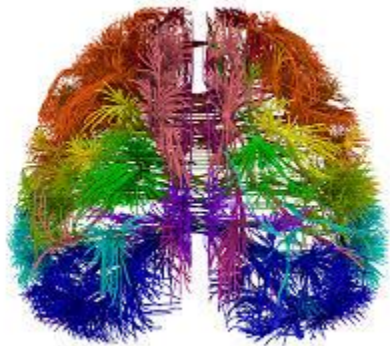


ECONOMIC SURVEILLANCE OF COPD SERVICES IN ALBERTA



COPD Economic Issues

Policy Workshop

November 5th, 2015

Arianna Waye, PhD.



INSTITUTE OF
HEALTH ECONOMICS
ALBERTA CANADA

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Boehringer Ingelheim

Economic Surveillance

- **Economic surveillance** – estimate cost of current services provided by taking inventory of services across COPD respiratory health continuum
- Helps to **inform governments** of:
 - What *services* are being provided, utilization, & cost
 - Current *distribution* of expenditures across continuum of
 - *Gaps* in services
 - unavailable – because *capacity constraint* or *missing* market
 - Identify possible indicators of *poor integration* of care



Data Sources

- **Cohort of patients** -- Administrative data from Alberta Health Services
 - Aggregate physician & specialist visits, ER, hospitalization
 - A cohort of patients with COPD were selected based upon validated case definition (2013-2014)
- **Aggregate diagnostic data** -- Alberta Health (Physician claims in 2014)
- **Aggregate program specific data**
 - Respiratory Benefits, lung transplants, and smoking cessation programs in 2014



Economic Surveillance of Current Alberta COPD Health Service Utilization and Expenditures

**Population at
increased risk
for COPD**
(600k smokers)

Smoking Prevention

>\$350 thousand

Smoking Cessation

>7-10 thousand=4+million?

Gap: Under utilization

Economic Surveillance of Current Alberta COPD Health Service Utilization and Expenditures

Population at increased risk for COPD
(600k smokers)

Onset COPD

Population with Early Stage COPD
(diagnosed incidence 12k?, prevalence 96k?)

Smoking Prevention

>\$350 thousand

Smoking Cessation

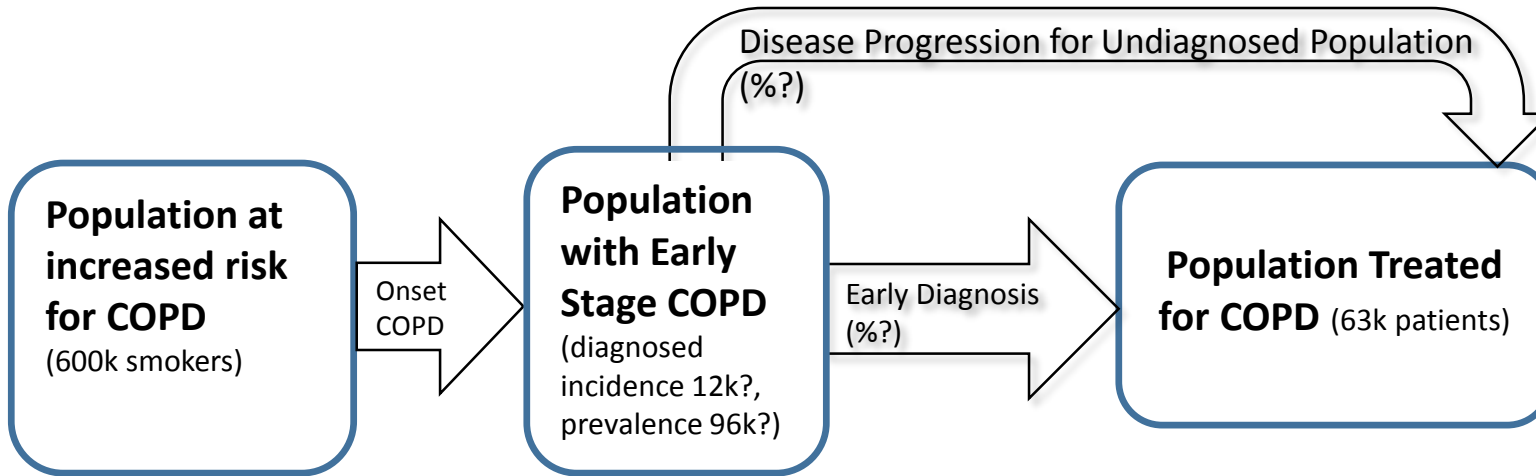
>7-10 thousand=4+million?

