used to apply hospital- and revenue center-specific cost-to-charge ratios to estimate pharmaceutical costs from charges at the discharge level. The Diagnosis-Related Group (DRG) methodology was used to case-mix adjust the results. Relative value units were derived from the hospital specific cost estimates. After trimming at four standard deviations, cluster analyses methods were applied to the hospitals to allocate each hospital into one of four levels of pharmaceutical service intensity.

RESULTS: The data set included 959 acute care hospitals, representing inpatient pharmacy cost information on more than 6.9 million discharges. The time period was federal fiscal year 2000. DRG 495, lung transplant, was the most costly group, while the least costly group was DRG 391, normal newborn. Of the 959 hospitals, 11 (1.15%) were excluded after trimming on intensity score. The mean relative value score for the remaining 948 hospitals was 2.77, with a range of 1.17 to 5.02. The standard deviation was 0.59.

CONCLUSIONS: These results provide empirical evidence from a very large sample of hospitals that the intensity of pharmaceutical interventions in acute care hospitals in the U.S. exhibits considerable variability. A four-fold difference was detected in intensity score between the lowest intensity hospitals and the highest. This DRG-adjusted difference was not due to differences in case-mix across hospitals. Further research should be done to determine whether patient outcomes are associated with low versus high pharmaceutical service intensity.

DEVELOPING A QUALITY APPRAISAL INSTRUMENT TO EVALUATE THE PEDIATRIC HEALTH ECONOMICS LITERATURE

Ungar WA1, Menon D2, Lee A3, Stafinski T4

1The Hospital for Sick Children Research Institute, Toronto, ON, Canada; 2Institute of Health Economics, Edmonton, AB, Canada

OBJECTIVES: The Pediatric Economic Database Evaluation (PEDE) Project features a database of 787 pediatric economic evaluations published between 1980 and 1999. A goal of the PEDE Project is to appraise the quality of pediatric economic evaluations published over this period. The objective of this research was to develop a valid and reliable quality appraisal instrument applicable to economic evaluations in the pediatric population.

METHODS: A draft instrument was constructed from published checklists and questionnaires. New questions pertaining to the pediatric population were incorporated. An expert panel reviewed the draft instrument and the proposed scoring scheme for face and content validity. A revised version was pilot-tested by three independent appraisers. After addressing discrepancies in scores, a final version was created and subjected to inter-rater and test-retest reliability assessment.

RESULTS: The 57 items in the final questionnaire were mapped onto fourteen domains: economic evaluation, comparators, target population, time horizon, perspective, costs and resource use, outcomes, quality of life, analysis, discounting, incremental analysis, sensitivity analysis, conflict of interest, and conclusions. Among the 57 items, 46 have response options that are scored from 0 to 1. Inter-rater reliability was 0.75 (95% CI 0.66–0.81) and test-retest reliability was 0.92 (95% CI 0.71–0.98).

CONCLUSIONS: The Pediatric Quality Appraisal Questionnaire is a comprehensive instrument demonstrating face and content validity and very good reliability for application in the appraisal of pediatric economic evaluations. The instrument is currently being used in a quality appraisal of a random sample of 150 publications from the PEDE database.

HEALTH POLICY—CONSUMER ADVERTISING ISSUES

HP5

THE RELATIONSHIP OF DIRECT-TO-CONSUMER ADVERTISING AND CLINICIAN BEHAVIORAL INTENTIONS

Zachry WM, Jackson TR

The University of Arizona, Tucson, AZ, USA

OBJECTIVE: To examine the relationship between the exposure of a patient to direct-to-consumer advertising (DTCA), and the likelihood of clinician behavioral intentions to provide information and medications.

METHODS: A randomized mail survey of Arizona primary care physicians (n = 1080) and physician assistants (n = 704) was conducted. Questionnaires were created with a hypothetical patient scenario varying according to the informational exposure of the patient (2 levels: DTCA or drug reference book). All other wording in the hypothetical scenarios was controlled. Clinicians were randomly assigned one form of the questionnaire. Each form solicited responses to questions related to the likelihood of respondent behavioral intentions (6-point scale, 6 = very likely to 1 = very unlikely) when faced with the hypothetical patient scenario.

RESULTS: The response rate for useable questionnaires was 44% (40.5% physicians and 49.3% physician assistants). No overall statistically significant differences were found between the early responders and late responders. Also, no statistically significant differences were found between responders and non-responders based on the metropolitan designations of their practice settings. Relative to clinicians who received the “drug reference book” patient scenario, clinicians who received the DTCA patient scenario were: more likely to become annoyed with a patient for asking for more information about medications (p = 0.003); less likely to answer the patient’s questions (p = 0.028) or provide additional written information (p = 0.007); more likely to attempt to change the subject rather than discuss an advertised
null
BACKGROUND Previous research describing consumers' communication behaviors in response to direct-to-consumer advertising (DTCA) suggests a social cognitive rationale to explain DTCA-related communication behavior. @article{Young2005UsingSC, title={Using social cognitive theory to explain consumers' behavioral intentions in response to direct-to-consumer prescription drug advertising.}, author={Henry Young and Earlene E Lipowski and Rebecca J. Welch Cline}, journal={Research in social & administrative pharmacy : RSAP}, year={2005}, volume={1 2}, pages={. The aim of the study was to reveal relationships between radical attitudes and cognitive strategies of emotion regulation under stressful situation as well as possible moderation effects of radical attitudes on the relationships of aggressiveness, impulsivity and tolerance with emotion regulation strategies. It was hypothesized that radical attitudes would buffer relationships of tolerance with positive reappraisal, putting into perspective and refocus on planning while facilitating relationships between aggressiveness, readiness for extreme behavior and other blaming. 147.