

Health Spending Growth Rate Slowed in 2008

BY MARY ELLEN SCHNEIDER

Health care spending in the United States grew less than 5% in 2008, the slowest rate of growth since the federal government officially began measuring it in 1960, according to a new report from the Centers for Medicare and Medicaid Services.

But the figures show that even though the rate of increase is slower than in pre-

vious years, health care spending is still outpacing gross domestic product. In 2008, health care spending rose 4.4% to \$2.3 trillion, compared with only a 2.8% increase in the GDP. And health spending continues to consume a larger portion of the overall GDP, taking up 16.2% of GDP in 2008, compared with 15.9% in 2007 (Health Affairs 2010;29:147-55).

The overall slowdown in health spending growth is reflected in slower rates of

increase in hospital spending, physician services spending, retail prescription drug spending, and spending for nursing home and home health services.

For example, spending on physician and clinical services increased 5% in 2008, down from 5.8% in 2007. The deceleration in physician services was driven by a decrease in patient volume, even as the intensity of services picked up in 2008.

During a teleconference, Rick Foster,

CMS chief actuary, speculated that this trend was mainly due to the recession. As people lost jobs and health insurance in 2008, they may have opted to seek health care only when their conditions became more serious, and more costly to treat, he said.

The share of federal dollars spent on health care rose from 28% in 2007 to nearly 36% in 2008, according to the CMS. ■

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Drug Interactions: Because ketoconazole, a strong CYP3A4/5 inhibitor, increased saxagliptin exposure, the dose of ONGLYZA should be limited to 2.5 mg when coadministered with a strong CYP3A4/5 inhibitor (e.g., atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, and telithromycin).

Patients with Renal Impairment: The dose of ONGLYZA is 2.5 mg once daily for patients with moderate or severe renal impairment, or with end-stage renal disease requiring hemodialysis (creatinine clearance [CrCl] ≤50 mL/min). ONGLYZA should be administered following hemodialysis. ONGLYZA has not been studied in patients undergoing peritoneal dialysis. Assessment of renal function is recommended prior to initiation of ONGLYZA and periodically thereafter.

Pregnant and Nursing Women: There are no adequate and well-controlled studies in pregnant women. ONGLYZA, like other antidiabetic medications, should be used during pregnancy only if clearly needed. It is not known whether saxagliptin is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when ONGLYZA is administered to a nursing woman.

Pediatric Patients: Safety and effectiveness of ONGLYZA in pediatric patients have not been established.

*metformin, glyburide, or thiazolidinedione (pioglitazone or rosiglitazone)

[†]"Patients" means covered lives as calculated by Fingertip Formulary[®] as of 10/09.

Please read the adjacent Brief Summary of the Product Information.

For more information about ONGLYZA visit www.onglyza.com.

Reference: 1. Fingertip Formulary[®] data as of October 25, 2009. Data on File, October 2009.

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