confirmed that patients who had a greater improvement in 6MWD (>40m) at week 12 of the study had higher mean scores than those with lower improvement (<40m). Furthermore, patients with better functional ability according to WHO classification had higher EQ-5D utility scores than those with lower ability. CONCLUSIONS: Results demonstrate the positive impact of riociguat on patient-reported health status among CTEPH patients.

PCV142 EFFECTS OF INTERVENTION BY COMMUNITY PHARMACISTS ON AWARENESS OF CONTINUING TREATMENT AMONG PATIENTS WITH HYPERTENSION
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OBJECTIVES: Hypertension has few subjective symptoms and its treatment must be continued long term, as patients may stop visiting the hospital regularly and give up treatments if not supervised. Therefore, a patient education intervention (POI) intervention program is essential in community pharmacies. The objectives of this study was to investigate the effect of intervention by community pharmacists on the awareness of continuing treatment among patients with hypertension.
METHODS: This study was designed as a cluster-randomized controlled trial with a 3-month intervention period. The subjects comprised adult patients with essential hypertension who had been taking antihypertensive medication for at least 3 months.
Patients in the intervention group underwent a motivational interview with a pharmacist lasting around 3 minutes each time they received a prescription, while those in the observation group were provided with usual care. Both groups' patients were provided with a home blood pressure monitoring device and pedometer. The study outcome was awareness of the continuation of regular hospital visits, healthy diet and appropriate exercise, rated on a 10-point scale from "Extremely important" to "Not at all important." RESULTS: Responses were obtained from 114 patients at 55 pharmacies (Intervention group: 28, observation group: 27). That had enrolled in the study. A comparison of awareness before and after intervention showed that only awareness of regular hospital visits had improved in the observation group (p = 0.04) and appropriate exercise (p = 0.02) showed improvement. CONCLUSIONS: The findings of this study revealed that intervention by community pharmacists may contribute to raising awareness of the need to continue exercise. This result implies that pharmacist can improve patients’ ability to chronic disease management.

PCV143 THE QUALITY OF LIFE IN PATIENTS 12 MONTHS AFTER AN ACUTE CORONARY SYNDROME: RESULTS FROM THE PGRx-3 REAL WORLD DASSET
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OBJECTIVES: To measure the quality of life (QoL) of patients 12 months after an acute coronary syndrome (ACS). METHODS: PGRx-3 is multisites, multi-countries, prospective Real World Datasets assembled to describe disease risk factors, burden of disease, disease, management, treatment patterns and patient quality of life; they are also used for the study of the effectiveness and relative risk of medicines. More than 15 disorders have been studied with the PGRx methodology and extensive validation studies have been published. Patients are recruited by their physician in France, UK, Italy, Germany, Spain and in the US, and interviewed and/or fill a self-questionnaire. The PGRx-3 ACS dataset included 18 countries, 18 tariffs, October 2013, 90% of them being cardiologists. To date, 3725 patients have been included. The self-reported QoL was completed at 12 months, using the EQ-5D and SF-36. RESULTS: 12 months after the ACS, the mean score of EQ-5D was 0.72 [SD=0.24], the less favourable ratings were for pain and restriction in movement, of which "severe" in 10% and 19% of patients, respectively. Using the SF-12, 65% patients rated a "good" health, 80 (47%) had limited mobility, and 70% declared some pain interfering with normal life. CONCLUSIONS: 12 months after ACS, patients declared a rather good QoL, despite daily limited mobility, pain and discomfort.

