

Real World Analysis of Health Plan Medical and Pharmacy Claims Data to Assess Differences in Healthcare Utilization and Total Cost in Patients Suffering from Cluster Headaches Compared with Patients without Headache-Related Conditions

Cluster Headaches

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Purpose

 Assess differences in healthcare utilization and total cost in patients suffering from cluster headaches (CH) compared with patients without headacherelated conditions.

Background

- According to the WHO, headache disorders are underappreciated by many health systems.
- These disorders have a substantial impact on quality of life.
- The true correlation between headache conditions and increased total healthcare utilization is not well understood.
- This study further explores the impact of headache conditions on healthcare utilization.

Results

- A total of 4,174 patients with CH met the study criteria and were matched 1:1 with controls. For the cluster headache population:
 - o Gender: 48% male
 - o Mean Age: 47
 - o Mean Charlson Comorbidity Index: 0.30
- Mean overall medical costs per patient in CH cohort were \$25,805 vs. \$10,140 for the control group.
- A higher number of patients with CH use medical services across almost all categories compared to the control group.
- Mean pharmacy costs per patient in CH cohort were more than double than the control group: \$9,197 vs \$4,368, respectively.

Demographics

			Control			
		Chronic	Episodic	Not Defined	Total	Control
Patient Count		724	751	2,699	4,174	4,174
Gender	F	368 (4.4%)	365 (4.4%)	1,427 (17.1%)	2,160 (25.9%)	2,160 (25.9%)
	Μ	356 (4.3%)	386 (4.6%)	1,272 (15.2%)	2,014 (24.1%)	2,014 (24.1%)
	18-39	192 (2.3%)	226 (2.7%)	818 (9.8%)	1,236 (14.8%)	1,236 (14.8%)
	40-54	291 (3.5%)	272 (3.3%)	1,087 (13.0%)	1,650 (19.8%)	1,650 (19.8%)
Age Group	30-39	146 (1.7%)	151 (1.8%)	481 (5.8%)	778 (9.3%)	778 (9.3%)
	55-64	95 (1.1%)	102 (1.2%)	313 (3.7%)	510 (6.1%)	510 (6.1%)
	65+	192 (2.3%)	226 (2.7%)	818 (9.8%)	1,236 (14.8%)	1,236 (14.8%)
Charlson Comorbidity Index	Continuous	0.31 ± 0.83 [0]	0.30 ± 0.88 [0]	0.30 ± 0.82 [0]	0.30 ± 0.83 [0]	0.30 ± 0.83 [0]
	O	592 (7.1%)	626 (7.5%)	2,211 (26.5%)	3,429 (41.1%)	3,429 (41.1%)
	1	83 (1.0%)	71 (0.9%)	311 (3.7%)	465 (5.6%)	465 (5.6%)
	2+	49 (0.6%)	54 (0.6%)	177 (2.1%)	280 (3.4%)	280 (3.4%)

Continuous data: mean ± standard deviation [median], Discrete data: count (percent)

Methods

- Medical and pharmacy claims
 data from 4 regional health plans
 were used to evaluate differences
 in healthcare utilization and cost
 in patients with a CH diagnosis
 (chronic, episodic, or unspecified)
 compared to a control group
 of patients without headache related condition.
- Qualifying patients were ≥ 18 years old and continuously eligible for three consecutive years during the study period (1/1/2009-12/31/2015).
- The first date with a diagnosis of CH was considered the index date and the subsequent three years of claims data was used for this retrospective analysis.
- The CH cohort was matched with controls using propensity score matching.
- Differences between cohorts (CH vs. control) were assessed via *t*-test or Fisher's Exact Test as appropriate.

