• Evaluate physician and hospital practice patterns over time and across patient groups and geographic regions
• Evaluate the cost of acute or chronic diseases, and differences in costs over time, across patient groups or across geographic regions

Extent of Available Medicare Data
Available for our analysis are encrypted public use files provided by the Centers for Medicare and Medicaid Services (CMS) on a random 5% sample of the Medicare population, who enter the database upon becoming eligible for Medicare and exit upon death. These data allow us to track over 11 years (01/01/1991-12/31/2001) a captured cohort of approximately 1.5 million patients over 65 across settings of care. Available are hospital inpatient, hospital outpatient and physician claims data files for 1991 through 2001. Also available are limited sets of years of claims on services related to skilled nursing facilities, home health agencies, and durable medical equipment. Although these data cannot take the place of detailed medical records, they do provide extensive information on patient principal diagnosis, comorbidities, and demographic characteristics as well as medical and surgical procedures done for diagnosis and treatment. Data are captured on all services covered by Medicare, and this includes the use of medical devices and diagnostics as well as inpatient and physician-administered drugs.

HERQuLES Experience
Members of the HERQuLES team have extensive experience conducting research using Medicare data, publishing findings, and using the results to help plan prospective clinical trials and registries as well as provide strategic planning support for our pharmaceutical, biotechnology and medical device sponsors.

Why Analyze Medicare Data?
Medicare is the single largest payer for health care services in the United States, accounting for 16.1% of national health expenditures in 2001. The core of Medicare’s beneficiary cohort is America’s elderly population, who with their intensive use of health care services and rapidly growing numbers represent key drivers of national health care costs. Medicare payment policies also often serve as benchmarks for other public sector programs and for the private sector.

Medicare data provide the most comprehensive available picture of health care practice and expenditure patterns associated with this critical cohort of health care consumers, and thus constitute an indispensable source of insight into health care provider behavior and cost drivers. The HERQuLES team has analyzed Medicare data to accomplish several objectives:
• Assess the occurrence of acute and chronic diseases
• Understand the characteristics of patients who have certain diseases or undergo certain procedures

Our researchers’ Medicare experience includes work sponsored by the US government. Dr. Pashos worked on the Acute Myocardial Infarction Patient Outcomes Research Team (AMI PORT – 1989-1996) and contributed to the early methods literature on how to analyze and interpret Medicare data. Our expert database manager and programmer, Ms. Qin Wang, has handled Medicare data for multiple analyses, including for the Breast Cancer PORT (1997-1999) and the National Cataract PORT (1992-1995).

Indications
Medicare data cover all diseases and therapeutic areas of the US population insured by Medicare. As shown below, HERQuLES has the most experience in oncology, cardiovascular and ophthalmology.

Selected Oncology Publications
• Hu JC, Gold KF, Pashos CL, Mehta SS, Litwin MS. The role of surgeon volume in radical prostatectomy outcomes. Journal of Clinical Oncology 2003 (Feb 1); 21(3): 401-5.

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Lee WC, Christensen MC, Joshi AV, Pashos CL. Long-term cost of stroke sub-types among Medicare beneficiaries. Cerebrovascular Diseases 2006; in press.


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Selected Cardiovascular Publications

Lee WC, Christensen MC, Joshi AV, Pashos CL. Long-term cost of stroke sub-types among Medicare beneficiaries. Cerebrovascular Diseases 2006; in press.


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Selected Ophthalmology Publications