OBJECTIVES: New oral Disease Modifying Treatments (DmTs) for Relapsing Remitting Multiple Sclerosis (RrMs) were recently introduced in the US. The objective of this study was to assess trends in adoption of oral DmTs among RRMS patients in the US. METHODS: A multi-center retrospective chart-review study of RRMS patients was conducted in the US in 4Q2011, 4Q2012, 2Q2013, and 4Q2013 to collect de-identified data on diagnosis, clinical status, and treatment patterns. Neurologists were screened for duration of practice (≥3yrs) and patient volume (≥15 MS patients/mo) and recruited from a large panel to be geographically representative. Abstracted from charts were current use of oral DmTs. RESULTS: 362 eligible RRMS patient charts were evaluated (4Q2011: 23%, 4Q2012: 25%, 2013: 25% & 4Q2013: 26%). Use of oral DmTs increased from 1Q2011: 7%, 2Q2012: 9%, 2Q2013: 21% & 4Q2013: 31%, use of injectable DmTs decreased (4Q2011: 82%, 4Q2012: 78%, 2013: 71% & 4Q2013: 60%), as did use of infusible DmTs (4Q2011: 10%, 2Q2012: 12%, 2Q2013: 7% & 4Q2013: 8%). Across timeframes, 61%, 27% & 12% of patients were on 1st-line, 2nd-line, and 3rd-line or subsequent treatment, respectively. Among 1st-line or subsequent patients, oral DmT use increased from 23% to 59%, use of injectable and infusible DmTs decreased from 34% to 16% and 37% to 25%, respectively. Among 2nd-line patients, oral DmT use increased from 46%, use of injectable and infusible DmTs decreased from 66% to 37% and 21% to 15%, respectively. Among 3rd-line patients, oral DmT use increased from 3% to 16%, use of injectable DmTs decreased from 96% to 83% and use of infusible DmTs remained at 1-2%. CONCLUSIONS: Oral DmT use increased between 4Q2011-4Q2013, predominantly in 2nd or subsequent lines. The impact of this observed pattern of reserving new treatment options for later lines warrants further study of generic substitution (GS).

RESEARCH POSTER PRESENTATIONS – SESSION II

HEALTH CARE USE & POLICY STUDIES

HEALTH CARE USE & POLICY STUDIES – Consumer Role in Health Care

PHP1

AWARENESS AND INTEREST IN THE UNITED STATES HEALTH INSURANCE MARKETPLACE

Bias TK, Fitzgerald PM, Applegar P, Vasile I.

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OBJECTIVES: To examine the level of awareness and interest in the newly setup Health Insurance Marketplace under Affordable Care Act in West Virginia state of the United States of America. METHODS: Primary survey data were collected in July/August 2013 from a stratified sampling of West Virginians. A mail survey was completed by respondents in a cross-sectional study. Key variables included gender, age, education, knowledge and believes toward generic substitution (GS). There were 57% of women in our sample and only 11% from all patients. In 4Q2012, 2Q2013, and 4Q2013 the clinical status, and treatment patterns. Neurologists were screened for duration of practice (≥3yrs) and patient volume (≥15 MS patients/mo) and recruited from a large panel to be geographically representative. Abstracted from charts were current use of oral DmTs. RESULTS: 362 eligible RRMS patient charts were evaluated (4Q2011: 23%, 4Q2012: 25%, 2013: 25% & 4Q2013: 26%). Use of oral DmTs increased from 1Q2011: 7%, 2Q2012: 9%, 2Q2013: 21% & 4Q2013: 31%, use of injectable DmTs decreased (4Q2011: 82%, 4Q2012: 78%, 2013: 71% & 4Q2013: 60%), as did use of infusible DmTs (4Q2011: 10%, 2Q2012: 12%, 2Q2013: 7% & 4Q2013: 8%). Across timeframes, 61%, 27% & 12% of patients were on 1st-line, 2nd-line, and 3rd-line or subsequent treatment, respectively. Among 1st-line or subsequent patients, oral DmT use increased from 23% to 59%, use of injectable and infusible DmTs decreased from 34% to 16% and 37% to 25%, respectively. Among 2nd-line patients, oral DmT use increased from 46%, use of injectable and infusible DmTs decreased from 66% to 37% and 21% to 15%, respectively. Among 3rd-line patients, oral DmT use increased from 3% to 16%, use of injectable DmTs decreased from 96% to 83% and use of infusible DmTs remained at 1-2%. CONCLUSIONS: Oral DmT use increased between 4Q2011-4Q2013, predominantly in 2nd or subsequent lines. The impact of this observed pattern of reserving new treatment options for later lines warrants further study of generic substitution (GS).

HEALTH CARE USE & POLICY STUDIES – Diagnosis Related Group

PHP5

THE EFFECT OF DEGRESSIVE FINANCING METHOD ON THE HUNGARIAN DRG BASED HOSPITAL REIMBURSEMENT BETWEEN 2011-2013

Endre D1, Zemplényi A1, Agoston I1, Molics B1, Csákávári T2, Danku N1, Vajda R1, Roncz I3

1University of Pécs, Pécs, Hungary, 2University of Pécs, Zalaegerszeg, Hungary, 3Faculty of Health Care Management, University of Pécs, Pécs, Hungary

OBJECTIVES: Diagnosis Related Groups (DRG) like financing method was introduced in Hungary in 1993. In addition to DRG based reimbursement, an degressive upper ceiling (financial cap) was introduced for hospital reimbursement. The aim of our study was to analyze the effects of progressive financing method on the Hungarian DRG-based hospital financing. METHODS: The data in our analysis were derived from the nationwide administrative dataset of the National Health Insurance Fund Administration (OEP), the only health care financing agency. We examined the period between 2011 and 2013. In 2011 and 2012 hospital activity over financial cap was reimbursed up to 104% by 25% of contacted organizations answered to these questions. In general, the participation efforts extend from qualitative survey of patients’ needs up to the science-based documentaries of quantitative patient preferences. The review and the survey of the literature show that usually three mechanisms are used to involve the public in decision-making bodies: membership of at least one patient representative (e.g., Australia, France, Germany), presentation of oral/written comments from patients (e.g., Australia, The Netherlands, Great Britain) and the possibility to check the HTA-reports and the corresponding draft recommendations before publication (e.g., France, Germany, Great Britain, New Zealand, USA). CONCLUSIONS: The role of the patients or citizens seems to be limited to an informal or ad-hoc basis and is mostly restricted to the institutional contacts. In order to achieve a patient-centered health technology assessment two ways to sharing information are relevant: the public needs information on medical and health policy/economic issues and decision-maker need information on the patient perspective.

HEALTH CARE USE & POLICY STUDIES – Diagnosis Related Group

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