Excess Economic Burden of Comorbidities in COPD: a 15-year population-based study

Appendices

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Appendix 1.Description of data source

A provincial health insurance program provides universal health care coverage to all legal residents of British Columbia (BC), Canada, one of the largest provinces, representing 13% of the Canadian population (4.4 million as of 2011)[12]. We retrieved data from the BC provincial health administrative databases for the period of January 1997 to December 2012 (16 years). These databases are linked at individual-level and provide information on health-care encounters of all legal residents of BC. We used registration files (capturing the status of insurance coverage of individuals)[2], vital statistics (capturing births and deaths)[3], the hospital discharge database (capturing inpatient encounters)[4], Medical Services Plan payment information (capturing outpatient encounters with physicians)[5], continuing care database (capturing home and community care services)[6], and PharmaNET (capturing all medication dispensations outside of hospital pharmacies, and regardless of any third-party insurance coverage)[7]. Previous analyses have showed a very low prevalence of missing data, under-reporting and misclassification in these databases [8, 9].

Appendix 2. Schematic presentation of study design



Appendix 3. Mapping the American Hospital Formulary Service (AHFS) medication categories to ICD-10 disease categories.

Disease category	ICD 10	AHES Category Level 1	AHES	AHES Category Level 2	AHES
Discuse category	code	All 5 category Level 1		Am 5 category Lever 2	
	coue		code		code
Certain infectious and	A00-	ANTI-INFECTIVE AGENTS	8	ANTHELMINTICS	808
parasitic diseases	B99			ANTIBACTERIALS	812
				ANTIFUNGAL (SYSTEMIC)	814
				ANTIMYCOBACTERIALS	816
				ANTIPROTOZOALS	830
				ANTIVIRALS (SYSTEMIC)	818
				URINARY ANTI-INFECTIVES	836
Neoplasmse	C00-	ANTINEOPLASTIC AGENTS	10	ANTINEOPLASTIC AGENTS	1000
	D48				
Diseases of the blood and	D50-	NA	NA	NA	NA
Diood-forming origin	D89		<u> </u>		6004
metabolic diseases	E00- E90	SUBSTITUTES	68	ADRENALS	6804
				ANDROGENS	6808
				ANTIDIABETIC AGENTS	6820
				ANTIHYPOGLYCEMIC AGENTS	6822
				CONTRACEPTIVES	6812
				ESTROGENS AND	6816
				ANTIESTROGENS	
				GONADOTROPINS	6818
				PARATHYROID	6824
				PITUITARY	6828
				PROGESTINS	6832
				SOMATOSTATIN AGONISTS	6829
					6020
					6830
					6836
				AGENTS	0050
Mental and behavioural	F00-	CENTRAL NERVOUS SYSTEM	28	ANTICONVULSANTS	2812
disorders	F99	AGENTS		PSYCHOTHERAPEUTIC	2816
				AGENTS	
Diseases of the nervous	G00- G99	CENTRAL NERVOUS SYSTEM	28	ANALGESICS AND ANTIPYRETICS	2808
-,				ANOREXIGENICS:RESPIRATO	2820
				RY, CNS STIMULANTS	
				ANTIMANIC AGENTS	2828
				ANTIMIGRAINE AGENTS	2832
				ANTIPARKINSONIAN AGENTS	2836
					2024
				AND HYPNOTICS	2824