Early Diagnosis

> 68k tested = \$15.8m

Gap: Screening

Economic Surveillance of Current Alberta COPD Health Service Utilization and Expenditures



Smoking Prevention

>\$350 thousand

Smoking Cessation

>7-10 thousand=4+million?

Early Diagnosis

> 68k tested = \$15.8m

COPD Disease Management

>157k GP visits= \$8m

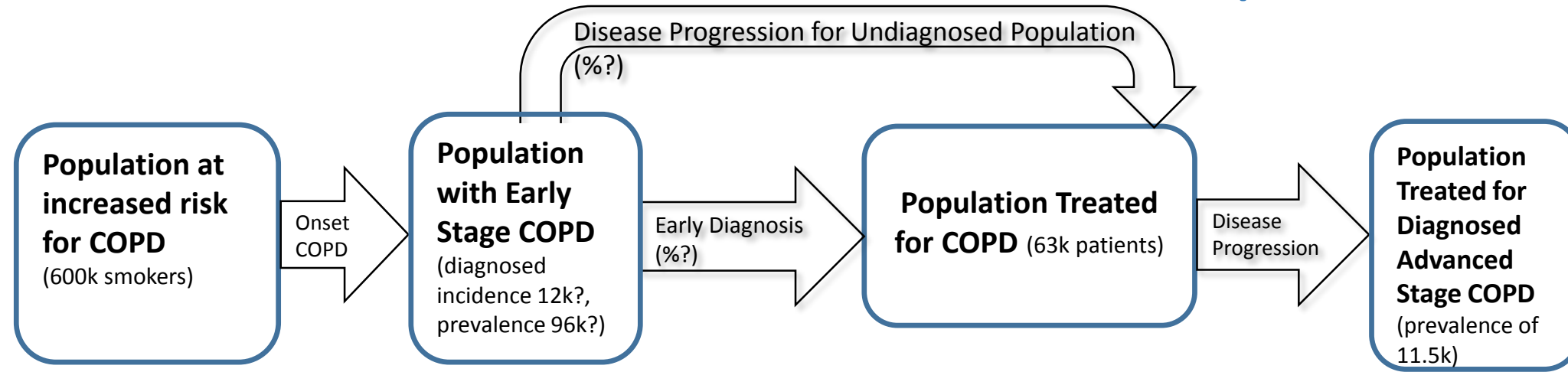
>28k Specialist visits = \$3.5m

>45k Drugs = 16.8m annually

>1000 Rehab spots = \$1.5m

Gap: Rehabilitation capacity
PCN programming

Economic Surveillance of Current Alberta COPD Health Service Utilization and Expenditures



