OBJECTIVES: To prospectively evaluate the long-term societal economic and humanistic benefits of acute treatment of AECB with gemifloxacin compared with clarithromycin. **METHODS:** Patients with AECB were randomized to receive acute, double-blind, double-dummy treatment with either gemifloxacin 320 mg o.d. for 5 days or clarithromycin 500 mg b.d. for 7 days. Patients in US (n = 386) and Canadian centers (n = 52) were followed for 26 weeks from treatment initiation and the following assessments were made: AECB recurrence requiring antibiotic treatment; respiratory tract infection-related: health care resource utilization, time off and performance at work and usual activities; and health-related quality of life using the St George's Respiratory Questionnaire (SGRQ). **RESULTS:** In full sample analysis, significantly more patients who received gemifloxacin remained recurrence free after 26 weeks (73.8% [158/214] vs. 63.8% [143/224]; p = 0.024) and were hospitalized less (2.34% [5/214] vs. 6.25% [14/224]; p = 0.059). Cost-effectiveness analysis indicated average direct and indirect cost savings of $329 per patient for gemifloxacin vs. clarithromycin. Ninety-five percent confidence intervals for bootstrapped incremental cost-effectiveness ratios ranged from a cost saving of $14,175 to a cost of $8,888 per recurrence-free patient considering all costs. There was an 82.5% probability of gemifloxacin being both cost saving and more effective than clarithromycin from the societal perspective. A greater improvement in total weighted SGRQ score (lower scores being better), adjusted for baseline, was observed for gemifloxacin vs. clarithromycin at 4, 12 and 26 weeks after initiation of acute treatment (43.3 vs. 44.6 [p = 0.38], 39.4 vs. 41.8 [p = 0.20] and 37.7 vs. 41.0 [p = 0.09], respectively). There was significantly less impact on performance at work (p = 0.01) and usual activities (p = 0.03) at 26 weeks, due to bronchitis, among patients who received gemifloxacin. **CONCLUSIONS:** Gemifloxacin was very cost-effective from the societal perspective and improved long-term patient outcomes compared with clarithromycin for the treatment of AECB.

PAR12

PROSPECTIVE USE OF WEB BASED TECHNOLOGY TO EVALUATE HEALTH OUTCOMES IN A LARGE COHORT OF SEVERE OR DIFFICULT TO TREAT ASTHMATICS

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Severe and difficult to treat asthma patients represent a small percentage of all asthmatics, yet they account for much of the morbidity, mortality, and cost of the disease. The factors that make this group of asthmatics difficult to manage are poorly understood. **OBJECTIVE:** To establish a cohort of severe or difficult to treat asthmatics to examine the relationships between features of asthma, treatments and health outcomes using the Internet. **METHODS:** This study, "An Observational Study of The Epidemiology and Natural History of Asthma: Outcomes and Treatment Regiments (TENOR)," is designed to follow at least 5000 subjects for 3 years. Subjects 6 years or older with a diagnosis of asthma and considered by their physician to have severe or difficult to treat asthma are eligible for enrollment. Physicians and coordinators will conduct biannual visits to collect data including: health care utilization, days of work or school missed, the asthma therapy assessment questionnaire (ATAQ), asthma-related quality of life (AQLQ), medications, IgE level, and lung function. Data will be entered onto a secure website. **RESULTS:** Subjects are being enrolled into the cohort from over 300 US pulmonologists and allergists in managed care organizations, community practices, and academic centers. All study sites have Internet access. The TENOR website was built using WebCollectSM services and PhaseForward's InFormTM application. Built-in edit checks and an automatic electronic audit trail ensure data accuracy and completeness. This technology eliminates the need for paper case report forms and improves data cleaning efficiency. **CONCLUSIONS:** TENOR provides a unique opportunity to examine factors related to poor health outcomes in this understudied patient population. The Internet allows real time access to data and facilitates dissemination of data to investigators and the asthma community. TENOR may serve as a model for future large epidemiologic or clinical studies using web-based technology.

PAR13

HYPOTHETICAL VERSUS REAL WILLINGNESS TO PAY IN THE HEALTH CARE SECTOR: RESULTS FROM A FIELD EXPERIMENT

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OBJECTIVE: Despite increased use in the health care sector (HCS), the contingent valuation (CV) method remains controversial. The nucleus of the controversy is the extent to which hypothetical choices in the CV method mimic real economic choices. Correspondence between hypothetical and real willingness to pay (WTP) has been studied for private and environmental goods. These experiments demonstrate that dichotomous choice (DC) CV questions lead to hypothetical bias (overestimation of real WTP). Hypothetical bias has not been assessed in the HCS. We conducted an experiment directly comparing responses to a DC CV question with real purchase decisions using a pharmacist provided asthma management