					2002
				CENTRAL NERVOUS SYSTEM	2892
				GENERAL ANESTHETICS	2804
				OPIATE ANTAGONISTS	2810
Diseases of the eye and	H00-	EYE, EAR, NOSE AND THROAT	52	ANTI-INFECTIVES (EENT)	5204
adnexa; Diseases of the ear and	H59	(EENT) PREPS.		ANTI-INFLAMMATORY	5208
mastoid process	H95			AGENTS (EENT)	
				ANTIALLERGIC AGENTS	5202
(Combined into one				ANTIGLAUCOMA AGENTS	5240
diseases of the eye, ear				CONTACT LENS SOLUTIONS	5212
and nose)				EENT DRUGS, MISCELLANEOLIS	5292
				LOCAL ANESTHETICS (EENT)	5216
				MOUTHWASHES AND	5228
				GARGLES	
				MYDRIATICS	5224
				VASOCONSTRICTORS	5232
Diseases of the circulatory	100-	BLOOD	20	ANTIANEMIA DRUGS	2004
system	199	+ THROMBOSIS		ANTIHEMORRHAGIC AGENTS	2028
				ANTITHROMBOTIC AGENTS	2012
				HEMATOPOIETIC AGENTS	2016
				HEMORRHEOLOGIC AGENTS	2024
Diseases of the circulatory	100-	CARDIOVASCULAR DRUGS	24	ALPHA-ADRENERGIC	2420
system	199			ANTILIPEMIC AGENTS	2406
				BETA-ADRENERGIC	2424
				BLOCKING AGENTS	
				CALCIUM-CHANNEL	2428
				CARDIAC DRUGS	2404
				HYPOTENSIVE AGENTS	2408
				RENIN-ANGIOTENSIN-	2432
				ALDOSTERONE SYS. INHIB	
				SCLEROSING AGENTS	2416
				VASODILATING AGENTS	2412
Diseases of the respiratory	100-	RESPIRATORY TRACT AGENTS	48		4810
system	199			AGENTS (RESPIRATORY)	4808
				CYSTIC FIBROSIS (CFTR)	4814
				MODULATORS	.011
				EXPECTORANTS	4816
				MUCOLYTIC AGENTS	4824
				PHOSPHODIESTERASE TYPE 4 INHIBITORS	4832
				PULMONARY SURFACTANTS	4836
				RESPIRATORY TRACT	4892
Diseases of the digestive	K00-	GASTROINTESTINAL DRUGS	56	AGENTS, MISCELLANEOUS	5604
		5. 5110111 L511101E D11005			

system	K93			ANTI-INFLAMMATORY	5636
,				AGENTS (GI DRUGS)	
				ANTIDIARRHEA AGENTS	5608
				ANTIEMETICS	5622
				ANTIFLATULENTS	5610
				ANTIULCER AGENTS AND	5628
				ACID SUPPRESSANTS	
				CATHARTICS AND LAXATIVES	5612
				CHOLELITHOLYTIC AGENTS	5614
				DIGESTANTS	5616
				EMETICS	5620
				GI DRUGS, MISCELLANEOUS	5692
				LIPOTROPIC AGENTS	5624
				PROKINETIC AGENTS	5632
Diseases of the skin and	L00-	SKIN AND MUCOUS	84	ANTI-INFECTIVES (SKIN +	8404
subcutaneous tis	199	MEMBRANE AGENTS			9400
					8406
				ANTIDRUBITICS AND LOCAL	9409
				ANTIFRORTICS AND LOCAL	8408
				ASTRINGENTS	8412
				CELL STIMULANTS AND	8416
				PROLIFERANTS	
				DEPIGMENTING AND	8450
				PIGMENTING AGENTS	8420
					0420
				AND PROTECTANTS	8424
				KERATOLYTIC AGENTS	8428
				KERATOPLASTIC AGENTS	8432
				SKIN AND MUCOUS	8492
				MEMBRANE AGENTS, MISC.	
				SUNSCREEN AGENTS	8480
Diseases of the	M00-	NA	NA	NA	NA
musculoskeletal system	M99				
an					
Diseases of the	N00-	NA	NA	NA	NA
genitourinary system	N99				
the puerperium	000- 099	NA	NA	NA	NA
Certain conditions	P00-	NA	NA	NA	NA
originating in the per	P96				
Congenital malformations,	Q00-	NA	NA	NA	NA
deformations, a	Q99				
Symptoms, signs and	R00-	Not included	NA	NA	NA
abnormal clinical and	R99	Nationluded			
injury, poisoning and	500- TOP	ινοτ ιποιααθά	NA	INA	NA
Provisional codes for	130	Not included	ΝΔ	ΝΑ	NΛ
research and tempor	U99				N/A
External causes of	V01-	Not included	NA	NA	NA

