ADDITION OF ORAL DISEASE MODIFYING TREATMENTS TO MANAGE PATIENTS WITH RELAPSING REMITTING MULTIPLE SCLEROSIS FROM 2011-2013 IN THE UNITED STATES

Naryanag 3, ÖMeara 3, White 7, Chen 3, Gabriéle 3, Houtamaki K, 7

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 3Q2013 to collect de-identified data on diagnosis, clinical status, and treatment patterns. Neurologists were screened for duration of practice (≥3yrs) and patient volume (≥15 pts/month) and recruited from a large panel to be geographically representative. The study was a pharmaceutical company-sponsored, investigator-initiated, observational, non-randomized, non-controlled research project. RESULTS: 3262 eligible RRMS patient charts were evaluated (4Q2011: 25%, 4Q2012: 25%, 2Q2013: 25% & 3Q2013: 25%). Use of oral DMTs increased from 4Q2011: 7.9% to 4Q2012: 9.9%, 4Q2013: 21% & 3Q2013: 31%. Use of injectable DMTs decreased (4Q2011: 82%, 4Q2012: 78%, 2Q2013: 71% & 3Q2013: 60%), as did use of infusion DMTs (4Q2011: 10%, 4Q2012: 12%, 2Q2013: 7% & 3Q2013: 8%). Across timeframes, 61%, 27% & 12% of patients were on 1st-line, 2nd-line, and 3rd-line or subsequent treatment, respectively. Among 3rd-line or subsequent patients, oral DMT use increased from 23% to 59%, use of injectable and infusible DMT decreased from 34% to 16% and 37% to 25%, respectively. Among 2nd-line patients, oral DMT use increased from 24% to 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 5% to 16%, use of injectable DMTs decreased from 96% to 83% and infusion DMT use 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 scrutiny to optimize patient management and alleviate disease burden.

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, Appovr P, Vasile I

West Virginia University, Morgantown, WV, USA

OBJECTIVES: To examine the level of awareness and interest in the newly set-up 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 conducted by respondents in a cross-sectional study. Key variables included general awareness of the Health Insurance Marketplace and the availability of subsidies, the individual mandate, interest in using the Marketplace, and perceptions of respondents’ ability to qualify for financial assistance. RESULTS: Six thousand surveys were mailed with a nine-page questionnaire. A total of 1,198 completed surveys were returned. Two months prior to launch, awareness of the Health Insurance Marketplace in WV was low in WV population, even in the Marketplace was highest among those most likely to benefit—the insured and residents likely to qualify for financial subsidies. West Virginians reported being familiar with the individual mandate. CONCLUSIONS: Efforts should be increased at the federal, state, and local levels among government and non-government organizations to heighten awareness of the Health Insurance Marketplace in WV and, particularly, the availability of subsidies. Many, once made aware, expressed interest in learning more.

PHP2

ATTITUDES OF PATIENTS TOWARD GENERIC SUBSTITUTION AND IMPLICATION FOR PRACTICE IN SLOVAKIA: FIRST RESULTS FROM ADOPTING THE LAW IN 2012

Babelo S, Sajdikova K

St. Elizabeth University, BRAHISLAVA, Slovak Republic

OBJECTIVES: Slovakia has from December 2011 new law that defines list of molecules for mandatory generic substitution. It was one of the cost-containment measures applied in the same time at the field of drug policy. We provided research on systematically selected sample of patients in Slovak general hospital activity, knowledge and believes toward generic substitution (GS). METHODS: We created special questionnaire for patients and distributed it in selected regions in Slovakia. From 600 questionnaires, we evaluated 432. Questionnaires were distributed among patients that were admitted in 2012/2013/2014. RESULTS: Only 16% from all patients selected co-payment as the key factor influencing their decision toward GS. Recommendation of GS in pharmacy or by doctor was selected as key factor that influenced patients in choosing GS or generic molecule (40%). Secondary, good price and patient's own experience with generic (27%). Only 8% of patients believed that GS can decrease overall consumption of drugs. We also found out that 36% of patients consider GS as "risky" because of extended number of generics available from unknown companies. There was also a strong statistical relationship between gender and positives as well as negatives of GS among patients. CONCLUSIONS: Based on our research among patients we conclude that generic substitution is likely effective drug policy tool, but since there are also many negative experiences (own or shared) with generic drugs, GS is still considered as alternative treatment.

