

Meeting of Task Force 2 – February 18, 2005

Participants:

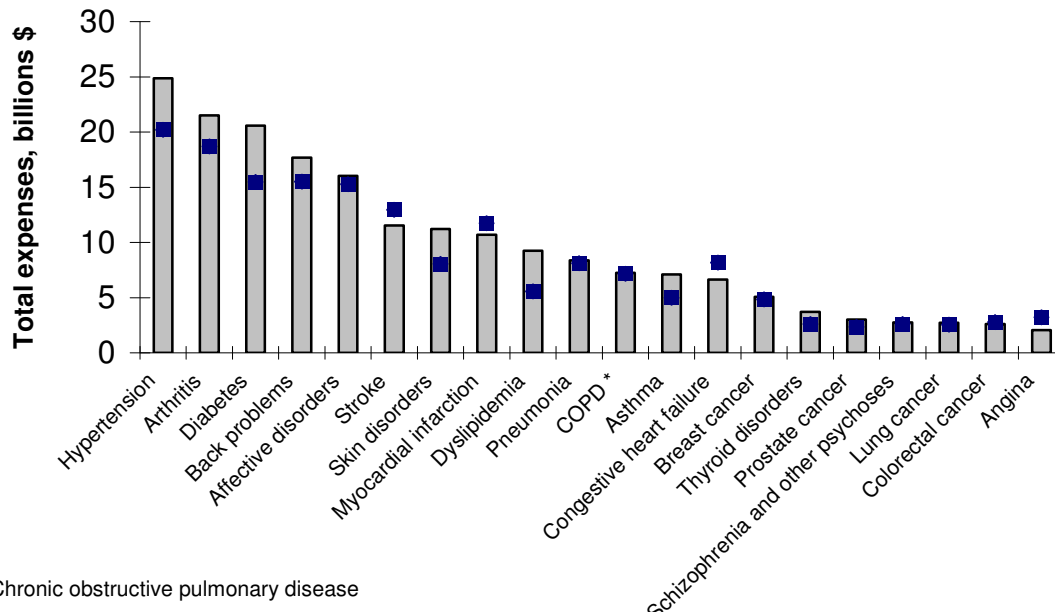
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Rationale for Selection:

The rationale suggested for disease selection includes the following factors:

1. Associated with substantial morbidity and/or mortality
2. Interest among state and federal organizations to address disease/condition
3. Contribution to total costs
4. Leading contributor to costs covered by different payer sources

Today's call focused on the last two items in this list. Two figures provided by Pfizer are illustrative. The first shows the most expensive conditions:



*Chronic obstructive pulmonary disease

Direct medical expenses are adjusted to year 2001 dollars.

■ MEPS 2000-2001 average
■ MEPS 1997-1998 average

The next table displays the top five ranked diseases and conditions according to payer source.

Rank	Private	Self-pay	Medicare	Medicaid	Other Public	Other
1	Back problems (\$8.43B)	Hypertension (\$7.96B)	Arthritis (\$6.49B)	Affective disorders (\$3.14B)	Diabetes (\$2.12B)	Back problems (\$1.87B)
2	Arthritis (\$7.61B)	Diabetes (\$5.35B)	Stroke (\$6.33B)	Arthritis (\$2.65B)	Hypertension (\$1.34B)	Arthritis (\$0.60B)
3	Hypertension (\$7.41B)	Affective disorders (\$4.12B)	Hypertension (\$5.70B)	Hypertension (\$2.31B)	Affective disorders (\$1.03B)	Pneumonia (\$0.31B)
4	Affective disorders (\$5.82B)	Arthritis (\$3.48B)	Diabetes (\$5.14B)	Diabetes (\$2.17B)	Myocardial infarction (\$0.79B)	Colorectal cancer (\$0.24B)
5	Diabetes (\$5.56B)	Dyslipidemia (\$3.14B)	Myocardial Infarction (\$4.39)	Asthma (\$1.46B)	Stroke (\$0.73B)	Diabetes (\$0.24B)

MEPS 2000-2001 average

Direct medical expenses are adjusted to year 2001 dollars.

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Based on these criteria, the group recommended seven categories of diseases and conditions for consideration by the steering committee:

1. Hypertension
2. Diabetes
3. Back problems
4. Affective disorders
5. Asthma
6. Arthritis
7. Cancer (one site)

Methodologic issues

A methodologic concern that affects the choice of diseases is whether interest focuses just on primary diagnosis or also includes secondary diagnosis codes. In their analysis of the MEPS data, Pfizer tried to get rid of the overlap. The group acknowledged that co-morbidities are important to look at and so are their costs. It may be desirable to consider two scenarios – include the costs only when the disease of interest is the primary diagnosis and then determine the costs for the disease in those instances when it is *either* a primary or secondary diagnosis.

Next call

The next call will be scheduled after receiving feedback from the steering committee.