The corporate structure has an active role in the design process and neutralizes the effect that significant differences were found.

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OBJECTIVES: To test the hypothesis that the corporate structure of large health insurance companies affects formulary design. By choosing what is solely at the discretion of pharmacy benefit managers (PBMs), their national formularies, as the dependent variable, rather than the generic utilization rate, the need to factor out extraneous demand factors was minimized.

METHODS: The 2004 published formularies of the following three groups were examined: a) the national formularies of four large independent PBMs; b) the formularies of six large insurance companies that manage PBM functions internally; and c) the formularies of four large insurance companies that have contracted with these large PBMs to manage their drug benefit plans; and c) the formularies of four large insurance companies that manage PBM functions internally. Three therapeutic classes—proton pump inhibitors, COX-2 inhibitors, and second generation antihistamines—were selected on the basis of widespread claims of the existence of lower cost generics that are therapeutically equivalents. The number of brand name drugs selected for the “Tier 2” was tallied for each formulary across the three selected therapeutic classes.

RESULTS: There was no significant difference in the number of “Tier 2” brand name drugs in the selected therapeutic classes of formularies of the large insurance companies with differing corporate structures. However, there was significant drop off in the number of brands included in the national formularies of the four large, independent PBMs and the number of brands in the “Tier 2” of final plan formularies chosen by their clients. CONCLUSION: Large insurance companies relying on independent PBMs for formulary management take an active role in the design process and neutralize the effect that corporate structure has on the starting point of the design process.

PHP28
THE EFFECT OF CORPORATE STRUCTURE ON FORMULARY DESIGN: THE CASE OF LARGE INSURANCE COMPANIES

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PHP30
USE OF EMERGENCY DEPARTMENTS BY HOMELESS PERSONS FOR NON-EMERGENCY CARE DURING ONE YEAR: RESOURCE USE AND COST

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OBJECTIVES: Emergency department (ED) use and costs were examined for care of non-emergency problems during a one year period for a patient cohort noted to be “homeless”. METHODS: Using 2001–2002 Massachusetts ED data, a patient cohort was identified by personal identifiers and the “homeless” indicator. Visit reason was determined using ICD-9 diagnosis and visit status codes. A non-emergency visit was defined by a status other than “emergency” and/or diagnosis not indicating a life threatening condition (e.g., myocardial infarction) or injury. An ED visit profile was established for each patient over a one-year period by tracking all non-emergency ED visits for 12 months for each patient. Cost estimates, reported in 2004 USD, include accommodations and ancillaries. Charges were adjusted using a 0.53 cost-to-charge ratio and appropriate inflation indices. RESULTS: Less than 1% of ED visits were noted to be for homeless persons; however, 58% of ED cases had “unknown” recorded for homeless status. Of the 2452 ED patients recorded as homeless, 1244 (51%) were treated for non-emergency problems (males = 69%, mean age = 43 years). On average, these patients had 1.4 non-emergency ED visits during the year (range: 1–14). Reason for visit: chronic and other medical = 28%, alcohol/drug related = 27%, psychiatric = 14%, routine exam/dental/ENT/eye = 10%, musculoskeletal = 10%, infection = 9%, OB/GYN = 2%. Mean ED visit was 4.8 hours (median:
SAFETY NET ACTIVITIES STRUCTURAL CHARACTERISTICS & MEMBERSHIP IN LOCAL HOSPITAL SYSTEMS

