PHS41

COMPARISON OF SERVICE UTILIZATION AND ASSOCIATED EXPENDITURES BETWEEN PUBLICLY AND PRIVATELY INSURED CHILDREN WITH ASDS

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OBJECTIVES: The prevalence of Autism Spectrum disorders (ASDs) has been increasing lately and treatment is expensive. Private insurers have historically provided lesser coverage for autism-related services than public insurers. This study compared the differences in health care expenditures and utilization between publicly and privately insured children with ASDs.

METHODS: Data were from years 1997-2010 of the Medical Expenditure Panel Survey. 477 children with ASDs, of which 274 were privately insured and 184 had public insurance only, were identified. Expenditure measures (in 2010 dollars) included total health, home health and prescription expenditures and out-of-pocket expenditures on health and drugs. Utilization measures included the number of office-based visits, home health days and prescriptions. Generalized linear models, adjusted for sociodemographics and health status, were used to model utilization and expenditure to account for their skewness. STATA survey commands generated nationally representative estimates.

RESULTS: Average total expenditures were comparable publicly and privately insured children with the latter having much higher out-of-pocket expenditures ($1317.807 vs $199.344). Publicly insured children used more prescriptions (13.52 vs 9.19) with a mean cost of $20.23 vs $13.35 and more home health services (19.39 vs 7.67) with higher costs ($3,118.28 vs $782.43). After adjusting for sociodemographic differences and health status, no statistically significant differences in total health expenditures and utilization measures remained. However, publicly insured children spent less (p < 0.000) and 63% less (p = 0.001) on average than privately insured children on out-of-pocket health and prescription expenditures respectively. CONCLUSIONS: Higher out-of-pocket expenditures on health services and prescriptions for privately-insured children may be an indicator of lower coverage for autism-related health services. State policies should correct this anomaly to reduce the burden on public insurers, as well as provide children with ASDs more options to get expensive treatment options covered.

PHS42

DOSE RELATIVITY OF SEVELAMER HYDROCHLORIDE AND LANTHANUM EXPECTED COSTS ATTRIBUTABLE TO OVERWEIGHT OR OBESITY IN THE USA

9-CM code of 493 and the identified patients were classified as normal-weight (18.5≤BMI<25), overweight (25≤BMI<30), and obese (BMI≥30). Productivity loss costs, which were measured based on missed work days due to illness or injury for one year per patient and the hourly wage, were estimated using a two-part model to adjust for patients with zero costs. The productivity loss costs attributable to being overweight or obese, costs were estimated by assuming every patient is overweight or obese (i.e., treating the indicator variable as equal to 1). Then, the mean differences between the two estimated costs were considered the productivity loss costs attributable to being overweight or obese in asthma patients. All costs were converted to 2011 US dollars using the Consumer Price Index. RESULTS: Annual average productivity loss costs attributable to obesity were $697 (95%CI: $614-$780) per patient, 45% higher than overweight (at $480, 95%CI: $397-$563) and 92% higher than normal-weight patients. CONCLUSIONS: The productivity loss costs attributable to overweight or obesity in working asthma adults were substantial. To reduce the economic burden of treating asthma patients and enhance productivity, this study further highlights the importance of weight control.

PHS44

DRIVERS OF RESOURCE UTILIZATION IN PATIENTS WITH AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE

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OBJECTIVES: Polycystic kidney disease (PKD) is a genetic disorder affecting the kidneys and is the leading cause of end-stage renal disease (ESRD) in both, children and adults with symptoms often occurring in middle age. The objective of this retrospective study was to assess hospital-based utilization among patients with ADPKD. METHODS: A retrospective study of 1469 patients hospitalized in 2009 with a diagnosis of ADPKD in 71 hospitals continuously submitting over 36 months from the MedAssets health system database was conducted. Subsequent hospital visits were identified over a 24 month follow-up period. Age and gender as well as clinical complications, comorbidities and measures of utilization including number of visits and length of stay (LOS) were described. Multivariate regression was used to identify significant drivers of hospital-based utilization. RESULTS: The sample population had a mean age of 50.6 years and 51% male. Patients had an average of 17.7 hospitalizations, 25.2 inpatient visits. Average LOS was 20.6 days, 45% were diagnosed with end stage renal disease (ESRD) and 24% received hemodialysis. Over 15.0% required a kidney transplant while 3.9% died in the hospital. Comorbidities included diabetes 21.9%, congestive heart failure (CHF) 12.6%, cardiopulmonary disease (CPD) 14.7%, cardiovascular disease (CVD) 11.3% and malignancy/tumor 12.3%. ESRD (1.3 visits, P<.0001), kidney transplant (2.0 visits, p<.0001), (1.4 visits, p<.0001) and diabetes (1.8 days, <.0001) were significantly associated with higher inpatient LOS. CONCLUSIONS: Patients with ADPKD consume a significant amount of health care resources, especially patients reaching the end stage of the disease. Further research is required to understand the effect of interventions/treatments on mitigating the progress of this disease.

PHS45

SHORT-TERM RELATIONSHIPS BETWEEN ELECTRONIC HEALTH RECORD SYSTEM INTEGRITY IN EMERGENCY DEPARTMENTS AND HEALTH CARE RESOURCE UTILIZATION AMONG PATIENTS WITH MENTAL DISORDERS

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OBJECTIVES: To assess patient emergency department (ED) waiting time, hospitalization rate immediately following ED visit, number of medications prescribed, and length of stay in ED among practices with various levels of electronic health record (EHR) functionality pertaining to mental illness-related ED visits. METHODS: Data from 2006-2009 Centers for Disease Control and Prevention National Ambulatory Medical Care Survey ED files were used for this retrospective, cross-sectional study. Mental disorders were identified via: 1) International Classification of Diseases, Ninth Revision, Clinical Modification codes based on definitions by American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, and 2) mental health-related reason for visits as determined by the National Center for Health Statistics. EHR use among organizations was classified as no EHR, some EHR, basic EHR, fully functional EHR based on the number and level of available features. Negative binomial regression models were applied using waiting time and visit length as outcome variables, while logistic and ordered logistic regression models were applied to estimate the number of medications prescribed as dependent variables, respectively. Regression analyses adjusted for patient demographics (age, gender, race/ethnicity, region/location, education, income, insurance status), level of triage and severity, number of mental disorders. RESULTS: Compared to any EHR use, basic and fully functional EHRs co-positively associated with hospitalization rate (P<0.032).