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PAYER COSTS OF ATOPIC DERMATITIS & ECZEMA IN CHILDREN IN THE UNITED STATES

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Objective. To identify the annual cost to private insurance & Medicaid payers in the US of medical services & prescription drugs for the treatment of AD/E in children (age <16).

Methods. We conducted a retrospective study using claims from 1997 & 1998 from a private insurer & a state Medicaid program to analyze costs incurred. Beneficiaries were considered to have AD/E if they had at least 1 claim in 1997 with a primary or secondary listing of 1 of 3 diagnosis codes: 691.8, other atopic dermatitis & related conditions; 692.9, contact dermatitis & other eczema of unspecified cause; or 373.3, noninfectious dermatoses of eyelid. Expenditures for pediatric patients were compared to adult patients to determine differences in costs & evaluate differences in health care utilization.

Results. Disease prevalence was 2.8% (private insurer) to 3.6% (Medicaid) of all eligible beneficiaries and 4.2% to 4.1% of patients submitting at least 1 health care claim during the study period. Across both private insurance & Medicaid populations, annual costs to the payer were lower in pediatric patients compared to adult patients (mean annual costs per child over \$400 & \$700 in private insurance & Medicaid, respectively). Compared to adult patients, a higher percentage of expenditures for pediatric patients occurred in the physician office setting, & a lower percentage of expenditures occurred in hospital inpatient & outpatient settings.

Conclusion. Children with AD/E incur significant health care costs, albeit lower than adult AD/E patients.