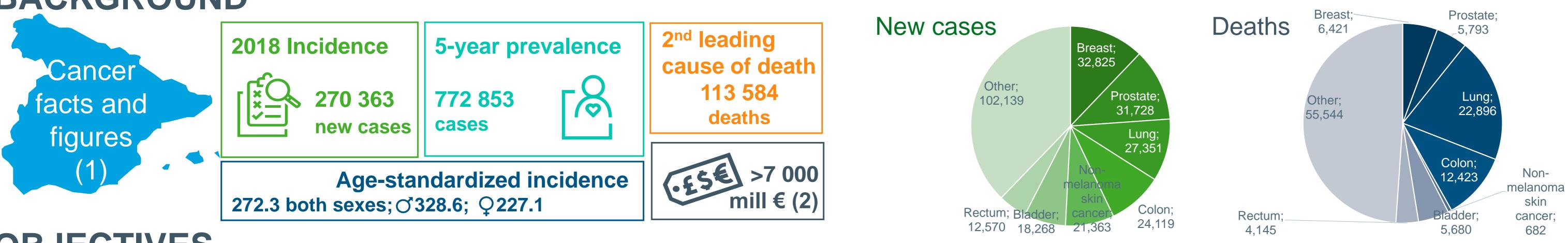
Hospital resources use and costs associated with 6 prevalent cancer in Spain, a Real World Data study

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BACKGROUND



OBJECTIVES



The aim of the study is to use a healthcare claim database to identify patients with cancer who visited hospital during 2016 and to describe hospital resources used and costs associated. (3).

METHODS

Study design and patients

- Madrid is the 3rd most crowded region in Spain with almost 6.5 million inhabitants, 52% female.
- Retrospective data from the Minimum Basic Data Set (MBDS) of the Ambulatory and Patients' Hospitalization database 2016 of Madrid were used (3).
- Patients were included if they had at least one diagnosis, main or secondary for breast, lung, prostate, bladder, melanoma or colorectal cancer (ICD-10 codes: C50, C33-C34, C61, C67+D09.0+D41.4, C43 and C18-C21).
- Every single hospital contact, outpatient or inpatient, independently of the reason for visit was collected, in order to estimate the clinical and economic burden of disease.
- Longitudinal follow-up during 2016 for selected patients was carried out.

Data extraction

- The following variables were recorded and analyzed: 1) Socio-demographic information (age, sex); 2) Number of hospital contacts (hospitalization and outpatient care); 3) Length of stay (days); 4) Main diagnoses and 5) Procedures performed during hospitalization and outpatient care.
- In order to estimate the corresponding costs associated to each procedure performed, severity diagnosis-related groups (DRG) adjusted official prices and DRG weights were applied for inpatient and outpatient episodes, respectively (4).

Statistical analysis

 A descriptive statistical analysis was performed, including the following measures: mean, standard deviation (SD), rate per 100,000 inhabitants and percentage. Total costs and mean cost per patient were calculated in 2017 euros.

RESULTS

Figure 1. Summary of results by cancer location.

