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Clinical Research Summary:
SEIFER STUDY

HIGHER COSTS FOR PATIENTS WITH COMORBID BRONCHIECTASIS AND COPD¹

Health-care utilization and expenditures among patients with comorbid bronchiectasis and chronic obstructive pulmonary disease in US clinical practice

OVERVIEW

Current research demonstrates medical care and expenditures are especially high for patients with comorbid bronchiectasis (BE) + COPD, emphasizing the importance to identify and treat this unique patient population.

STUDY BACKGROUND

- Bronchiectasis (BE) may be more common than previously believed and comorbid COPD is widespread in this population.
- There is growing recognition that BE alone or with COPD represents a growing burden on the US healthcare system.
- BE + COPD presents unique challenges for managing exacerbations as the treatment for either disease alone is different than the management of the comorbidity.

METHODS

- Design: Retrospective matched-cohort, deidentified data from a US health-care claims repository†
- Source population:
 - 35,000 adults with comprehensive medical/drug benefits for ≥1 day in 2013 and evidence of BE and/or COPD any time from 2009-2013
 - 3 matched data sets of n=11,685 each
 - Among those identified with BE, 50% had comorbid COPD
 - Of note: High frequency chest wall oscillation (HFCWO) use, n (%)
 - BE + COPD: 636 (5.4%)
 - COPD Only: 5 (0.0%)
 - BE Only: 209 (1.8%)

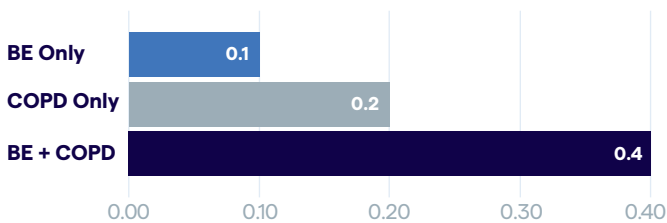
FINDINGS

This study found those with bronchiectasis (BE) + COPD had 2013 mean annualized levels of:

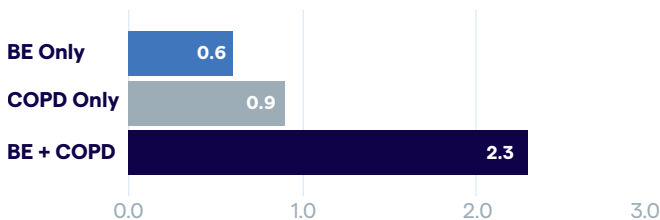
- Higher mean (95% CI) respiratory-related utilization and expenditures
 - 2.4–3.5x higher vs. BE-only patients
 - 2.0–2.5x higher vs. COPD-only patients
- More hospitalizations and hospital days (Figure 1a, 1b)
- More outpatient visits (Figure 1c)
- More expenses (Figure 2)

Figure 1: Mean annualized levels of respiratory-related health-care utilization in 2013.

1A: ACUTE-CARE HOSPITALIZATIONS



1B: ACUTE-CARE HOSPITAL DAYS



† Truven Health Analytics MarketScan® Commercial Claims and Encounters and Medicare Supplemental and Coordination of Benefits databases.

1C: AMBULATORY ENCOUNTERS (ANY PLACE OF SERVICE)

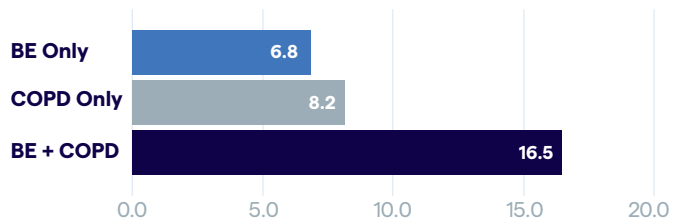
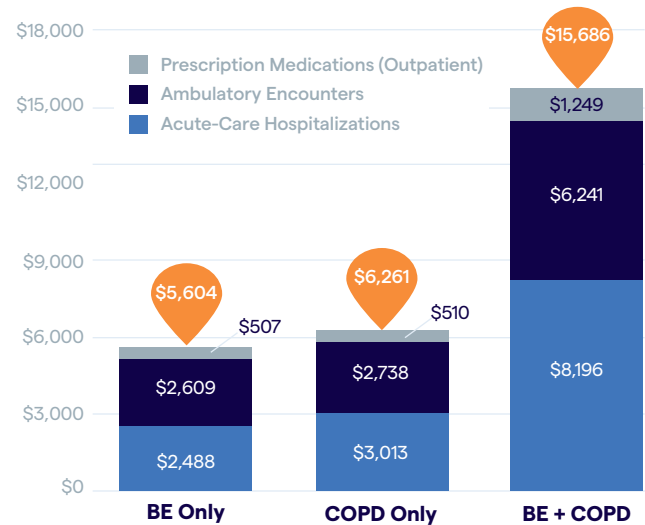


Figure 2: Mean annualized respiratory-related health-care expenditures in 2013.

2. HEALTH-CARE EXPENDITURES



CONCLUSIONS

Respiratory-related medical care utilization and expenditures are especially high for those with comorbid BE + COPD, emphasizing the importance of identifying and treating this unique patient population.



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References

¹ Seifer FD, et al. Health-care utilization and expenditures among patients with comorbid bronchiectasis and chronic obstructive pulmonary disease in US clinical practice. (2019). *Chronic Respiratory Disease*, Volume 16: 1–8.

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