tatin and simvastatin in early 2006, respectively, created a unique opportunity to examine patient-level cost-sharing differentials for brand-name and generic drugs and impact therapeutic substitution and medication adherence with statins. METHODS: Using the 2006 5% Medicare files we identified continuous fee-for-service Part D covered patients with hyperlipidemia (ICD-9-CM 272.0-272.4) using the brand-name (PDC USA

OBJECTIVES: To estimate cumulative annual hospitalization frequency for patients with heart failure (HF). METHODS: A retrospective analysis was undertaken using a large commercial insurance claims database. For the total population, a per patient-year estimation method was used to calculate the cumulative rate of hospitalizations. Cumulative hospitalization rates and associated costs were estimated for all-cause hospitalizations, cardiovascular (CV) hospitalizations and HF-related hospitalizations. RESULTS: A total of 63,678 patients met the study criteria of which 68.3% (n = 42,901) had Medicare Advantage coverage and 31.7% (n = 18,777) were beneficiaries with heart failure (HF). Mean age was 82 years and 61% of patients were women. Among patients with part D coverage (n = 35,788), 64.6% of patients used β blockers. On average, patients had been hospitalized 2.1 times per patient-year for all-cause; 0.83 times per patient-year for HF-related and 0.19 times per patient-year for CV-related hospitalizations. The costs associated with first observed all-cause hospitalization were $23,400 and $19,600 for HF-related, CV-related, and all-cause hospitalizations, respectively. For patients with Medicare advantage, the mean costs were approximately $48,500, $47,700 and $40,000 for an all-cause hospitalization, and $25,400 for a HF-related hospitalization. CONCLUSIONS: Patients having an inpatient claim for HF in the 2 months prior to the first such hospitalization were positively associated with follow-up all-cause healthcare costs (p < 0.05). In addition, female, Northeastern (vs. Midwest), Health Maintenance Organization (vs. Preferred Provider Organization), Medicare Advantage plans, index coronary heart disease (except for ACS) or peripheral artery disease, baseline dyslipidemia, and baseline goal attainment of low-density lipoprotein cholesterol (< 100 mg/dL), high-density lipoprotein cholesterol > 40/50 mg/dL for males and females respectively), triglycerides (<150 mg/dL), and total cholesterol level (<200 mg/dL) were negatively associated with follow-up all-cause healthcare costs (p < 0.05). Similar findings were reported for ASCD-related healthcare costs (N = 26,376). CONCLUSIONS: As expected, age, gender, baseline comorbid conditions, baseline use of specific medications, baseline lipid profiles, and more severe index ASCD were significantly associated with all-cause and ASCD-related healthcare costs. Geographic location and health insurance type also played a significant role in healthcare costs among ASCD patients.

PCV112 ANNUAL HOSPITALIZATION FREQUENCY FOR PATIENTS WITH HEART FAILURE - A COMPARISON BETWEEN COMMERCIAL AND MEDICARE ADVANTAGE POPULATION

Peralta L., Shama F., Song B., Henk H.2, Kielhorn A.1

PCV108 HOSPITALIZATION COSTS FOR PATIENTS WITH HEART FAILURE USING CLAIMS DATABASE

Matsuoka K.1, Song H.2, Henk H.2, Patel H.1

CONCLUSIONS: Hospitalizations for patients with HF are costly. On average, patients had been hospitalized 2.1 times per patient-year for all-cause; 0.83 times per patient-year for HF-related and 0.19 times per patient-year for CV-related hospitalizations. The costs associated with first observed all-cause hospitalization were $23,400 and $19,600 for HF-related, CV-related, and all-cause hospitalizations, respectively. For patients with Medicare advantage, the mean costs were approximately $48,500, $47,700 and $40,000 for an all-cause hospitalization, and $25,400 for a HF-related hospitalization. CONCLUSIONS: Patients having an inpatient claim for HF in the 2 months prior to the first such hospitalization were positively associated with follow-up all-cause healthcare costs (p < 0.05). In addition, female, Northeastern (vs. Midwest), Health Maintenance Organization (vs. Preferred Provider Organization), Medicare Advantage plans, index coronary heart disease (except for ACS) or peripheral artery disease, baseline dyslipidemia, and baseline goal attainment of low-density lipoprotein cholesterol (< 100 mg/dL), high-density lipoprotein cholesterol > 40/50 mg/dL for males and females respectively), triglycerides (<150 mg/dL), and total cholesterol level (<200 mg/dL) were negatively associated with follow-up all-cause healthcare costs (p < 0.05). Similar findings were reported for ASCD-related healthcare costs (N = 26,376). CONCLUSIONS: As expected, age, gender, baseline comorbid conditions, baseline use of specific medications, baseline lipid profiles, and more severe index ASCD were significantly associated with all-cause and ASCD-related healthcare costs. Geographic location and health insurance type also played a significant role in healthcare costs among ASCD patients.

PCV110 BASELINE DEMOGRAPHICS AND CLINICAL CHARACTERISTICS ASSOCIATED WITH HEALTHCARE COSTS AMONG PATIENTS WITH AtherosClerotic CARDIOVASCULAR disease


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OBJECTIVES: To identify baseline demographics and clinical characteristics associated with healthcare costs among patients with atherosclerotic cardiovascular disease (ASCVD). METHODS: This retrospective cohort study identified newly diagnosed ASCVD patients aged ≥18 years using claims data from the HealthCore Integrated Research Database (HIRD®) between 1/1/07 and 12/31/10 (index date). Eligible patients had a diagnosis of ASCVD that included an inpatient hospitalization, an ASCVD diagnosis that had been ≥12 months prior to the index date, and were continuously enrolled in a commercial insurance plan for ≥12 months prior to the index date. Additionally, the index date insurance enrollment must have included inpatient and outpatient Medicare Part A and Part B benefits. Results: A total of 85,938 patients met the study criteria of which 68.3% (n = 3,493,434) had Medicare Advantage coverage and 31.7% (n = 35,788) were beneficiaries with heart failure (HF). Mean age was 82 years and 61% of patients were women. Among patients with part D coverage (n = 35,788), 64.6% of patients used β blockers. On average, patients had been hospitalized 2.1 times per patient-year for all-cause; 0.83 times per patient-year for HF-related and 0.19 times per patient-year for CV-related hospitalizations. The costs associated with first observed all-cause hospitalization were $23,400 and $19,600 for HF-related, CV-related, and all-cause hospitalizations, respectively. For patients with Medicare advantage, the mean costs were approximately $48,500, $47,700 and $40,000 for an all-cause hospitalization, and $25,400 for a HF-related hospitalization. CONCLUSIONS: Patients having an inpatient claim for HF in the 2 months prior to the first