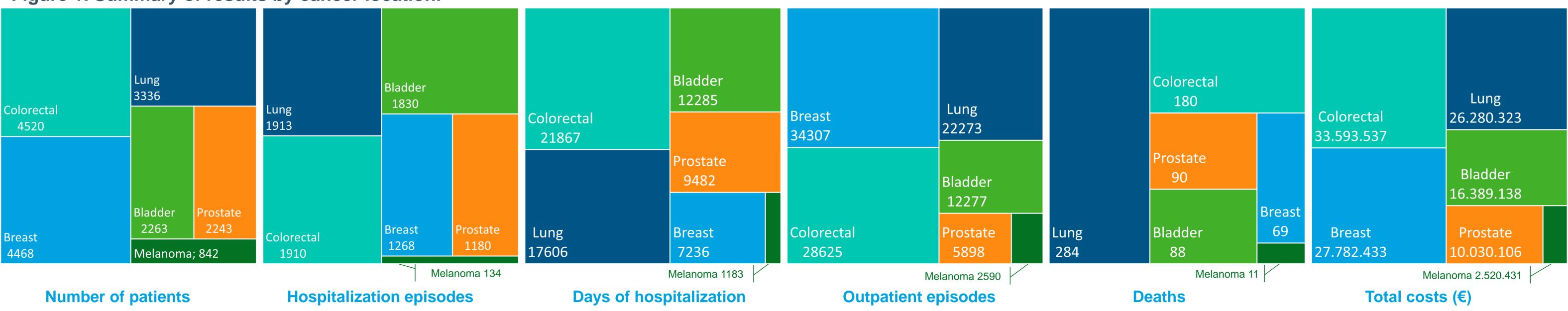
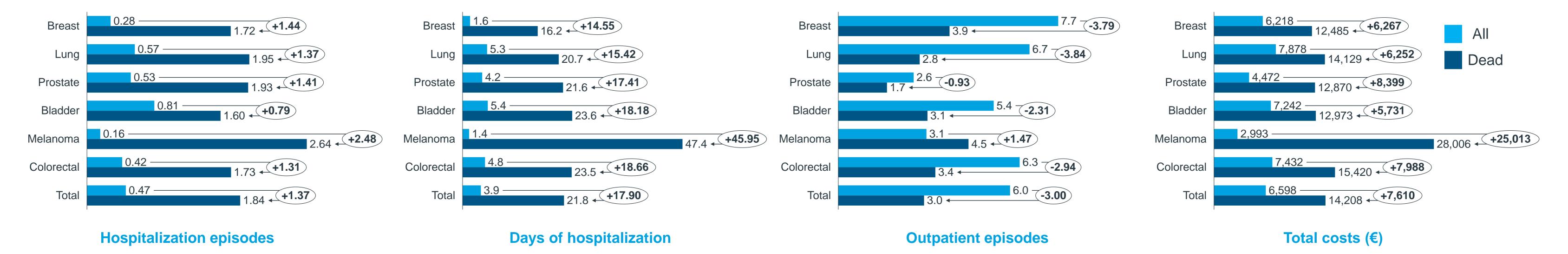


Figure 2. Comparison of mean results per patient between all patients vs patients who die during a hospital episode



CONCLUSIONS

- The 6 cancer locations analyzed represented a cost of €116.6 million, corresponding to 1.57% of the overall healthcare budget of the region of Madrid (5), due to inpatient and outpatient, excluding visits and dispensed outpatient drugs.
- Patients who died during a hospital episode had less outpatient visits (0.5-fold) than the overall sample, although they needed more hospitalizations (4-fold) and they spent more days (5-fold) in hospital. Therefore, the total cost per patient who died was nearly 2-fold higher than the overall mean cost per patient.
- Colorectal cancer ranked 1st for patient attending hospital, number of hospitalization days and for total costs, lung cancer for hospitalization episodes and deaths, and breast cancer for outpatient visits.
- Real-world data studies provide useful information regarding hospital resource use for a range of diseases where patients have a regular contact with hospital.

(1) Globocan. Global Cancer Observatory. Cancer tomorrow. Available at: https://gco.iarc.fr/tomorrow/ (2) El coste del cancer en España (https://www.efesalud.com/coste-del-cancer-espana); (3) Comunidad de Madrid. Portal de transparencia. Datos Estadísticos. Accessed April 2018, available at: http://www.madrid.org/es/transparencia/informacion-economica/datos-estadisticos. (4) Boletín oficial de la Comunidad de Madrid. Lunes 21 de agosto de 2017. (5) Presupuestos Generales comunidad de Madrid 2016. Accessed in October 2018, available at: http://www.comunidad.madrid/gobierno/transparencia/presupuestos-anteriores.