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During the 1990’s, local hospital systems grew to dominate most urban hospital markets. The systems helped member hospitals’ protect against powerful hospitals’ rival and growing threat from managed care organizations. If hospitals that serve vulnerable populations, also known as “safety net hospitals”, had not joined the systems it is likely that they would have found themselves at a severe competitive disadvantage, threatening the survival of these facilities. OBJECTIVE: To examine the ability of urban safety net hospitals to join a local multi-hospital system and to study the determinants of system formation. Primary data sources were the Annual Hospital Survey from the American Hospital Association and Williamson Institute multi-hospital system data for years 1990, 1995 and 2000. Other sources of data included InterStudy Regional Market Analysis database, SMG Marketing Group data, US Census of population and housing data, and hospital discharge data from the Hospital Market Service Area Files and Medicare Provider Analysis and Review file (MedPAR). METHODS: Logistic regression analyses were performed to examine local system formation by safety net hospitals. Standard errors were adjusted for clustering on hospital to account for repeated observation. Independent variables included safety net characteristics, factors that measure market forces (e.g., managed care penetration), and hospitals’ characteristics (e.g., size, teaching status). RESULTS: In 1990, 22% of the hospitals were in a local multi-hospital cluster and by 2000 50% of all urban hospitals in the study were in local multi-hospital systems. The results indicate that safety net activities, especially Medicaid patient load, decrease hospitals’ membership in systems. CONCLUSIONS: Participation in a local hospital system is viewed as a key element in a strategy to respond to the pressures generated by the managed care industry; a lower involvement of safety net hospitals in the system is indicative of the competitive disadvantage of these hospitals.

PRINT ADS

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University of Illinois at Chicago, Chicago, IL, USA

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TRENDS AND OUTCOMES ASSOCIATE WITH DTCA PRINT SUMMARY FORMATS: A FOUR YEAR STUDY OF PRINT ADS

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OBJECTIVES: To evaluate the trends and changes in the print summary formats of direct-to-consumer prescription drug advertisements (DTCA) in consumer magazines. METHODS: Print advertisements appearing in the National Geographic magazine from the period January 2000 to October 2003 were analyzed in this study. Data on advertisement formats, drugs advertised, and manufacturers were collected, coded, and analyzed. National Geographic magazine was selected because of its worldwide readership and appeal. RESULTS: A total of 128 advertisements were identified. The print DTCA advertised included 16 drug products by 9 manufacturers and two different types of print summary formats. The manufacturers accounting for most of the ads were Pfizer (28.91%) followed by GlaxoSmithKline (21.88%), Merck (15.63%) and Aventis (14.84%). Results of the analysis showed that less than half (43.75%) of the print DTCA appearing in National Geographic were of the new easy to understand format. However, only four drugs were advertised with the new summary format, namely Avandia (15.63%), Viagra (14.06%), Vioxx (12.50%) and Singular (1.56%). Trend analysis showed that in the year 2000, the percentage of print ads with the new format was 54%, which dropped to 40% in 2001. In 2002, it further dropped to 36%, but has risen to 47% in the year 2003. CONCLUSIONS: Companies that have adopted the new format have not done so universally for all their products. These new print DTCA summaries by being user friendly may induce positive attitudes toward the product, thus leading consumers to request more information regarding such drugs from physicians and pharmacists. Further studies are needed to evaluate consumer comprehension with the new summary format in print DTCA.

UTILITY OF MEDIA ON HEALTH PROMOTION AND SELFMEDICATION

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OBJECTIVES: Concept of self-medication and increased personal responsibility on health was relatively new in Serbia and SEE country. A different media and information resources could be very useful as a tools in promotion of health, drug and self-medication (HDSM). The goals of this investigation were the utility of media as information sources in comparison with health professionals informations items on promotion of HDSM in Serbia population. METHODS: The questionnaire with 11 questions was spread through public pharmacy in tree provinces of Serbia (Vršac, Belgrade, Kragujevac). The questions included observation of citizen regard: type of media channel; trust on media health information; process of checking information; satisfaction with information; useable of OTC drug news ect. The survey included the 300 people, respectively. RESULTS: General analyses of all answers from the tree Serbian provinces showed simillarity. The public trust on media (main media TV, afterthat newspapers) health informations is 66%, and satisfaction 61%. The media channels were explored 71% of his possibility to promote HDSM. In process of selfmedication the valuation and utility of drug product information from media have been several time used (43%), useless (57%) in personal health treatment. Only 12% of population used the internet as a source of HDSM. The main source of informations were health professionals (phisicians and pharmacist) and 83% of Serbian citizens before the selfmedication have had consultation with them. CONCLUSIONS: Utility of different media (particulary TV) on promotion of HDSM in Serbia was well, but no doubtless on health professionals consultation before the selfmedication.