Reply to Simon, Shah et al, and Hartzema and Chen

To the Editor—Because an important role of models is to elucidate and explore factors, processes, and relationships in a decision and galvanize discussion, the letters from Simon [1], Shah and colleagues [2], and Hartzema and Chen [3] are appreciated. An economic model essentially “lays out on a table” for others to view and discuss one’s conceptualizations of a process or decision [4]. Two letters refer to a study published by Stranges et al [5]. As Dr Simon effectively begins to outline, there are fundamental differences between the 2 studies that seem to give rise to differing results. It is important to be transparent about the differences so the community at large can decide which model is most applicable and under which circumstances.

There are a number of key differences between the models, based on our understanding of Stranges’s model. (Because the Stranges publication does not include a complete tree diagram, our understanding comes from interpretation of the text.) First, the models seem to be making different direct comparisons. Our model focuses on comparing fidaxomicin vs metronidazole or vancomycin for first-line treatment [6]. By contrast, Stranges’s model compares a fidaxomicin then vancomycin strategy (fidaxomicin for initial episodes or first recurrence followed by vancomycin for all subsequent treatments)
While our study did include sensitivity analyses of some key parameters, Simon and Chen's comment about our cost and length of stay values from HCUP, we have double-checked our calculations using the method described in the text and have gotten the same results. Hartzema and Chen do not detail their calculations or results and how they specifically differ from ours, making it difficult to respond to their comment.

If Shah et al and Hartzema and Chen could provide more specifics about their concerns, we would be happy to address them. We welcome such dialogue among researchers, policy makers, hospital administrators, clinicians, and manufacturers to gain a better understanding of CDI and fidaxomicin, its applicability, and its pricing. Unfortunately, there are many examples of pricing inhibiting adoption of very effective products, which ends
up hurting manufacturers trying to sell the product and patients, clinicians, and healthcare organizations, who want the best available products [11]. Developing and comparing models via constructive dialogue can prevent this from happening and help everyone focus on devising the best means and systems to cooperatively tackle a common enemy (C. difficile).

Note

Potential conflicts of interest. All authors: No reported conflicts.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

Sarah M. Bartsch,1 Craig A. Umscheid,2,3 Neil Fishman,2,3 and Bruce Y. Lee1
1Public Health Computational and Operations Research, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland; 2Center for Evidence-based Practice, University of Pennsylvania Health System, Philadelphia; and 3University of Pennsylvania Perelman School of Medicine, Philadelphia

References


Correspondence: Sarah M. Bartsch, MPH, Johns Hopkins University, 855 North Wolfe Street, Suite 600, Baltimore, MD 21205 (smm168@pitt.edu).

Clinical Infectious Diseases 2014;58(4):605–7
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DOI: 10.1093/cid/cit775