Smoking Prevention
>\$350 thousand

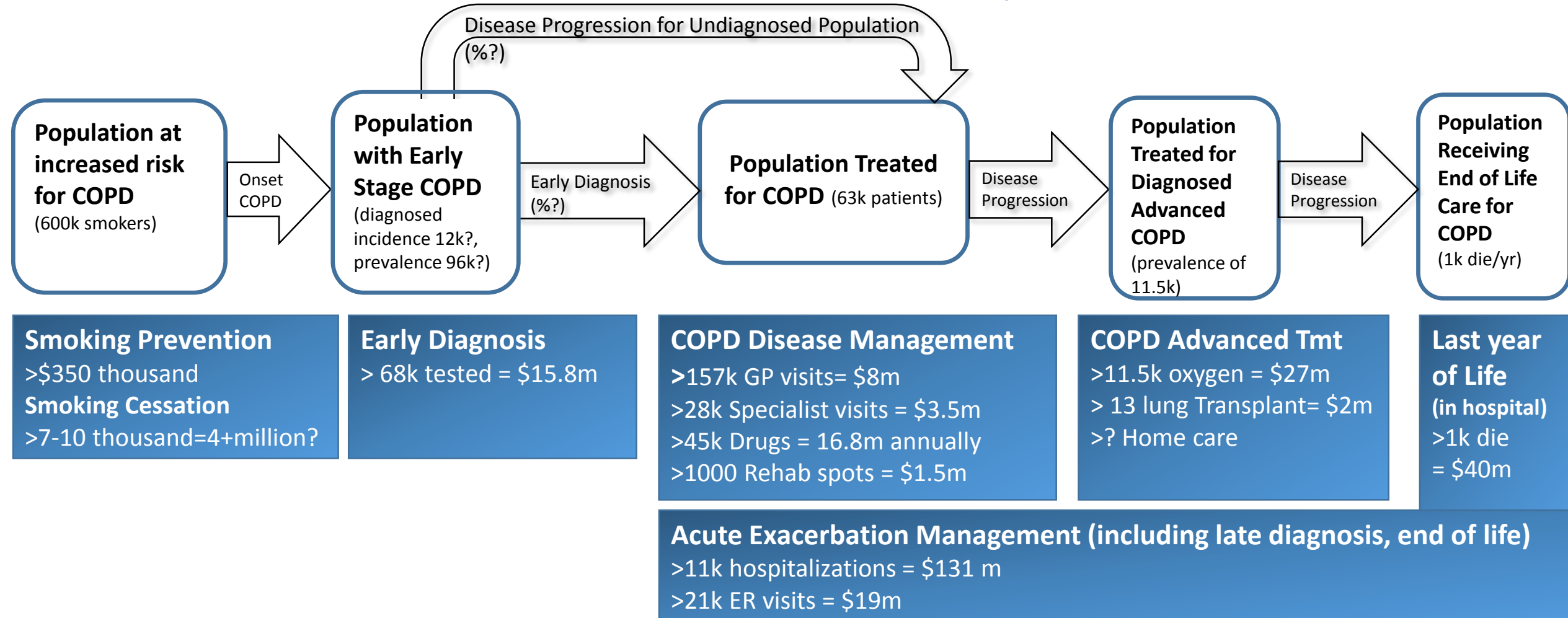
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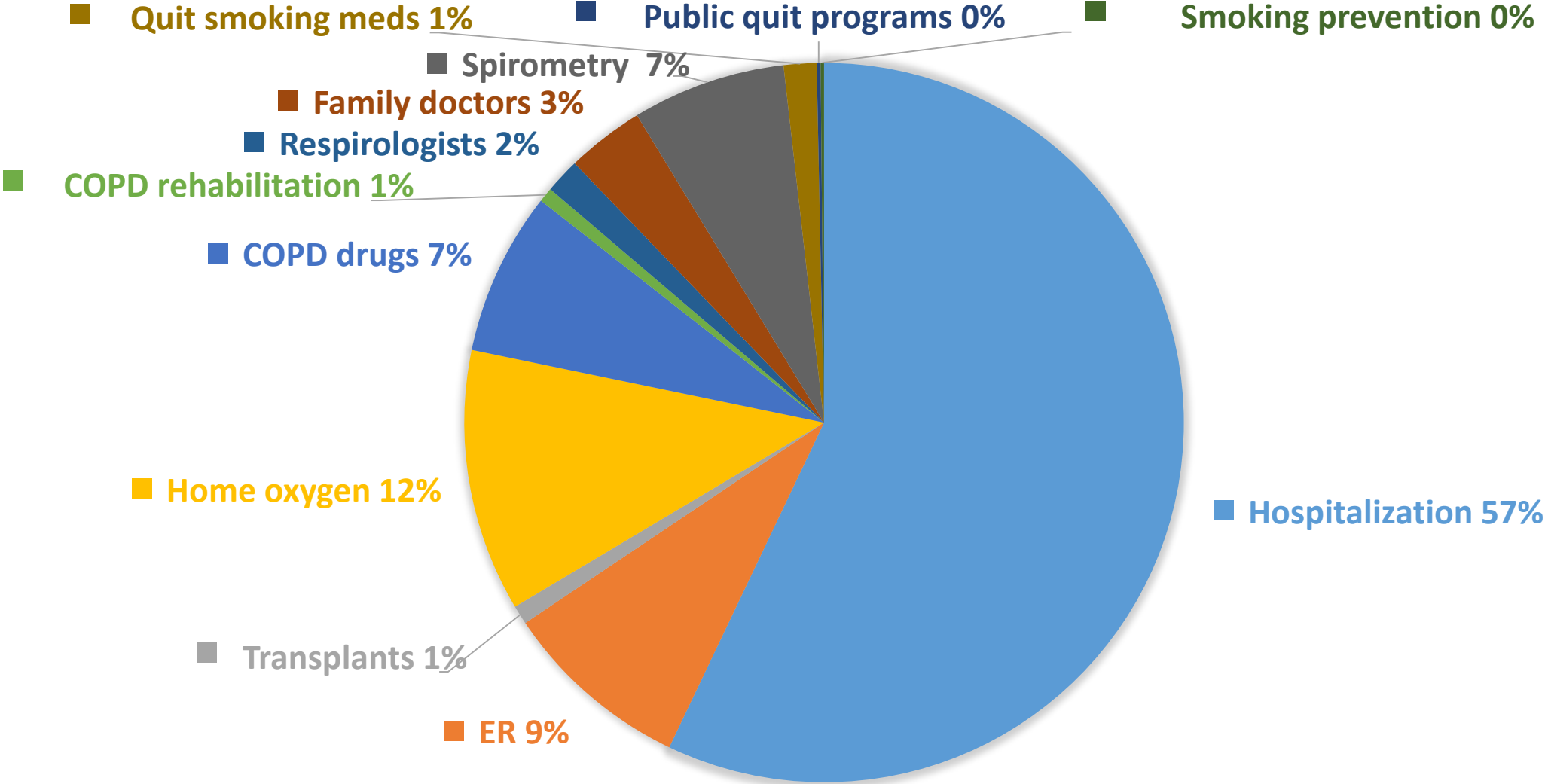
COPD Disease Management
>157k GP visits= \$8m
>28k Specialist visits = \$3.5m
>45k Drugs = 16.8m annually
>1000 Rehab spots = \$1.5m

