Abstracts

HEALTH CARE USE & POLICY STUDIES – Health Care Costs & Management

VARIEITY OF FEES IN THE FIELD OF PHYSICAL THERAPY IN THE AUSTRIAN CONTRACT PHYSICIANS’ AND INSTITUTES’ SECTOR

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OBJECTIVES: Contracts with physicians or institutes that perform health care services can provide price advantages due to competition. The sickness funds of the Austrian Social Security signed different contracts concerning physical therapy with physicians or institutes. Claims data, respectively rendered fees suggest a possible savings potential in fees for service system without reducing the scope of covered or the frequencies. We analyzed the variety of fees in the field of physical therapy including contracted physicians and institutes. This shows variability among the total amount of reimbursement in the Austrian outpatient sector consisting of contracted physicians, institutes, and outpatient clinics of hospitals and ambulatories. The outpatient sector is supplied with services by contracted physicians. Approximately 30% of the Austrian outpatient sector cannot be displayed since no data is available from outpatient clinics of hospitals. METHODS: Price differences for the same or similar procedures performed by different contracted physicians or institutes are evaluated. Different financial impacts (e.g. focusing on average or lowest value) are simulated. Values were rounded to two decimal points, however, calculated by 15 decimal points. The fee equals the division of turnover and frequency. RESULTS: Services in physical therapy were brought into account 13.812.401 times in the year 2006. Calculating all frequencies with the lowest paid fee (turnover/frequency) for each service would lead to a lower financial effort of 43% compared to the current turnover. Calculating all frequencies with the highest fee for service would lead to a higher effort of 82% compared to the current turnover. CONCLUSIONS: A current survey potential 43%, contrasting the current fee with the most expensive fee, indicates a well established fee negotiation. However, a savings potential of 43% is worth being considered for further evaluation and, if necessary, the adjustment of fees is advisable.

EVALUATING COST DIFFERENCES AMONG OPERATIONAL TEAMS SUPPORTING THE INDIANA HEALTH INFORMATION EXCHANGE

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OBJECTIVES: Evaluating the cost of private insurance, other支付of pocket funding, and government funding in health care markets across the US at an accelerating rate. However, one of the greatest barriers to building and sustaining HIE organizations is a clear understanding of the costs. We analyzed personnel costs for managing data connections in the Indiana health information exchange (HIE). HIE’s data infrastructure is managed by project management (PM), system engineering (SE) and data mapping (DM) teams. Each team is involved in different tasks but to connect a hospital they coordinate overlapping tasks. To gauge ongoing maintenance expenses we evaluated the cost differences among the teams.

METHODS: We interviewed team members to gather level of effort data for implementing and maintaining HIE data interfaces. Personnel costs were calculated by multiplying the level of effort by staff salaries. Annual personnel costs were determined by the total interfaces implemented per year. We projected personnel costs for years 2004–2008 by using a constant level of effort and an increasing number of hospitals and annual salary. We used one-way ANOVA to detect differences among the average cost per team for managing interfaces. RESULTS: The three teams (PM, SE, and DM) exhibited different average costs. The DM team produced the largest average cost and level of effort followed by SE and then PM. Using ANOVA and with critical value of 0.10, the cost differences were statistically significant (p<0.055). CONCLUSIONS: Since the cost differences are significant, this suggests the differences are not due to chance but are largely due to level of effort variances. The level of effort differs because each team performs different tasks with varying degrees of complexity. Additional, difficult to quantify factors include size of hospitals, proficiency of hospital maintenance staff and adequate frequency of interactions; they appear in the average costs indirectly.