morbidity and mortalit	Y98				
Factors influencing health	Z01-	Not included	NA	NA	NA
status and con	Z99				10.1
NA	IVIIS	ANTIHISTAMINE DRUGS	4	ANTIHISTAMINES	404
				OTHER ANTIHISTAMINES	492
				SECOND GENERATION ANTIHISTAMINES	408
		AUTONOMIC DRUGS	12	ANTICHOLINERGIC AGENTS	1208
				AUTONOMIC DRUGS, MISCELLANEOUS	1292
				PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)	1204
				SKELETAL MUSCLE RELAXANTS	1220
				SYMPATHOLYTIC ADRENERGIC BLOCKING AGENTS	1216
				SYMPATHOMIMETIC (ADRENERGIC) AGENTS	1212
		BLOOD DERIVATIVES	16	BLOOD DERIVATIVES	1600
		DENTAL AGENTS	34	DENTAL AGENTS	3400
		DEVICES	94	DEVICES	9400
		DIAGNOSTIC AGENTS	36	ADRENOCORTICAL INSUFFICIENCY	3604
				DIAGNOSTIC AGENTS	3600
				DIPHTHERIA	3628
				DRUG HYPERSENSITIVITY	3630
				FUNGI	3632
				GALLBLADDER FUNCTION	3634
				GASTRIC FUNCTION	3636
				INTESTINAL ABSORPTION	3638
				KIDNEY FUNCTION	3640
				LIVER FUNCTION	3644
				MUMPS	3652
				MYASTHENIA GRAVIS	3656
				OCULAR DISORDERS	3658
				PANCREATIC FUNCTION	3661
				PITUITARY FUNCTION	3666
				ROENTGENOGRAPHY	3668
				THYROID FUNCTION	3660
				TUBERCULOSIS	3684
				URINE AND FECES CONTENTS	3688
	1	DISINFECTANTS (FOR NON- DERMATOLOGIC USE)	38	DISINFECTANTS (FOR NON- DERMATOLOGIC USE)	3800
		ELECTROLYTIC, CALORIC,	40	ACIDIFYING AGENTS	4004
	1	AND WATER BALANCE		ALKALINIZING AGENTS	4008

		AMMONIA DETOXICANTS	4010
		CALORIC AGENTS	4020
		DIURETICS	4028
		ION-REMOVING AGENTS	4018
		IRRIGATING SOLUTIONS	4036
		REPLACEMENT PREPARATIONS	4012
		SALT AND SUGAR SUBSTITUTES	4024
		URICOSURIC AGENTS	4040
ENZYMES	44	ENZYMES	4400
GOLD COMPOUNDS	60	GOLD COMPOUNDS	6000
HEAVY METAL ANTAGONISTS	64	HEAVY METAL ANTAGONISTS	6400
LOCAL ANESTHETICS (PARENTERAL)	72	LOCAL ANESTHETICS (PARENTERAL)	7200
MISCELLANEOUS THERAPEUTIC AGENTS	92	5-ALPHA-REDUCTASE INHIBITORS	9208
		ALCOHOL DETERRENTS	9204
		ANTIDOTES	9212
		ANTIGOUT AGENTS	9216
		BONE RESORPTION INHIBITORS	9224
		CARIOSTATIC AGENTS	9228
		COMPLEMENT INHIBITORS	9232
		DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	9236
		GONADOTROPIN-RELEASING	9240
		IMMUNOMODULATORY AGENTS	9220
		IMMUNOSUPPRESSIVE AGENTS	9244
		OTHER MISCELLANEOUS THERAPEUTIC AGENTS	9292
		PROTECTIVE AGENTS	9256
OXYTOCICS	76	OXYTOCICS	7600
PHARMACEUTICAL AIDS	96	PHARMACEUTICAL AIDS	9600
SMOOTH MUSCLE	86	GENITOURINARY SMOOTH	8612
RELAXANTS		RESPIRATORY SMOOTH	8616
		MUSCLE RELAXANTS	
VITAMINS	88	MULTIVITAMIN PREPARATIONS	8828
		VITAMIN A	8804
		VITAMIN B COMPLEX	8808
		VITAMIN C	8812
		VITAMIN D	8816
		VITAMIN E	8820

			VITAMIN K ACTIVITY	8824
	CONTRACEPTIVES (E.G. FOAMS, DEVICES)	32	CONTRACEPTIVES (E.G. FOAMS, DEVICES)	3200
	SERUMS, TOXOIDS, AND VACCINES	80	SERUMS	8004
			TOXOIDS	8008
			VACCINES	8012

Appendix 3. Detailed description of regression analysis and inference estimation.