Medical Costs

		Control					
	Chronic	Episodic	Not Defined	Total	Control	P-value*	
Overall Medical Cost per Patient	30,502 ± 50,131 [15,091]	22,607 ± 39,721 [12,158]	25,436 ± 45,851 [11,553]	25,805 ± 45,650 [12,225]	10,140 ± 39,412 [3,383]	< 0.01	
Patient Counts by Medical Service Type							
Diagnostic Testing	697 (8.3%)	715 (8.6%)	2,583 (30.9%)	3,995 (47.9%)	3,231 (38.7%)	< 0.01	
Emergency Department	361 (4.3%)	366 (4.4%)	1,424 (17.1%)	2,151 (25.8%)	962 (11.5%)	< 0.01	
Home Infusion/Specialty Rx	191 (2.3%)	148 (1.8%)	478 (5.7%)	817 (9.8%)	427 (5.1%)	< 0.01	
Hospital Inpatient	175 (2.1%)	160 (1.9%)	565 (6.8%)	900 (10.8%)	253 (3.0%)	< 0.01	
Hospital Outpatient	609 (7.3%)	599 (7.2%)	2,214 (26.5%)	3,422 (41.0%)	2,141 (25.6%)	< 0.01	
Physician Office	716 (8.6%)	748 (9.0%)	2,649 (31.7%)	4,113 (49.3%)	4,089 (49.0%)	0.79	
Cost per Patient by Medical Service Type							
Diagnostic Testing	4,332 ± 6,133 [2,446]	3,524 ± 4,434 [1,973]	3,822 ± 5,305 [2,065]	3,857 ± 5,321 [2,105]	1,515 ± 3,160 [549]	< 0.01	
Emergency Department	2,106 ± 8,091 [853]	1,509 ± 2,074 [851]	2,078 ± 4,635 [896]	1,986 ± 5,095 [870]	1,268 ± 2,044 [802]	< 0.01	
Home Infusion/Specialty Rx	4,162 ± 27,345 [700]	6,245 ± 53,046 [495]	4,910 ± 47,087 [545]	4,977 ± 44,470 [557]	1,730 ± 8,450 [170]	< 0.01	
Hospital Inpatient	8,105 ± 24,429 [3,784]	6,621 ± 9,062 [3,117]	7,261 ± 15,455 [3,431]	7,312 ± 16,736 [3,443]	8,528 ± 45,509 [6,768]	0.68	
Hospital Outpatient	14,965 ± 32,281 [5,018]	10,277 ± 18,780 [3,215]	12,360 ± 24,639 [4,339]	12,459 ± 25,328 [4,312]	7,644 ± 45,146 [1,506]	< 0.01	
Physician Office	8,740 ± 14,147 [4,970]	6,924± 10,631 [4,077]	7,139 ± 14,527 [4,043]	7,379 ± 13,843 [4,181]	3,672 ± 9,495.08 [1,742]	< 0.01	

Pharmacy Costs

	Cluster Headaches				Control	
	Chronic	Episodic	Not Defined	Total	Control	P-value*
Overall Prescription Fills per Patient	30.66 ± 23.23 [25]	23.90 ± 19.09 [19]	24.79 ± 20.74 [19]	25.66 ± 21.04 [20]	12.34 ± 11.33 [9]	< 0.01
Overall Prescription Cost per Patient	12,534 ± 21,528 [5,497]	8,209 ± 17,353 [3,095]	8,570 ± 19,913 [2,477]	9,197 ± 19,839 [2,947]	4,368 ± 13,379 [891]	< 0.01
Patient Counts by Rx Type						
Analgesics	477 (5.7%)	451 (5.4%)	1,734 (20.8%)	2,662 (31.9%)	1,017 (12.2%)	< 0.01
Triptans - Oral	205 (2.5%)	180 (2.2%)	667 (8.0%)	1,052 (12.6%)	35 (0.4%)	< 0.01
Triptans - SubQ	92 (1.1%)	95 (1.1%)	172 (2.1%)	359 (4.3%)	3 (0.0%)	< 0.01
Opiates – All	411 (4.9%)	369 (4.4%)	1,471 (17.6%)	2,251 (27.0%)	968 (11.6%)	< 0.01
Opiates – Associated with an ED Visit	94 (1.1%)	103 (1.2%)	382 (4.6%)	579 (6.9%)	125 (1.5%)	< 0.01
Verapamil	148 (1.8%)	145 (1.7%)	324 (3.9%)	617 (7.4%)	25 (0.3%)	< 0.01
Lithium	31 (0.4%)	16 (0.2%)	43 (0.5%)	90 (1.1%)	9 (0.1%)	< 0.01
Valproic Acid	54 (0.6%)	26 (0.3%)	111 (1.3%)	191 (2.3%)	15 (0.2%)	< 0.01

* Cluster headache total versus control

Disclosures

 This research was conducted by Magellan Rx Management, Newport, RI, with external funding by electroCore LLC.

Conclusion

• This analysis shows that CH patients utilize healthcare resources at a higher rate and cost the healthcare system more than similar patients without headache-related conditions.