PREDICTING HEALTH SERVICE UTILIZATION WITH THE PCS AND MCS OF THE SF-36

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OBJECTIVES: We aim to predict outpatient consultation and inpatient consultation with two summary scores of the SF-36, physical component summary (PCS) and mental component summary (MCS). METHODS: A retrospective cross-sectional design was carried among primary care patients in mainland China. Health-related quality of life (HRQOL) was measured by two summary score of the SF-36, PCS and MCS. Either the electronic or the paper version of validated Chinese SF-36 was used in the survey. Outpatient consultation was calculated by the monthly outpatient consultation rate and inpatient consultation was calculated by the monthly hospitalization rate. Binary logistic regression for consultation and inpatient consultation was adopted in the analyses. A total of 733 valid subjects were eventually recruited in this study. RESULTS: For the monthly outpatient consultation rate, the odds ratios (OR) and 95% confidence interval (CI) were 0.919 (0.891, 0.947) for PCS and 0.995 (0.970, 1.021) for MCS. For the annual hospitalization rate, OR and 95% CI were 0.907 (0.884, 0.910) for PCS and 0.951 (0.927, 0.975) for MCS. CONCLUSIONS: PCS of the SF-36 can predict both outpatient consultation and inpatient consultation, whereas MCS of the SF-36 can predict inpatient consultation among primary care patients in mainland China.

LEGISLATIVE ASPECTS OF HEALTH TECHNOLOGY ASSESSMENT IN SLOVAKIA

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OBJECTIVES: Pharmaceutical expenditures in Slovakia accounts for a higher share of total health expenditures than it does in any other OECD country. Although health spending is well below the OECD average when considered as a share of GDP, Slovak pharmaceutical expenditures accounts Thirty-two percent of total public health care budget. The accessibility and availability of medicines, even the most innovative products is good. METHODS: We have analysed the relevant legislation and official reimbursement decisions and commentary, published by the MoH in 2008 that are accessible either via internet or directly per request in MoH. RESULTS: Mandatory HTA (pharmacoeconomy) is incorporated in all relevant legislation. The main drug reimbursement body – Classification committee of the MoH – received a special advisory body “Working group for pharmacoeconomics and outcomes research”. The working group consists of experts who evaluate all reimbursement applications for new drugs and prepare an assessment of the HTA part of the application. Recently, MoH refused reimbursement in several cases, including new indications in innovative oncology drugs. CONCLUSIONS: The focus of the MoH drug policy is on more rational spendings, especially on reference pricing and HTA. Where the reference price is not effective from April 1, 2009, estimated savings for 2009 are up to 1.1 billion (S1.34 billion), or 10% of the total drug bill. Referenceing and the savings is a not repeatable issue, so the mandatory HTA is effective in practice (that means, not just legislation but also implementation) from January 1, 2009. There are first results of these new procedures, where the real impact of the HTA in the decision processes is demonstrated.

THE CHANGING DYNAMICS IN HEALTH CARE FUNDING

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OBJECTIVES: Traditionally, the US can be broadly defined as having three sources of funding to health care: government (federal, state and local), private insurance, and out-of-pocket spending. In recent years, EMR systems have emerged in health care markets across the US at an accelerating rate. However, one of the greatest barriers to building and sustaining HIE organizations is a clear understanding of the costs. We analyzed personnel costs for managing data connections in the Indiana health information exchange (HIE). HIE’s data infrastructure is managed by project management (PM), system engineering (SE) and data mapping (DM) teams. Each team is involved in different tasks but to connect a hospital they coordinate overlapping tasks. To gauge ongoing maintenance expenses we evaluated the cost differences among the teams.

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INCREMEANTAL SICK LEAVE COSTS AND LOST TIME AMONG EMPLOYEES WITH PSYCHIATRIC AND MEDICAL CONDITIONS

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OBJECTIVES: To compare the incremental costs and absences due to sick leave (SL) among employees with bipolar disorder (BPD), other mental disorders (OMD), chronic constipation (CC), functional dyspepsia (FD), gastroesophageal reflux disease (GERD), mood or primary insomnia. METHODS: A 2001–2007 US employee database was used to identify subjects with BPD, OMD, CC, FD, GERD, mood, and insomnia. All studies used two-part regression models to control for differences between employees with the condition and control groups (employees without the condition). SL costs were based on payments made to the employee (adjusted to 2007 US dollars) and absences were based on reported hours missed. Controls (by study) used the average index date of the subjects with the condition. Incremental costs and absences were defined as adjusted differences between the condition cohort and controls and considered significant at P<0.05. RESULTS: Number of employees with SL eligibility for