

curred by hypertensive patients in this employer's population were extracted from medical and pharmacy claims data for the period October 1, 1996 to September 30, 1997. Hypertension medication compliance for each patient in the same population was calculated based on the medication possession rate (MPR = number of days supplied for the single longest prescribed anti-hypertensive drug for the study year/365 days). A patient who had an MPR of <80% was considered noncompliant while an MPR of $\geq 80\%$ was considered compliant. **RESULTS:** The prevalence rate of hypertension in this employer's population (12.6%) was higher than the comparative MedStat population (9.7%). Of these, 31.1% had hypercholesterolemia and 11.2% had ischemic heart disease in addition to their hypertension. All resource utilization rates and direct costs of hypertensive patients in this employer's population were higher than those of the comparative MedStat population. For example, the cardiovascular-related utilization rates for outpatient visits, hospitalizations, and ER visits were 185.8 (MedStat = 171.3), 12.8 (MedStat = 3.5), and 3.3 (MedStat = 1.5) per 1000 members per year, respectively. The total direct cost payment was approximately \$4,833 per hypertension patient per year, again higher than MedStat's \$3,721 per annual patient cost. Of the 4,924 hypertensive patients included in these analyses 2,379 (48.3%) were identified as noncompliant and 2,545 (51.7%) were compliant. **CONCLUSIONS:** These results were presented to the employer's senior management to help them prioritize their health management initiatives. A hypertension disease management program has been developed for this population and will be implemented first quarter of 2000.

Mental Health, Migraine, Pain & Neurological Disorders Research PMH

PMH I

RECENT TRENDS IN THE COST OF CARE FOR PATIENTS WITH SCHIZOPHRENIA

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OBJECTIVE: To assess the trends in the economic burden of illness for the treatment of patients with schizophrenia over a three-year period. **METHODS:** We estimated the annual per patient direct costs of treatment for schizophrenia during 1995–1997 in a large administrative claims database (LifeLink™) representing approximately 1.6 million covered lives. Diagnosis-related and other medical expenditures were estimated for patients with a diagnosis of schizophrenia. The estimated costs of care included expenditures for hospitalization, hospital

outpatient services, outpatient medications, psychiatric day/night facilities, nursing home facilities, office visits, ER visits, laboratory tests, substance abuse treatment, and other services. All costs are expressed in 1997 dollars. **RESULTS:** The prevalence rate of schizophrenia in the database was 3.2 patients per 1,000 eligible members. The average annual total cost of care, including medications, for patients with schizophrenia declined by 15 percent between 1995 and 1997, from \$14,612 to \$12,435. Annual patient expenditures for outpatient antipsychotic medications of interest increased by 48 percent from \$994 in 1995 to \$1,474 in 1997, and represented 11.9 percent of total costs in 1997. Annual costs incurred for services directly associated with a diagnosis of schizophrenia, excluding outpatient medications, declined by \$2,564 (38 percent) between 1995 and 1997. The majority of this reduction was accounted for by services associated with institutional care. **CONCLUSIONS:** The total direct costs of care for patients with schizophrenia in this study declined between 1995–1997. Increases in the costs incurred for antipsychotic medications were primarily offset by declines in other diagnosis-related expenditures.

PMH2

ESTIMATED COSTS OF TREATMENT FOR BIPOLAR AFFECTIVE DISORDER IN A LARGE EMPLOYER DATABASE

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OBJECTIVE: The economic burden of illness for the treatment of bipolar disorder is poorly understood. We estimated the annual per patient cost of care for individuals with this diagnosis in a large population and evaluated trends in cost over a three-year period beginning in 1995. **METHODS:** We examined the direct costs of care for bipolar disorder in an employer claims database (Life-Link™) representing the health care experience of approximately 1.6 million covered lives. The estimated costs of care included expenditures for hospitalization, hospital outpatient services, outpatient medications, psychiatric day/night facilities, nursing home facilities, office visits, ER visits, laboratory tests, substance abuse treatment, and other services. Outpatient medication costs were separately estimated for mood stabilizers and antipsychotic therapies of interest and other outpatient medication costs. All costs were inflation-adjusted to 1997 dollars. **RESULTS:** The prevalence of bipolar disorder in the population was 5.5 patients per 1000 eligible members. These patients incurred significant annual expenditures, totaling \$13,402 in 1995, \$11,856 in 1996, and \$11,146 in 1997. These expenditures were comparable to the costs of treatment for schizophrenia in the same