



January 2008

## NEW PUBLICATIONS BY HCFE RESEARCHERS

Two new publications were recently published online by HCFE researchers:

1. **"Attribute Substitution in Early Enrollment Decisions into Medicare Prescription Drug Plans,"** co-authored by HCFE researchers Austin B. Frakt, PhD and Steven D. Pizer, PhD was published online October 12, 2007 by **Health Economics**.

<http://www3.interscience.wiley.com/cgi-bin/abstract/116326892/ABSTRACT>

Medicare stand-alone outpatient prescription drug plans (PDPs) offered through private insurers first became available in January 2006. All beneficiaries had a large number of PDPs from which to choose. Plans differed in levels of premiums, cost-sharing, and covered different drugs.

Traditional economic theory indicates that beneficiaries should choose whether to enroll in a PDP, if any, based on the financial value to them of each option. In this study, we test for the importance of attribute substitution in PDP enrollment. Attribute substitution is a form of intuitive thinking defined as the substitution of readily accessible attributes of an object for the less accessible attributes relevant to a rational decision.

In the case of PDPs, we hypothesize that beneficiaries might have substituted the recommendations of respected political leaders for the less accessible calculations of expected financial values. Using Centers for Medicare & Medicaid Services' (CMS) county-level enrollment data, we relate PDP market share to a measure of political support for the Bush administration, controlling for socio-demographic and market characteristics.

We find statistically significant evidence that greater support for the Bush administration was associated with higher levels of PDP market share. (Copyright #2007, John Wiley & Sons, Ltd.) Please address questions to Austin B. Frakt at [frakt@bu.edu](mailto:frakt@bu.edu)

2. **"Waiting Times and Hospitalizations for Ambulatory Care Sensitive Conditions,"** co-authored by HCFE researchers Julia C. Prentice, PhD and Steven D. Pizer, PhD was published online on November 28, 2007 by **Health Services and Outcomes Research Methodology**. (<http://www.springerlink.com/content/104868/?Content+Status=Accepted>)

In this article the authors hypothesize that long waits for health care cause negative health outcomes due to delays in diagnosis and treatment. The study uses administrative data to examine the relationship between time spent waiting for outpatient care and the risk of hospitalization for an ambulatory care sensitive condition (ACSC), also known as a potentially preventable hospitalization. ACSC hospitalizations are an ideal outcome to examine the consequences of waiting for

outpatient care because these hospitalizations can be avoided if patients receive *timely* and effective outpatient care.

Exogenous facility-level wait time is the main variable of interest in a fixed effects regression model that predicts the probability of ACSC hospitalization in each month of a six-month period. A significant and positive relationship between facility-level wait times and the probability of experiencing an ACSC hospitalization was found, especially for facility-level wait times of 29 days or more. Further research is needed to replicate these findings in other populations and among those with different clinical histories. Please address any questions to Julia C. Prentice at [jprentic@bu.edu](mailto:jprentic@bu.edu)

## **UPCOMING PRESENTATIONS**

February 13-15, 2008. VA HSR&D National Meeting, Baltimore, MD  
<http://www.hsrd.research.va.gov/meetings/2008/>

- "Getting VA Drug Prices for More Medicare-Enrolled Veterans," Dr. Austin B. Frakt (Abstract #3077). Poster Session A.
- "Does Fragmented Financing Undermine Coordination of Care?" Dr. Steven D. Pizer (Abstract #1075). Thursday, February 14, 2008
- "Waiting for Health Care and Preventable Hospitalizations," Dr. Julia C. Prentice (Abstract #1068). Friday, February 15, 2008.

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