Pre-to-Postdiagnosis InCREASE In Utilization and Costs of Chronic-Use Medications and Other Medical Resources in Managed Care Enrollees With Diverticulitis

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METHODS

Study Design

Retrospective cohort analysis

Data Source

Administrative claims data from more than 40 United States (US) commercial plans representing approximately 20 million enrollees. All US geographic regions

Fully adjusted cost information in the form of actual payments reimbursed by health plans to providers

Longitudinal data linked within patients using a unique, unidentifiable patient ID

Inclusion Criteria

Primary diagnosis of diverticulitis (ICD-9-CM 562.01, 562.03, 562.11, or 562.13) between 1/1/2005 and 12/31/2008

Ambulatory (outpatient or ER) diagnosis or work-up, and morbidity associated with DV

At least 12 months of continuous pre- and post-diagnosis health plan enrollment

Data Mouse

Background patient characteristics: age, sex, geographic distribution, and health plan enrollment

Data were taken from a commercially insured patient population.

All costs and rates represented the perspective of commercial third-party payers and therefore assume the broader societal costs of DV, including patient out-of-pocket expenses, taxes, and lost productivity.

LIMITATIONS

- Data were derived from a commercially insured population and may not be generalizable to a broader patient population.

- All costs and rates represent the perspective of commercial third-party payers and therefore assume the broader societal costs of DV, including patient out-of-pocket expenses, taxes, and lost productivity.

- This study did not account for indirect costs, such as lost productivity.

- The sample size may not be sufficient to detect significant differences in outcomes across all subgroups.

REFERENCES


CONTACT INFORMATION

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DISCLOSURE

Neither Dr Davis, Dr Hodgkins, nor Dr Yen or Dr Loftus have conflicts of interest relevant to this work. Dr Yen and Dr Hodgkins are employees of Shire. In addition, Dr Davis’ employer, RTI Health Solutions, receives financial support from Shire for this work.

Pre-to-Postdiagnosis Change in GI Cause Resource Utilization and Costs (Tables 2 and 3)

- Ambulatory care use and costs increased significantly pre-to-postdiagnosis (12 vs. 16 days; $2,897 vs. $4,138; P < 0.01)

- Other significant (P < 0.01) increases in pre-to-postdiagnosis utilization were for:

- ER visits (17 vs. 21; $2,832 vs. $3,778)

- Prescription (29 vs. 36; $1,870 vs. $2,141)

- Other inpatient care (admissions, co-admissions, readmissions) ($6,864 vs. $12,788; P < 0.01)

- The highest postdiagnosis increase was seen for chronic care ($947/visit; 689 vs. $1,638, P < 0.01).

- Total all-cause costs increased by 60% postdiagnosis ($10,419 vs. $16,672; P < 0.01).

- Postdiagnosis compared with prediagnosis costs were ahead of economic predictions, made prior to study launch.

- Other significant (P < 0.01) increases in pre-to-postdiagnosis utilization were for:

- Skilled nursing facility days (30 vs. 36; $1,391 vs. $2,121)

- ER visits (17 vs. 21; $2,832 vs. $3,778)

- Prescription (29 vs. 36; $1,870 vs. $2,141)

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- Total all-cause costs increased by 60% postdiagnosis ($10,419 vs. $16,672; P < 0.01).