

POSTER SESSION 1 ABSTRACTS
12th Annual HMO Research Network Conference

May 1-3, 2006 Boston, MA

Health Economics
PS1-50

Endometrial Ablation Is a Cost-Saving Alternative to Hysterectomy in the Treatment of Dysfunctional Uterine Bleeding

Stacey L. Amorosi, MA¹, Elise M. Pelletier, MS¹, Scott K. Reid, MPM¹,
Craig J. Sobolewski, MD²

¹Boston Scientific, Natick, MA; ²Duke University Medical Center, Durham, NC

Background: Hysterectomy has traditionally been considered the standard of care for treatment of dysfunctional uterine bleeding (DUB). Endometrial ablation is an effective, minimally-invasive treatment alternative. We conducted this study to assess health resource utilization (HRU) and costs of care among DUB patients treated with endometrial ablation or hysterectomy.

Methods: A nationally representative private payer claims database was used to identify women aged 18 and older with a principal diagnosis of DUB who underwent endometrial ablation or hysterectomy between January 2000 and December 2001. Patients were excluded from the study if they had confounding comorbidities or an ablation or hysterectomy one year prior to the study procedure. HRU, repeat procedure rates, and costs of care were assessed over a two-year follow-up period. Paid claims were used as a proxy for medical costs; payments were standardized by health plan, region, and year.

Results: The study population consisted of 260 ablation patients and 514 hysterectomy patients. Hysterectomy patients were slightly older than the ablation patients (mean age 44 vs. 43; $p < 0.05$) and had a higher average number of total co-morbid conditions (1.53 vs. 1.00; $p < 0.001$). From one month prior to three months following the study procedure, hysterectomy patients on average had significantly more DUB-related hospital admissions (0.95 vs. 0.04; $p < 0.001$), anesthesiology services (0.52 vs. 0.26; $p < 0.001$), and encounters with other medical professionals (4.01 vs. 2.82; $p < 0.001$). Ablation patients had a greater average number of outpatient facility visits (0.50 vs. 0.29; $p < 0.001$). During this time, DUB-related costs of care were significantly lower for ablation patients than hysterectomy patients (\$1,722 vs. \$7,218; $p < 0.001$) and remained so over the two-year follow-up period (\$2,578 vs. \$7,901; $p < 0.001$). Of the 260 ablation patients, only 17 (6.5%) required a second procedure during the 2-year follow-up. Patients with a repeat procedure averaged \$8,583 versus \$2,158 for those with no repeat procedure ($p < 0.001$).

Conclusions: On average, ablation patients utilized fewer health resources and incurred 76% lower DUB-related medical costs in the short term than hysterectomy patients. Savings of 67% persisted two years post procedure. Endometrial ablation appears to be a durable, cost-saving alternative to hysterectomy.