A two-part generalized model was developed to estimate the excess costs of COPD and the impact of baseline risk factors over time. The unit of observation was person-year from the index date to the end of follow-up. To avoid under-reporting bias when individuals were temporarily absent from BC, we excluded person-years with less than 300 days of registration unless death occurred.

Excess cost was estimated as the adjusted difference in predicted costs of a COPD patient and the non-COPD match. We respectively estimated the excess costs of overall direct medical costs, COPD-attributable costs, comorbidity-attributable costs (overall and for 16 disease areas), non-attributable costs, as well as the component costs of these categories related to hospitalisation, outpatient services, medications and community care.

Covariates of interest included COPD status (COPD=1, no COPD=0), baseline risk factors: age groups (45-54 years, 55-64 years, \geq 65 years), sex (male, female) and baseline comorbidity burden (none: CCI score=0; mild, CCI score=1, moderate, CCI score=2; high, CCI score \geq 3), an indicator of numbers of observation period since the index date. We examined the three-way interactions between COPD status, baseline risk factors and the duration of follow up (number of years) to estimate the effects of baseline risk factors on excess costs over time. In addition, we included an indicator for the index year and an interaction term between index year and COPD status, which was to could capture the excess costs of acute care in the first year of COPD diagnosis.

Detailed regression and estimation procedures were described below:

<u>The first part</u> of the two part model was a logistic regression model which estimated the probability of zero costs during any observation period as a function of covariates.

<u>The second part</u> was a gamma regression model with log link to estimate costs in the subset of individuals who incurred any costs during that period. This model has been shown to perform well in the estimation of population averaged health care costs[10].

Generalized Estimating Equations was applied to obtain valid inference for the clustered data around each matched pair.

Based on the regression coefficients obtained from the two-part model, we estimated overall perperson-year costs as the probability of incurring any costs (obtained from model part 1) multiplied by the predicted costs for non-zero costs (obtained from model part 2).

Following this step, we estimated the population-averaged, covariate-adjusted excess costs of COPD overall and in difference disease domains using the G-computation technique(2). The estimation was done in a counterfactual framework, where we first estimated the excess costs for each participant by contrasting the differences in the predicted per-person-year costs as if the participant had COPD, versus as if he/she did not have COPD. In other words, we set each study subject as a case and at the same time his/her own control in two contrary (and potentially

counterfactual) scenarios, and estimated excess costs as the difference in predicted costs for this subject under these two scenarios (contrasting case versus control). Meanwhile, other covariates were set at the observed value. Then, we averaged the estimated excess costs of each study participant across the entire sample.

We used a similar methodology to estimate the adjusted effects of baseline risk factors on excess costs. This was done through building a higher level of counterfactual framework to estimate excess costs at different categories of selected baseline risk factor, and compare the cost differences across categories over the entire sample. Assuming we controlled all confounding covariates, we can interpret such covariate-adjusted effects as causal effects.

Inference for estimated excess costs was obtained using parametric bootstrapping with 50 replications.

Appendix 4. Estimated excess costs due to COPD during the 10-year follow period, by baseline age and major comorbid conditions.



Error bars denote 95% confidence interval of the estimated costs.

Appendix 5. Estimated excess costs due to COPD during the 10-year follow period, by sex and major comorbid conditions.



Error bars denote 95% confidence interval of the estimated costs.

Appendix 6. Estimated excess costs due to COPD during the 10-year follow period, by baseline comorbidity status.

Comorbidity status was measured with Charlson comorbidity index (CCI, excluding COPD) and major comorbid conditions. Error bars denote 95% confidence interval of the estimated costs.



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