COPD Advanced Tmt
>11.5k oxygen = \$27m
> 13 lung Transplant= \$2m
>? Home care

Economic Surveillance of Current Alberta COPD Health Service Utilization and Expenditures

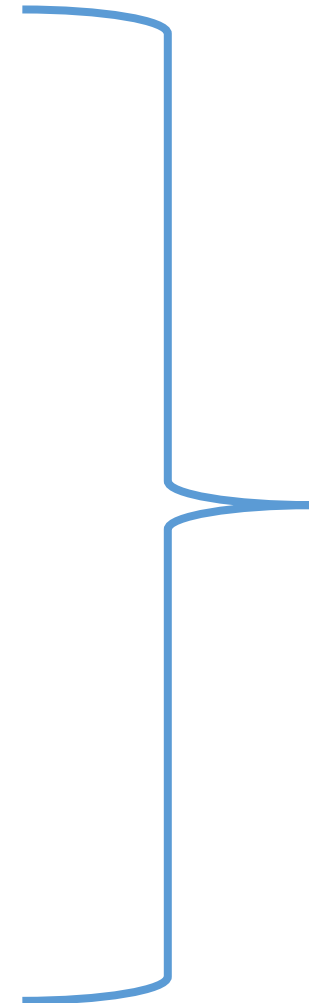


DISTRIBUTION OF \$229 MILLION FOR COPD CARE SERVICES



Care Gaps and Opportunities for Change

- 1) **Smoking cessation program under-utilization**
- 2) **Individuals with COPD not diagnosed – Targeted Screening**
- 3) **Lack programming at PCN level, implications for case management**
- 4) **Program capacity constraints – Rehab chronic disease management**



White Paper



Suggestions?

