Medical Claims Data Analysis of Healthcare Resource Utilization and Costs in Patients With Interstitial Cystitis/Bladder Pain Syndrome | Abstract 528

Costs PPPY

Mean

РРРҮ

S

0

Mea

Mikl J¹, Yu T², Carter B², Singh S², Zhao X², Wang S², Devlin A², Pascale V^{1,} ¹Imbrium Therapeutics LP; ²Genesis Research Group

BACKGROUND

- Most recently, interstitial cystitis/bladder pain syndrome (IC/BPS) was defined as chronic (> 6 months) pelvic pain, pressure, or discomfort perceived to be related to the urinary bladder accompanied by at least one other urinary symptom such as persistent urge to void or frequency¹
- IC/BPS is typically accompanied by a variety of comorbidities, many of which must be excluded to confirm diagnosis¹⁻³
- A definitive diagnosis of IC/BPS often can go unmade for up to five years^{3,4}
- Patients with IC/BPS are reported to have elevated healthcare resource utilization (HCRU)^{3,5}
- This study aimed to characterize HCRU (total and by inpatient [IP], outpatient [OP], and emergency department [ED]) and healthcare costs in this population

METHODS

- This was an observational, retrospective cohort study of patients with newly diagnosed IC/BPS (Cohort 1) and those without IC/BPS (Cohort 2)
- Real-world claims data were collected from the Merative[™] MarketScan[®] Commercial and Medicare Supplemental Databases at baseline, index date, and follow-up periods for each patient (**Figure 1**)
- The IC/BPS group (Cohort 1) included patients with their first IC/BPS diagnosis (ICD-10 code N30.1) between January 1, 2016, and September 30, 2023 (Figure 2)
- The patients in the non-IC/BPS cohort (Cohort 2) were required to not have an IC/BPS diagnosis during the entire study period
- The non-IC/BPS cohort was randomly sampled and 1-to-1 exact matched with IC/BPS patients based on year of birth, sex, region, insurance type, and comparable follow-up time
- Primary outcomes were healthcare visits (HCRU) and related total costs (adjusted to 2023 dollars)



ED, emergency department; IC/BPS, interstitial cystitis/bladder pain syndrome; IP, inpatient; OP, outpatient; PPPY, per-patient per-year.

- Across the entire follow-up period, patients with IC/BPS experienced higher HCRU, mostly driven by higher utilization of OP visits per-patient per-year (PPY) compared to visits PPPY in patients without IC/BPS (Figure 3)
- During the entire follow-up period, HCRU was higher among IC/BPS patients vs non-IC/BPS patients
 - Total HCRU (mean visits): IC/BPS=19.22 vs non-IC/BPS=10.28; IP utilization: IC/BPS=0.09 vs non-IC/BPS=0.06; OP utilization: IC/BPS= 18.69 vs non-IC/BPS=10.02; ED utilization: IC/BPS=0.44 vs non-IC/BPS=0.20
 - This trend did not change from baseline through year three of follow-up





- Total healthcare costs during follow-up (including IP, ED, OP, and pharmacy costs) were about twice as high in patients with IC/BPS compared to those without IC/BPS (Figure 4)
- During the entire follow-up period, healthcare costs were higher among patients with IC/BPS vs patients without IC/BPS
 - Total costs: IC/BPS=\$17,564 vs non-IC/BPS=\$9,089; IP costs: IC/BPS=\$3,002 vs non-IC/BPS=\$1,638; OP costs: IC/BPS=\$8,300 vs non-IC/BPS=\$3,980; pharmacy costs: IC/BPS=\$5,095 vs non-IC/BPS=\$2,980; ED costs: IC/BPS=\$1,166 vs non-IC/BPS=\$490
- This trend of higher healthcare costs in the IC/BPS group was consistent

92.20	92.20
7.80	7.80
22.42	22.42
12.84	12.84
51.02	51.02
13.55	13.55
0.16	0.16
5.62	5.62
0.91	0.91
5.72	5.72
61.72	61.72
15.90	15.90
10.59	10.59
	92.20 7.80 22.42 12.84 51.02 13.55 0.16 5.62 0.91 5.72 61.72 61.72 15.90 10.59

46.42

across all time intervals during follow-up including the first, second, and third years of follow-up

CONCLUSIONS

- This study found that patients with IC/BPS had higher HCRU and healthcare costs than patients without IC/BPS
- The cost of care declined during the second- and third-year post-diagnosis, indicating the importance of a definitive diagnosis on the long-term economic burden of IC/BPS patients
- This study demonstrates the high costs associated with IC/BPS suggesting a need to identify effective management approaches which reduce HCRU and related costs
- Future work is needed to better understand the drivers of utilization and costs in this patient population

Disclosures

Mean (SD)

Sex, %

Mikl J and Pascale V are employees at Imbrium Therapeutics; Yu T, Carter B, Singh S, Zhao X, Wang S, and Devlin A are employees of Genesis Research Group.

Funding

Funding for this research was provided by Imbrium Therapeutics LP, a subsidiary of Purdue Pharma L.P. and the study was conducted by Genesis Research Group.

References

46.42

1. Hanno P, Cervigni M, Choo MS, et al. Summary of the 2023 report of the international consultation on incontinence interstitial cystitis/bladder pain syndrome (IC/BPS) committee. Continence. 2023;8:101056. 2. Chelimsky G, Heller E, Buffington CA, et al. Co-morbidities of interstitial cystitis. Front Neurosci. 2012;6:114. 3. Tung A, Hepp Z, Bansal A, et al. Characterizing health care utilization, direct Costs, and comorbidities associated with Interstitial cystitis: a retrospective claims analysis. J Manag Care Spec Pharm. 2017;23(4):474-82. 4. Driscoll A, Teichman JM. How do patients with interstitial cystitis present? J Urol. 2001;166(6):2118-20. 5. Clemens JQ, Meenan RT, Rosetti MC, et al. Costs of interstitial cystitis in a managed care population. Urology. 2008;71(5):776-80; discussion 780-1.