PHP3

THE SIMULTANEOUS EFFECTS OF PHARMACEUTICAL POLICIES FROM Payers’ AND PATIENTS’ PERSPECTIVES. ITALY AS A CASE STUDY

Armeni 3, Otto M1,2,3 (Corresponding Author)

Cergas, Bocconi University, Milano, Italy, 2Cergas Bocconi University, Milano, Italy

OBJECTIVES: The research analyses (i) the individual and interactive effects of three pharmaceutical policies (cost-sharing, prescription quotas, therapeutic reference pricing) on public and private expenditure and volumes, using Italian regional policies as a case-study; (ii) the extent to which the long-run effect of policies on expenditure is mediated by prescribers’/patients’ behaviours. METHODS: An empirical difference-in-difference model is used to assess the impact of public and private expenditure and volume is separately estimated. Then, the hypothesis that the effects of policies on public expenditure are mediated by behaviours (transmission mechanism) is tested. As robustness check, a possible reverse causality and feedback mechanisms is tested, by switching the mediator and the independent variable. RESULTS: The analysis shows (i) that combined policies do not necessarily produce a higher impact than policies alone; (ii) a larger impact of policies in the short-run, whereas in the long-run the trend is often reversed, but not enough to compensate the final impact, which is usually in the expected direction; (iii) as for cost-sharing, that its negative impact on public expenditure is mainly due to a decrease in volumes than to a shift from public to private expenditure. Thereafter, this observation, this study describes a specific pattern for public and private expenditure and volume are mediated in different time and places, thus covering an information gap and supporting policy-makers. Some empirical findings showed that there may have an impact: the scope of patients’ or the interest factors (e.g. the volumes decrease due to cost-sharing may imply patients under-treatment.

PHP4

PATIENT, INSURED AND PUBLIC PARTICIPATION IN HEALTH TECHNOLOGY ASSESSMENT: AN INTERNATIONAL COMPARISON

Mühlbacher AC, Juhnke C

Hochschule Neubrandenburg, Neubrandenburg, Germany

OBJECTIVES: There is a general consensus on the need for a stronger patient-centeredness, even in HTA processes. In international comparison different ways of public participation (citizens, insured and patients) in the decision-making process are discussed and tested. The need was recognized, but not yet fully reflected in practice. This study describes how preferences can be taken into account in different decision situations and shows how methods of preference measurement/citation techniques are used in international comparison and understand the importance of various decision-criteria that influence these decisions. METHODS: A systematic literature review in PubMed/Medline revealed 95 articles and showed that methods of patients, citizens and policyholder participation are manifold. In order to structure the international approaches further, international HTA-organizations worldwide were questioned via e-mail in the end of 2013 on patients and public participation in their countries. RESULTS: 17 out of 126 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 revealed that especially 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-report and the corresponding draft recommendations before publicisation (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 that of a consumer. 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

PHP5

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

Kendri D1, Zempléni A1, Ágoston I1, Molics B1, Csákárai T1, Danku N1, Vajda R1, Roncz I1

1University of Pécs, Pécs, Hungary, 2University of Pécs, Zalaegerszeg, Hungary, 3Faculty of Health Economics and Public Policy, 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 degreessive upper ceiling (financial cap) was introduced for hospital reimbursement. The aim of our study was to investigate the effects of these two 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 (NHIFA) of all the most relevant Hungarian hospitals. We examined the period between 2011 and 2013. In 2011 and 2012 hospital activity over financial cap was reimbursed up to 110% by 30% of DRG base rate, while in 2013 hospital activity over financial cap was reimbursed up to 104% by 25% of DRG base rate. RESULTS: As for hospital activity and private expenditure and volumes, using logistic regression analysis with hospital by year interaction, 6.5% with a monthly variation of 1.5% - 6.6% in 2012 hospital activity exceeded the financial cap by 1.9% with a monthly variation of 1.1% - 2.6%. Between 2011 and 2013 the DRG base rate remained the same (15000)