

Trends In Outpatient And Hospitalization Charges Relevant To the Management of Chronic Inflammatory Demyelinating Polyneuropathy: A Statewide Planning and Research Cooperative System (SPARCS) Study 2002-2014.

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Objective: To investigate trends in inpatient and outpatient charges relevant to IVIG, plasmapheresis, and steroids administration from 2002-2014 for the management of CIDP

Background: There are several options for CIDP management.

Methodology: Patients from 2002-2014 were retrieved from Statewide Planning and Research Cooperative System (SPARCS) database using ICD 9 code for CIDP. Charges on outpatient and inpatient services per patient were compared on a year-by-year basis to determine the overall trend from 2002-2014. The frequency of inpatient admission per year was also retrieved.

Results: We identified 2850 CIDP patients. The overall charges in outpatient services demonstrated an increasing trend between 2002-2014. For outpatient charges between 2002 and 2014, IVIG represented an average charges of $56\% \pm 13\%$, plasmapheresis represented $39\% \pm 17\%$, and corticosteroids represented $5\% \pm 7.8\%$. The outpatient charges per patient has increased from 2002 (\$7,595) to 2014 (\$132,696).

The overall trend from 2005-2014 for outpatients who required inpatient services was decreasing ($y = -0.0257x + 0.9417$). Between 2005 and 2010, the frequency in which outpatients were admitted as inpatients ranged from 0.75 to 1.05 times per year. Between 2011 and 2014, the frequency in which patients were admitted as inpatients ranged from 0.56 to 0.74 times per year.

Conclusion: Our data demonstrated an increased average charge of CIDP management between 2002-2014 as an outpatient that was paralleled by a reduction in the frequency of inpatient admissions. Work in progress to determine trends in charges relevant to inpatient setting as well as to specific CIDP treatments.