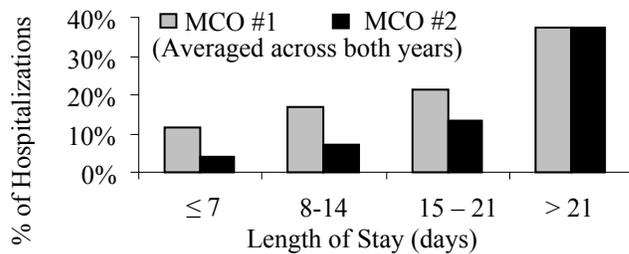


INPATIENT USE OF ERYTHROPOIESIS STIMULATING AGENTS (ESA) AMONG COMMERCIALY-INSURED DIALYSIS PATIENTS ¹Donald Brophy, ²Carolyn Harley, ²Benjamin Chastek, ³Gregory Daniel, ³Brian McNeeley, ⁴Matthew Gitlin, ⁴Tracy J Mayne. ¹Virginia Commonwealth Univ, Richmond, VA; ²i3 Innovus, Eden Prairie, MN; ³HealthCore, Inc, Wilmington, DE, ⁴Amgen Inc., Thousand Oaks, CA. There is evidence that dialysis patients return from hospitalizations with low hemoglobin levels (Yaqub, 2001; Turrene 2007). Dialysis patients receive outpatient ESAs and one possible factor may be that patients do not receive ESA therapy during hospitalization. This study descriptively evaluates inpatient ESA use from 2004 - 2005 among privately insured dialysis patients. This was a cross-sectional retrospective analysis of claims from two large US managed care organizations (MCO) covering a combined 20 million lives over two years. ESRD patients were identified by ≥ 1 ESRD-specific claim in the inpatient setting, or ≥ 3 dialysis-related claims on separate days during each 12-month period. We examined patient demographics and hospitalization characteristics, including the percent of patients receiving ESAs during hospitalization by length of stay (LOS). Patient demographics were similar across years and MCOs. The mean (\pm SD) number of hospitalizations over both years were ~ 1.1 (± 1.3) for MCO#1 and ~ 1.6 (± 1.7) for MCO#2. Table 1: % of hospitalizations with ESA use by LOS



As shown, ESA use was low, but increased with LOS. Given the low rate of ESA use, patients may be at risk for falling Hb levels during and post hospitalization discharge. Further analysis is warranted to investigate factors associated with ESA use and non-use in the inpatient setting.