2) patients whose medications for schizophrenia are identified and basic demographic, clinical, and treatment history, condition associated with MIXED and NOCI using OLS were 5.25 (OR 1.46, p < 0.001) and 0.35 compared to

SB1
COMPARISON OF DIFFERENCE-IN-DIFFERENCE, PROPENSITY SCORE MATCHING AND INSTRUMENTAL VARIABLES IN ESTIMATING COST DIFFERENCES BETWEEN TWO COHORTS
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OBJECTIVES: Endogeneity is a common problem in retrospective claims data studies because patients in claims data were not assigned to treatment by randomization. Propensity score matching (PSM), instrumental variables (IV), and difference-in-difference (DiD) have been used to control for selection bias in evaluating the impact of treatment on outcome measures. This study compares the estimated incremental costs between typical and atypical antipsychotic medication users in

SB2
ZEROS AND NON-REPORTED HEALTH CARE AND WORKPLACE PRODUCTIVITY DATA: AN APPLICATION OF TWO-STAGE ESTIMATION TECHNIQUES MEASURING INPATIENT COSTS AND ABSENTEEISM ASSOCIATED WITH LOW BACK AND NECK PAIN
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OBJECTIVES: Absence of zero values is commonly observed in cost data resulting in skewed distribution. This analysis measured the inpatient cost and workplace absenteeism associated with low back and neck pain and demonstrated the consequences of ignoring zeros in inpatient cost and unreported absenteeism.
METHODS: We used employer-based claims from the Thomson Marketcast® Research Database (2007), a database representing approximately 100 payers of insured employees containing health and productivity management (HPM) and health care utilization data. Adult insured employees with continuous eligibility in 2007 were included. The ICD-9 codes identified medical conditions including low back and neck pain without (nociceptive pain, NOCI) or with a neuropathic component (mixed pain, MIXED). Ordinary least squares (OLS) and two-stage Tobit analyses evaluated the marginal inpatient costs while OLS and Heckman's Selection Bias (HSB) were applied to workplace absenteeism data. Estimated inpatient costs and absenteeism using OLS versus two-stage techniques were compared. RESULTS: A total of 2,046,332 employees (male=59.2%, mean age 40.2±11.6 years) were analyzed. Hypertension (9.8%), NOCI (9.5%), diabetes (9.7%), MIXED (3.0%) and depression (1.1%) were the most prevalent medical conditions among these employees. 1,976,952 (96.6%) employees had no in-patient episodes, thus, with no inpatient costs. Mean inpatient cost for the entire study population was $537.45 (median=$0) versus $15,851.93 (median=$8,302.20) among those with inpatient episodes. The incremental inpatient costs associated with MIXED and NOCI were $1,333.86±26.67 and $328.36±15.63 using OLS versus $2,478.97 (95% CI: 2,148.50–2,811.16) and $1,242.41 (95% CI: 1,020.10–1,469.18) using the two-stage Tobit. Unreported absenteeism occurred in 80% of the employees. Inpatient absenteeism associated with MIXED and NOCI using OLS were 5.25±0.21 and 4.88±0.25 compared to 5.69±0.21 and 5.28±0.21 using the HSB and two-stage Tobit. Ignoring the zeros in cost data and unreported absenteeism may result in substantial underestimation of inpatient cost and workplace absenteeism associated with low back and neck pain.
SB3
INNOVATIVE DESIGN FOR A COMPARATIVE EFFECTIVENESS STUDY OF SCHIZOPHRENIA TREATMENTS: ANALYSIS OF RECORD REVIEW DATA INCORPORATING RANDOMIZATION AND PROPENSITY SCORE MATCHING
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OBJECTIVES: Absorption of hospital records is currently underway at inpatient psychiatric facilities across the United States to facilitate a large comparative effectiveness study with the following goals. 1) to observe and describe medication utilization patterns among patients with schizophrenia, and 2) to compare re-hospitalization outcomes between patients receiving paliperidone palmitate and those receiving oral atypical antipsychotics. This abstract is intended to describe the innovative design of this study. DESIGN/METHODS: This naturalistic record review study incorporates several novel design elements and a unique two-phase abstraction process. In the first phase, all patients with a qualifying inpatient hospitalization for schizophrenia are identified and basic demographic, clinical, and treatment data is abstracted. From this pool of potentially-eligible patients, two groups are identified: 1) patients discharged alive and discharged on paliperidone palmitate, and 2) patients discharged on oral atypical antipsychotics. Random samples of patients are drawn from each of these groups and designated for full data collection in phase two. In the second review phase, these designated records are further abstracted to collect detailed medication utilization and discharge condition, severity, comorbidity conditions, and discharge characteristics. These variables are used to model propensity scores for receipt of the target drug, and identify two propensity-matched cohorts for the subsequent comparative effectiveness analysis. Pilot testing at three hospitals has confirmed the availability of key data ele-