PCV144 A SYSTEMATIC LITERATURE REVIEW ON THE IMPACT OF THERAPEUTIC INTERVENTIONS ON QUALITY OF LIFE IN SYSTOLIC HF RANDOMIZED CLINICAL TRIALS
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OBJECTIVES: Systolic heart failure (HF), is a progressive condition carrying a high mortality, hospitalization and having a significant detrimental impact on quality of life (QoL). Current therapies indicated for use in this patient population demonstrated beneficial effects on QoL, however the magnitude of effects remain debatable. This review was performed to identify QoL instruments (disease specific or generic) used in therapeutic heart failure trials and to evaluate the impact of different pharmacological interventions.
METHODS: Publications reporting from randomised controlled trials (RCTs) as well as post-hoc analysis of RCTs from 1996 to October 2021, were included. The pre-defined inclusion criteria. Critical appraisal of trials was performed using the NICE risk of bias tool. RESULTS: A total of 17 publications from 33 RCTs met the inclusion criteria. The main HF-specific QoL instruments used were the Minnesota Living with Heart Failure Questionnaire (MLHFQ, 8,004 patients) used in Heart Failure AVOIDANCE (HFAVOR), the Kansas City Cardiomyopathy Questionnaire (KCCQ, 12,101 patients) in four trials. The generic EQ-5D (VAS) was used in three trials whereas SF-36 was used in two trials. Four studies also reported correlations between end point changes in morbidity and mortality and change in QoL. Significant changes in QoL were found in 9 active and 5 placebo-controlled trials respectively, which could be attributed to various pharmacological interventions. The critical appraisal concluded that the studies were of moderate quality. CONCLUSIONS: The majority of included RCTs used HF-specific questionnaires, to measure QoL. From 2009 onwards, the use of KCCQ increased compared to MLHFP and KCCQ was administered to a comparatively larger study population. This QoL data retrieved from such use is more comparable. Further research in this area is needed in emerging countries. The inconsistency in reporting of QoL results in RCTs limited comparison of the treatment impact on QoL.

PCV145 APERHESIS TREATMENT IN GERMAN PATIENTS WITH SEVERE HYPERCHOLESTEROLEMIA - A PSYCHODRAMA MARKET RESEARCH
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OBJECTIVES: In Germany, apheresis is indicated for patients on maximally tolerated lipid-lowering therapy (LLT) whose controlled LDL-cholesterol levels exceed 40 mmol/L. The present study was performed using the NICE risk of bias tool. RESULTS: 65% patients rated a “good” health, 80 (47%) had limited mobility, and 70% declared some pain interfering with normal life. CONCLUSIONS: Eligible patients had severe hypercholesterolemia, ≥1 cardiovascular event, apheresis, and were ≥72 years of age. The conducted workshops focused on the following topics: 1) disease perception 2) perception of apheresis 3) anticipated impact of new therapies on patients’ quality of life (QoL). Psychodrama techniques were used to investigate and gain insight into the personal and emotional views of the patients. A patient questionnaire (SF-36) was applied before (QoL with apheresis) and after the workshop (imagination of QoL with a new therapy option). RESULTS: Four workshops took place in October 2016 in Munich (n=2), Berlin and Frankfurt. The average age was 63 years (N=26) and patients had broad experience with apheresis. The assessment on the disease perception led to feedbacks such as, “It doesn’t hurt and that is bad!” “My whole life has changed!” “Perception of apheresis is ambiguous (‘invasive’, ‘time-consuming’) and pros (‘life-saver’, ‘effective’).

