Healthcare Resource Utilization and Associated Costs for Dementia Patients with Psychosis: A Medicare Database Study

Nazia Rashid, PharmD, MS1; James B. Welmore, MD, MS2,3; Muna Irfan, MD4, Victor Abler, DO5

1Keck Graduate Institute, SHPS, Claremont, CA, USA; 2Division of Nephrology, Henrietta Medical Center, Minneapolis, MN, USA; 3Chronic Disease Research Group, Minneapolis, MN, USA; 4University of Minnesota and Veterans Affairs Medical Center, Minneapolis, MN, USA; 5Acadia Pharmaceuticals Inc, San Diego, CA, USA

INTRODUCTION

Neuropsychiatric symptoms (NPS) are common in dementia, particularly in advanced stages of disease, and often contribute heavily to patient and caregiver burden.1 Because long-term care (LTC) costs are covered under Medicaid rather than Medicare, LTC costs are not included in the Medicare database.2

Study Design and Data Sources

This retrospective cohort study used 20% random sample data on people enrolled in Medicare at any time between January 2008 and December 2016. People with dementia were identified using the Medicare claims database, and all-cause resource utilization (HCRU) and costs associated with dementia-related hallucinations and delusions were calculated/reported due to unavailability.

OBJECTIVE

• Multicenter cohort study
• Aims to identify the incidence and prevalence of dementia-related hallucinations and delusions
• To identify the total number of visits and the total costs associated with dementia-related hallucinations and delusions
• To identify the total number of visits and the total costs associated with dementia-related hallucinations and delusions

RESULTS

• Study Population
• The analysis included all people who were ≥40 years old, had Medicare fee-for-service coverage (Part A, B, or D) for at least 1 year before the dementia index date, and met criteria for dementia-related psychosis.

• Outcomes
• All-cause and psychosis-related HCRU and associated costs were assessed for the year following psychosis diagnosis in patients with dementia, both HCRU and costs associated with dementia-related psychosis treatments, were calculated/reported due to unavailability.

CONCLUSIONS

In this large-scale analysis of the Medicare database, we found dramatic increases in mean psychosis-related HCRU and HCRU-related costs during the first year following occurrence of psychosis in patients with dementia.

REFERENCES


6. Presented at the Academy of Managed Care Pharmacy Nexus Annual Congress | October 19–23, 2020

For questions related to this poster, please contact Nazia Rashid at nrashid@acadia-pharma.com

Figure 1. Annualized All-cause Costs Per Patient Per Year, by Setting

- Study Population
- Outcomes
- All-cause and psychosis-related HCRU and associated costs were assessed for the year following psychosis diagnosis in patients with dementia, both HCRU and costs associated with dementia-related psychosis treatments, were calculated/reported due to unavailability.

Table 1. Annualized All-cause HCRU Claims and Associated Costs Per Patient Per Year for Patients with Dementia-related Psychosis

Table 2. Annualized Psychosis-related HCRU Claims Per Patient Per Year

Figure 2. Annualized All-cause Costs Per Patient Per Year in Medicare and LTC

- Annualized all-cause costs, in real terms, the mean psychosis-related costs increased substantially from baseline and were higher than during year 1 (Figure 2).

DISCLOSURES

All authors who contributed to this poster declare no conflict of interest.

Presented at the Academy of Managed Care Pharmacy Nexus Annual Congress | October 19–23, 2020