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Healthcare resource utilization and costs in sarcoidosis patients in a commercially insured US population

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The objective of this study was to provide a contemporary estimate of the healthcare resource use (HCRU) and costs borne by commercial payers for sarcoidosis patients in the US. Patients (aged 18-64 years) with a first diagnosis of sarcoidosis between 1/1/1998 and 3/31/2015 were selected from a large, de-identified, privately-insured administrative claims database (OptumHealth Reporting and Insights). Costs (inpatient, outpatient/physician office, emergency department/other and pharmacy) were assessed from the payer perspective over 12 months post-diagnosis. To assess incremental HCRU and costs, sarcoidosis patients were matched (1:1) to non-sarcoidosis controls based on Charlson comorbidity index and propensity-score calculated by logistic regression with covariates for demographic characteristics and baseline HCRU and costs. A total of 7,119 sarcoidosis patients who met the sample selection criteria were matched with a control. Overall, commercial payers incurred \$19,714 in total annual healthcare costs per sarcoidosis patient. The principle drivers of costs were outpatient visits (\$9,050, 46%) and inpatient admissions (\$6,398, 32%). Relative to controls, sarcoidosis patients had, on average, \$5,190 (36%) higher overall total healthcare costs (\$19,714 vs. \$14,524; $p < 0.001$). Using US population and prevalence statistics from published literature, these results suggest that sarcoidosis patients impose a total direct medical cost burden of approximately \$1.3 to \$8.7 billion (in 2015\$) to commercial payers comparable to estimates of other autoimmune diseases such as rheumatoid arthritis, psoriasis, or ulcerative colitis. These estimates, moreover, likely understate the actual burden because they excluded out-of-pocket costs, supplemental insurer payments, costs associated with premature mortality, reduced quality of life, and/or informal caregiving.

Biography

Michael Philbin has completed his PharmD from Nova Southeastern University. He has done his MSc in Pharmacoeconomics and MBA both from the University of Florida. He is a Senior Health Economics and Outcomes Research Liaison at Mallinckrodt Pharmaceuticals, where he specialized in the generation and dissemination of value evidence for innovative specialty pharmaceuticals to optimize population-health, payer and healthcare systems decision making.

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