Volume 8 • Number 3 • 2005
VALUE IN HEALTH

ISPOR Tenth Annual International Meeting Contributed Presentation Abstracts

Contributed Podium Presentations

Podium Session I

Health Care Policy Studies I

HP1

MEDICAID DRUG SPENDING AFTER THE MEDICARE MODERNIZATION ACT: WHAT WILL BE LEFT?

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OBJECTIVES: To evaluate drug expenditures among Medicaid recipients who are not also Medicare eligible and therefore whose costs will still be paid by Medicaid following implementation of the Medicare Modernization Act (MMA). **METHODS:** We analyzed 2002 pharmacy claims data and eligibility records from a 20% random sample of California Medicaid ("Medi-Cal") recipients. The number of unique patients, prescriptions dispensed, units dispensed, and Medicaid paid amounts were obtained for each class of pharmaceuticals. Patients were considered dually eligible if they were eligible for Medicare and Medicaid coverage for at least one month in 2002. Medicaid payments, excluding rebates, were projected to the entire Medi-Cal program. For simplicity, we report findings from the top ten drug classes in terms of total Medicaid projected payments and the percentage paid for non-dually eligible recipients. **RESULTS:** We estimated that California Medicaid spent approximately $1.98 billion for the top ten classes of drugs. These classes represented approximately 53% of total Medi-Cal drug expenditures in 2002. Forty-three percent of these payments were for recipients who were not dually eligible for Medicare and Medicaid. The top ten classes in terms of expenditures were (with amount paid and percent paid for non-dually eligible recipients in parentheses): antipsychotics ($530 million, 55%), gastrointestinal drugs ($228 million, 32%), antidepressants ($220 million, 50%), antivirals ($191 million, 49%), antihyperlipidemics ($172 million, 27%), NSAIDs ($162 million, 33%), anticonvulsants ($142 million, 53%), antidiabetics ($122 million, 32%), calcium channel blockers ($113 million, 24%), and opiate agonists ($96 million, 43%). **CONCLUSION:** The California Medicaid program will remain responsible for a substantial portion of drug spending for central nervous system disorders following implementation of the MMA, but the cost burden for cardiovascular medications will be lowered greatly.

HP2

EFFECTS OF PATIENTS' BELIEFS ABOUT MEDICATIONS ON NON-ADHERENCE TO CHRONIC MEDICATIONS

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OBJECTIVES: Non-adherence to medications is a major problem among patients using chronic medications. Patients' medication beliefs are among modifiable factors considered to influence non-adherence. The primary aim of this study was to investigate associations between patients' beliefs about medications and non-adherence to chronic medications. **METHODS:** A cross-sectional self-administered survey was conducted of patients visiting a primary care clinic. Participants' medication beliefs and medication non-adherence were assessed using the Beliefs about Medications Questionnaire as developed by Horne et al. and the Morisky Medication Adherence Scale. Sociodemographic and clinical information also were collected. Spearman correlation analyses were used to assess associations between medication beliefs and medication non-adherence. **RESULTS:** A total of 443 patients were approached and 314 met study criteria of using at least one chronic medication for more than 2 months and ability to speak English. Of the 314 patients meeting inclusion criteria, 250 agreed to complete the survey, a response rate of 79.6%. Most of the participants (62.25%) were between 30 and 49 years old. Whites constituted 53% and blacks constituted 40% of the sample. Participants had a mean of 3.2 conditions (±2.1) and used a mean of 5.3 medications (±4.1). Participants perceiving less necessity to use medications ($\rho = -0.2$, $p = 0.005$) and with higher concerns about medications ($\rho = 0.4$, $p < 0.0001$) had higher non-adherence to medications. Participants perceiving higher general harmful effects of medications ($\rho = 0.3$, $p < 0.0001$) and with higher perceptions of over-prescribing of medications by physicians ($\rho = 0.3$, $p < 0.0001$) had higher non-adherence to medications. Medication beliefs predicted 22% of variation in non-adherence to chronic medications. **CONCLUSION:** There were significant associations between medication beliefs and non-adherence. Health care providers may help patients improve their adherence to medications by resolving issues identified through medication beliefs assessment.

HP3

WHO WILL REQUEST A SWITCH TO NEW TREATMENT AS A RESULT OF DIRECT-TO-CONSUMER ADVERTISING?

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OBJECTIVES: To identify the factors that influence consumers to request a switch to new treatment as a result of Direct-to-Consumer (DTC) advertising. **METHODS:** Data were taken from a national survey, "Public Health Impact of Direct-to-Consumer Advertising of Prescription Drugs, July 2001–January 2002", conducted by researchers from Harvard Medical School. Participants (n = 3000) were interviewed by telephone. We constructed a conceptual framework consisting of outcome (switching request), intervention (DTC experience) and five groups of explanatory factors (health beliefs, demographics, health status, socioeconomic status and market factors). Data were analyzed with multivariate stepwise logistic regression. The dependent variable was whether a DTC advertisement for a prescription drug had ever prompted the patient to ask for a change to new treatment for a medical condition or illness. **RESULTS:** Health beliefs were strong predictors of switching request. Patients who regarded media as the most important referent source were more likely to make requests than those who did not. (OR, 4.8; 95%CI, 3.42–6.71). Believing that DTC adver-