PCV146 A DISCRETE CHOICE EXPERIMENT (DCE) TO ELICIT PREFERENCES FOR ATTRIBUTES OF A BEDSIDE PHARMACOGENETIC TEST – PRELIMINARY RESULTS
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1University of Toronto, Toronto, ON, Canada, 2THETA (Toronto Health Economics and Technology Assessment Collaborative), Toronto, ON, Canada, 3University of Ottawa Faculty of Medicine, Ottawa, ON, Canada, 4University of Ottawa Heart Institute, Ottawa, ON, Canada
OBJECTIVES: To quantify preference weights (including willingness to pay – WTP) for attributes of a bedside pharmacogenetic test for the CYP2C19*2 allele to permit personalized therapy in patients with coronary syndromes. METHODS: This internet-based survey tool comprised of: patient demographics, a decision board and choice sets. Context was provided by way of a decision board to the patient while presenting a choice set of pharmacogenetic test options, one of which offered pharmacogenetic testing. Respondents choosing the pharmacogenetic option were provided with 8 choice sets; each with two alternatives. Each alternative consisted of three attributes, each with three levels. Attributes (levels) included: how sample was taken (cheek swab, finger prick or draw blood) turn around time for results (1 hour, 3 days, 1 week), and cost expressed as an additional annual insurance premium in Canadian dollars ($C350, $C620, $C1100). A full factorial design was implemented. A conditional logit regression model was used to analyze the responses. The survey was disseminated to randomly selected respondents in Ontario (Canada), stratified by age, gender and education. RESULTS: Results are generalizable to the Ontario population. Among 328 respondents who completed the survey, 219 chose the pharmacogenetic test option providing 3472 observations. Exponential coefficients (standard errors) and p values are as follows: Turnaround: 1 week = 0.009 (0.13) p<0.0001; 3 days = 0.243 (0.13) p<0.0001, Sample extraction, finger prick = 1.543 (0.104) p<0.001, cheekswab = 1.140 (0.100) p<0.01; cost = 0.6372 (0.032) p<0.001. WTP in additional annual insurance premiums is $C55.18 for one hour over a 7 day turnaround time and $C36.06 over a 3 day turnaround time. CONCLUSIONS: Respondents were willing to pay for a 1 hour turnaround time, and tended to prefer the cheekswab method. An incremental WTP was observed for more expedient sample turnaround time.

CARDIOVASCULAR DISORDERS – Health Care Use & Policy Studies

PCV147 IMPACT OF HEART FAILURE ON HOSPITAL ADMISSIONS AND MORTALITY IN THE PERIOD 2009-2013
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OBJECTIVES: PCV147 is an important public health problem that depletes a large quantity of health resources. Around 2% of the adult population in developed countries suffers from HF. The high prevalence of HF in Spain, around 5%, is mostly determined by its population’s progressive ageing. This study describes the impact of HF on hospital admissions, length of stay, hospitalization...
costs and age adjusted mortality in Spain in 2009-2013. METHODS: Statistical minimal data stemming from the Spanish Ministry of Health’s heart failure related hospital admissions and mortality databases, which are classified by International Classification of Disease (ICD) or Diagnosis Related Group (DRG) codes: ICD9: 428 (Heart Failure), ICD10: 1007 (Heart Failure), DRG: 127 (Heart failure and Shock). RESULTS: Congestive heart failure and cardiac arrhythmia for the period 2009 to 2013. RESULTS: Hospital admissions due to HF increased 14.39% from 2009 (89,126) to 2013 (101,953). Yet, the average length of stay in a hospital setting decreased by 7.84% (8.17 vs. 8.41 days). The average cost per admission decreased by 9.74%, from €4,434.50 in 2009 to €4,002.44 in 2013. The total cost increased from €395 MM to €408 MM. In regards to age, in 2009, the total cost for those under 40 years amounted to €3.5 MM, €42 MM for people aged 40-64, €72 MM for those aged 65-74, €165 MM for 75 years to 84 and €113 MM for 85 years or older. A positive trend was observed in the total cost of the eldest patients, reaching €131 MM in 2013. Age-adjusted mortality rate decreased from 19.21 to 15.90 per 100000 for males and from 8.76 to 6.30 per 100000 for females (corresponding to 23.8% and 36.9% decrease respectively). Total number of deaths was reduced from 10,353 in 2009 to 16,888 in 2013. CONCLUSIONS: The total cost of hospital admissions for HF increased in 2013 compared to 2009, while mortality experienced a slight decrease.

