Can Increased Spending on Medications Save Lives and Money?

“Yes,” says Michael Johnson, an assistant professor at the Baylor College of Medicine. Health care costs are continuing to rise and now constitute 16% of the gross domestic product (GDP). Prescription drugs are a significant contributor toward this escalation in prices. Billions of dollars are spent to develop medications, and a great deal is known about which types of medications are of most benefit in certain clinical conditions. An important question, however, is, Are people in everyday practice getting the medications that are proven to work best? Is money spent on such medications a good investment from society’s point of view?

In order to answer these questions, Johnson and his colleagues studied the patterns of care in a large national population of patients with chronic heart failure. They found that patients were receiving drugs that are known to have treatment benefits, and that this use was rising over time. For example, beta blockers were received by only 35% of patients with chronic heart failure in 1999, but this proportion increased to more than 55% in 2002. Angiotensin converting enzyme (ACE) inhibitor drugs or angiotensin receptor blocker drugs were used in about 70% of patients. During this time, hospitalizations for any cause and, specifically, hospitalizations for chronic heart failure among this same group of patients decreased. Death rates also decreased. The share of costs due to outpatient and pharmacy care rose slightly, but the reduced costs from inpatient care resulted in a net decline in total costs per patient.

“Our research is important, because it shows that patients with chronic heart failure are receiving the drugs that have been shown to work, and that these drugs are effective in everyday practice,” says Johnson. “While overall costs of medications are rising, some of this rise in costs actually reduces costs for hospital services and prevents deaths.”

Because heart failure is the leading cause of hospitalizations in the Medicare population, these results should be encouraging to policymakers who are working on legislation for the Medicare pharmacy benefits program. With the recent enactment of the Medicare Part D benefit for medications, research of this type can help determine whether patients are getting high-quality care that saves lives and money.
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