White Paper –Your Input and Insight



COPD Survey for Workshop Participants

Please complete the following short survey in advance and/or at the COPD Economic Issues Workshop on November 5th, 2015. The survey will be collected following the workshop. Input extracted from this survey, along with comments from the workshop, and gaps identified in the Economic Surveillance Report, will form the basis of the final “COPD Policy Framework White Paper.”

Name: _____

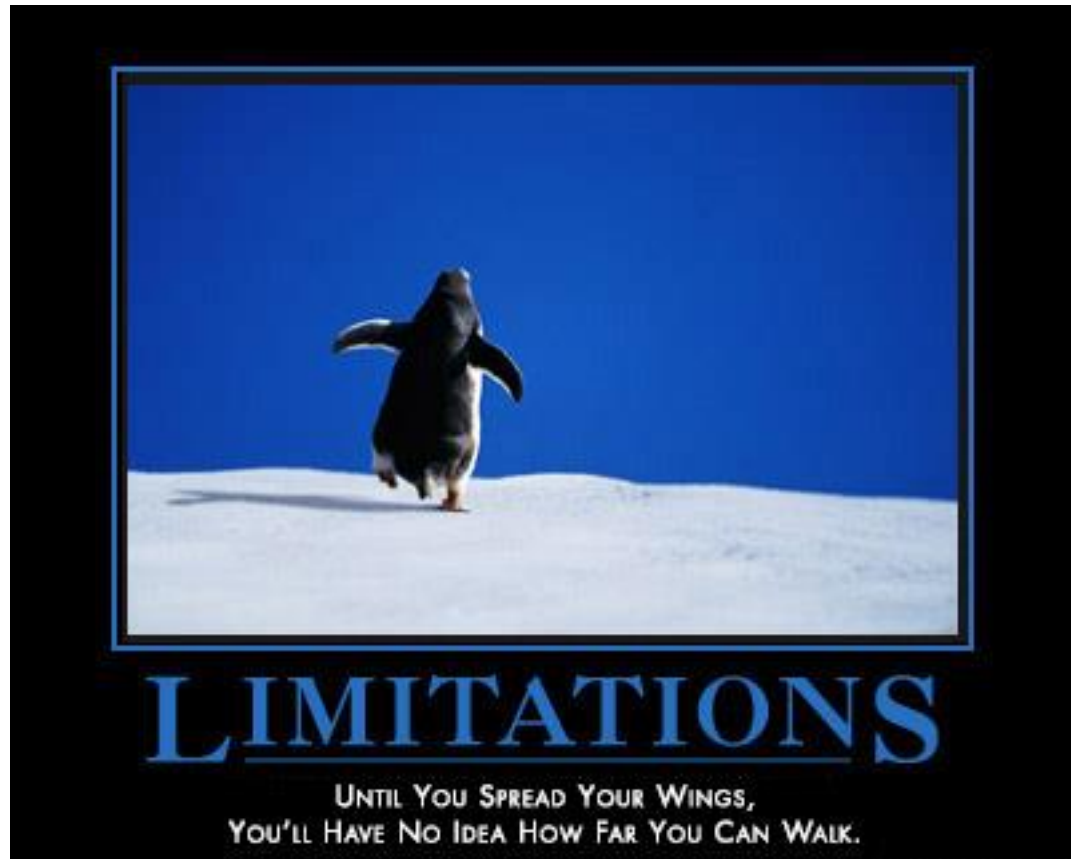
Province: _____

Profession/Job Title: _____

Organization: _____

COPD care service area	Prioritize in terms of funding need 1 (need most) to 12 (need least)	List example(s) of COPD care programs you would consider to be <u>best practice</u> . (Example: “- Ottawa Model for Smoking Cessation.”)
Smoking prevention		
Smoking cessation		
Diagnosis		
Family physician care		
Case management		

Limitations and Opportunities for Future Research



- **Follow a patient over time to describe needs** (this study is one year snapshot)
 - Means that we need to be careful interpreting results, and using this information in reallocation decisions
- **Data gaps** (operating budgets; Home care)
 - Conservative cost estimates
- **Prevalence & Incidence** (case definition – conservative under review)
 - Should not impact our results (current utilization)

Thank you!



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