Background

- Health care costs impact employer's costs across a number of benefit types.
- Publications with objective data comparing conditions are limited.
- To assess the impact of different conditions, it is advisable to compare their impact using objective data and similar methodologies.

Objectives

- To compare the costs, absences, and prevalence for employees with bipolar disorder (BD), other mental disorders (OMD), chronic constipation (CC), functional dyspepsia (FD), gastroesophageal reflux disease (GERD), and insomnia, and costs.
- To project the costs and absences of these conditions in a hypothetical cohort of 1958 employees.

Methods

- Data from a 1958 employee database were used to identify subjects with the study conditions and control employees without each condition.
- All studies performed the perspective of the employee.
- All study subsets were identified for the presence or absent of ICD-9 codes for the conditions based on Table 1.
- The incidence data also identified subjects based on certain prescription medications.
- Absences were based on reported hours or days of missed work. All absence information was from the employer's database.
- Indirect costs included medical and prescription drug claims from adjudicated (paid) claims data.
- Absence costs due to lost wages and Long-term Disability and Workers' Compensation were based on paid claims.
- All studies used the reported incidence method to control for differences between subjects with and without each condition.
- Part 1. Logistic regression to predict the likelihood of subjects having any costs per condition.
- Part 2. Log-linear models were used for the BD and OMD studies.
- Most incremental cost differences were significant with the exceptions being Workers' Compensation associated with Constipation and Long-term Disability associated with Gout.

Results

- The prevalence for each condition is plotted in Figure 1 with the size of the sample (employees with and without the condition) indicated on the x-axis label.
- From highest to lowest prevalence: GERD, insomnia, BD, Chronic Constipation, Functional Dyspepsia, Gout, and Disorders.
- Table 1 presents the annual incremental costs for all conditions by component.
- The employees with Bipolar Disorder had the highest incremental costs ($9,085), and the employees with Constipation had the lowest incremental costs ($5,655).
- Differences due to rounding.
- The employees with Bipolar Disorder had the highest incremental costs ($9,085), and the employees with Constipation had the lowest incremental costs ($5,655).
- Table 2 presents the annual incremental absence days for all conditions by component.
- The employees with Bipolar Disorder had the highest incremental absence days (71 days) with the highest percentage under the STD benefit.
- Total absences were based on reported hours or days of missed work. All absence information was from the employer's database.
- The employees with Bipolar Disorder had the highest incremental absence costs ($16,181), but ranked 4th in incremental absence days.
- Most incremental cost differences were significant with the exceptions being Workers' Compensation associated with Constipation and Long-term Disability associated with Gout.
- Table 3 presents the annual incremental impact of these conditions on a hypothetical 1958 employee cohort.
- The employees with Bipolar Disorder had the highest incremental costs ($9,085) and the lowest incremental costs ($5,655) for projected annual costs.
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Conclusions

- This research highlights the need to report not just the costs for those with a condition, but also the costs for those without the condition.
- Examining the projected budget impact enables organizations to make better coverage decisions and plan for the future.

Appendix

- Data have recently been accepted for publication as: Brook RA, Kleinman NL. Human Capital Costs and Absenteeism Among Patients with Bipolar Disorder, Other Mental Disorders, and Chronic Constipation. Contemporary Clinical Trials. 2012; 33:234–242.

Figure 1. Prevalence of Study Conditions

Figure 2. Annual Incremental Lost Time by Components and Condition

Figure 3. Projections to Typical Employer with 1000 Employees

Table 1. Condition ICD-9 codes

Table 2. Incremental costs (of employees with minus employees without the condition):

Table 3. Projections to Typical Employer with 1000 Employees

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