PCV148
ANALYSIS OF PRIMARY AND SECONDARY APR-DRG CODES OF AN ISCHEMIC STROKE ADMISSION
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OBJECTIVES: To investigate the factors influencing the Severity of illness index of the All Patient Refined DRGs (APR-DRG) classification of patients experiencing an ischemic stroke.
METHODS: We conducted a retrospective analysis of ischemic stroke patients classified as ‘APR-DRG 045, CVA & Preoperative Occlusion, Infarct’ between 2005-2007 admitted to the leading teaching hospital in Belgium. Each admission was assigned a primary diagnosis, followed by one or more secondary diagnoses. An algorithm was used to assign these diagnoses to individual hospitals, assigning the payment/reimbursement for each admission. This classification allows for the relative comparison of patient subgroups within each APR-DRG and severity subclass, and was designed to reflect the resources needed for treatment of a certain case, resulting in the calculation of the payment/reimbursement system.
RESULTS: 1,107 stroke admissions were recorded during the study period, distributed across four SOI categories: 2% minor, 44% moderate, 36% major, 18% severe. No relationship was found between the type of primary diagnosis and the SOI level. Of the 1,407 secondary diagnoses assigned in the dataset, only half (783) were specific to one SOI category; all others were found in 2, 3 or even 4 SOI levels. However a significantly positive relationship was found between the average number of patients per SOI level and the average of the payment/reimbursement system.
CONCLUSIONS: Prediction/reimbursement for each admission. This classification allows for the relative comparison of patient subgroups within each APR-DRG and severity subclass, and was designed to reflect the resources needed for treatment of a certain case, resulting in the calculation of the payment/reimbursement system.

PCV149
SIMULATING THE IMPACT OF A CARDIOVASCULAR PREVENTION PROGRAM
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OBJECTIVES: To investigate the factors influencing the Severity of illness index of the All Patient Refined DRGs (APR-DRG) classification of patients experiencing an ischemic stroke.
METHODS: We conducted a retrospective analysis of ischemic stroke patients classified as ‘APR-DRG 045, CVA & Preoperative Occlusion, Infarct’ between 2005-2007 admitted to the leading teaching hospital in Belgium. Each admission was assigned a primary diagnosis, followed by one or more secondary diagnoses. An algorithm was used to assign these diagnoses to individual hospitals, assigning the payment/reimbursement for each admission. This classification allows for the relative comparison of patient subgroups within each APR-DRG and severity subclass, and was designed to reflect the resources needed for treatment of a certain case, resulting in the calculation of the payment/reimbursement system.
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CONCLUSIONS: Prediction/reimbursement for each admission. This classification allows for the relative comparison of patient subgroups within each APR-DRG and severity subclass, and was designed to reflect the resources needed for treatment of a certain case, resulting in the calculation of the payment/reimbursement system.

PCV150
NOVEL ORAL ANTICOAGULANT USE IN THE EU5: HOW ARE PAYER POLICIES AND PHYSICIAN PREFERENCES SHAPING THE PRESCRIBING LANDSCAPE?
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OBJECTIVES: EUS reimbursement authorities are promoting cost-effective treatment practices against a backdrop of tightening healthcare budgets. However, label expansions for novel oral anticoagulants (NOACs) threaten to dramatically increase expenditure for the treatment of atrial fibrillation (AF), venous thromboembolism (VTE), and acute coronary syndrome (ACS). This study explores the impact of payer policies and physician preferences on prescribing for these indications.
METHODS: In December 2014/January 2015, 252 cardiologists across the EUS were surveyed regarding their current and expected prescribing of the NOACs for AF, VTE, and ACS. In addition, 15 payers who influence reimbursement at national/regional level were interviewed. RESULTS: The impact of cost-containment strategies on NOACs uptake varies across the EUS, but is most notable in Spain, where over three-quarters of payers plan to reduce NOAC prescribing. In Austria, Italy, and Spain, payers plan to introduce treatment thresholds and self-referral guidelines, while in France, Germany, and Italy, payers plan to remove NOACs from formularies altogether. CONCLUSIONS: All countries surveyed are looking to NOACs to support expanding cardiovascular disease indications. However, there is a lack of harmonization across EUS countries, and redaction of NOACs is likely to continue if broader payers fail to implement a consistent strategy.