

tation of economic evidence. Presenting methods and results in a transparent manner is a key principle of the Guidelines. **CONCLUSIONS:** The CCOHTA Guidelines for conducting economic evaluations has been updated. The extent to which those doing economic evaluations follow the Guidelines, and the degree to which decision-makers actually use the resulting economic evidence for decision-making, will reflect the value of the new Guidelines.

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#### **INFLATION: PRESCRIPTION DRUG MARKET BASKET DEFINITION AND THEIR IMPACT**

**Hutchins DS, Hutchins DS**

AdvancePCS, Scottsdale, AZ, USA

**OBJECTIVES:** To measure the impact different prescription market basket definitions have on coverage and inflation. **METHODS:** January 2001 through December 2002 claims were extracted for 15 groups. The number of claims, percentage of the market basket missing (coverage), and inflation (using Laspeyres) were calculated. Days supply and quantity dispensed were aggregated into different prescription drug market baskets using each drug's full NDC, a unique combination of active ingredient, strength, form, brand/generic, and multi/single source, brand name and generic name for different units of time including: monthly, quarterly, semi-annually, and yearly. Inflation was calculated with and without compounds and copaxone. **RESULTS:** The number of claims per group ranged from 263,318 to 17,455,237 (with 6 below, 6 above and 3 between 1 to 2 million). Aggregating by NDCs led to the largest gaps in market basket coverage with between 13% and 38% of NDCs without a match in a corresponding time periods. The other methods had gaps in coverage ranging from about 8% to 32%. Monthly intervals generally had 2 to 3 times the number of missing days supply (range: 0.05% to 11.1%) or quantity (range: 0.2% to 4.8%) than other time intervals (day supply range: 0.2% to 5.0%, quantity range: 0.1% to 3.0%). Inflation ranged from 6.5% to 15.5% with generally higher values for the definitions using name. **CONCLUSIONS:** Careful attention should be paid to how prescription drug market baskets are defined when comparing or calculating inflation. Defining prescriptions drugs at the lowest possible level, particularly for small populations, can create systematic gaps in the market basket. Defining the market basket too broadly can create price variations. Both may reflect quality change bias as well as substitution biases in the prescription drug market basket.

#### **HEALTH POLICY**

##### **HEALTH POLICY—Patient Satisfaction Studies**

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#### **PATIENT SATISFACTION—PATIENT EDUCATION INTERFACE**

**Misra S, Hargreaves MB, Blundy JM**

Rush University Medical Center, Chicago, IL, USA

**OBJECTIVE:** To analyze patient and family satisfaction with the education provided to them during hospitalization. **METHODS:** Six quarters of data for the year 2002–2003 obtained from Press-Ganey surveys based on a Likert Scale with scores of 1 and 5 representing very poor and very good results respectively are analyzed. Patient Satisfaction (PS) scores with 1) explanation during tests and treatment, and 2) informing family regarding condition and treatment are cross tabulated using SPSS with specialty area and Diagnostic Related Group (DRG) product line. **RESULTS:** For the group of explanation during tests and treatments—very good scores are reported from the specialty of areas of Neonatology (75%), Intensive Care (69%), Neurology (61%)

and Labor and Delivery (57%) while the specialties of Psychiatry (25%) and Skilled Nursing (35%) have lower proportion of these scores. The DRG product lines of cardiac catheterization (65%), dentistry (71%), Neonatology (68%), open heart surgery (56%) have very good scores while HIV (0%), Psychiatry and Drug Abuse (32%), Otolaryngology (35%) and Ophthalmology (36%) have lower proportion of these scores. Explanation during tests and treatment and informing family regarding condition and treatment are significantly correlated ( $p < .01$ ,  $r = .544$ ) and the scores are almost similar for the second group. The overall combined percentage with scores of 4 and 5 on the survey is 88 percent. **CONCLUSION:** More effort should be made to convert the scores of 4's to 5's. The satisfaction scores for the specialties of Psychiatry, Skilled Nursing and the DRG of HIV are areas of concern. Maybe it is the inherent nature of the conditions encountered in these areas that prevent patients from having a good understanding of the explanations. Patient education and patient satisfaction are closely interlinked and educating patients does enhance satisfaction scores.

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#### **CONSUMER SATISFACTION WITH HEALTH PLANS AND DRUG BENEFIT MANAGEMENT STRATEGIES**

**Sansgiry SS, Sikri S, Kawatkar A**

University of Houston, Houston, TX, USA

**OBJECTIVES:** Managed care has implemented various drug benefits management strategies like formularies, that most patients lack understanding of and may lead to dissatisfaction. The objective of this study was to evaluate consumer satisfaction with health plans and understand their attitude towards drug benefit management strategies, particularly the use of drug formularies. **METHODS:** A cross-sectional study was conducted by administering a survey to consumers ( $N = 714$ ) waiting to pick a prescription in community pharmacies ( $N = 72$ ) in the Houston metropolitan area. A prevalidated questionnaire was used to measure satisfaction with health plan using an eleven-item, five-point scale where 1-very dissatisfied –5 = very satisfied. A 12 item strongly disagree (1)—strongly agree (5) Likert scale was used to measure consumer perceptions and knowledge regarding drug formularies. Data along with demographic information such as age, gender, marital status, race, education and income were collected, coded, and analyzed at a set priori significance level of 0.05 to perform descriptive and correlation analyses. **RESULTS:** Among the surveyed population, only 25% of patients owned a copy of the formulary. Majority of the respondents were white (43%), female (52%), married (52%), and working fulltime (64%) with a mean age of 39.58 (SD 13.96) years. Overall, consumers had negative attitude towards formularies 2.77 (SD 0.66). Respondents indicated neutral rating with respect to satisfaction with drugs included on their formulary 3.0 (SD 0.9). Consumers were somewhat satisfied with their health plans 3.51 (SD 0.73). There was a significant ( $p < 0.05$ ) positive correlation between satisfaction with health plans and attitude towards formularies ( $r = 0.176$ ) as well as with satisfaction with drug coverage ( $r = 0.369$ ). **CONCLUSIONS:** Consumers had negative attitude toward formularies, which may be attributed to their lack of knowledge regarding formularies. Patient education efforts by health plan providers may help change consumer attitudes and improve satisfaction.

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#### **PATIENT SATISFACTION WITH HEALTH CARE SERVICES: IDENTIFYING VOIDS**

**Sansgiry SS, Jayawant SS, Bhosle MJ**

University of Houston, Houston, TX, USA