Model outputs were taken from the literature. The cost inputs for r-hFSH and its urinary competitors were ex-factory prices provided by Merck Serono affiliates in Sweden. Cost inputs were limited to the cost of gonadotropin, as medical costs were assumed to be equal for r-hFSH and its competitors and would not affect the comparison. To estimate the cost per oocyte produced or embryo generated, the prices of r-hFSH and of hMG were multiplied by the average dose of gonadotropin and divided by the average number of oocytes or embryos produced according to published studies. To estimate the cost per optimal chance of live birth, the cost to produce 15 oocytes was calculated. Prior studies have demonstrated that the production of 15 oocytes leads to the greatest probability of obtaining a live birth. The model outputs were age-agnostic and did not take into consideration procedural differences amongst fertility clinics, as the referenced clinical studies did not provide these details. RESULTS: The cost per oocyte retrieved, cost per embryo generated, and cost per optimal chance of live birth were each 17% less when comparing r-hFSH to HP-hMG. CONCLUSIONS: r-hFSH is cost-minimizing relative to HP-hMG from the perspective of cost per oocyte retrieved, cost per embryo generated, and cost per optimal chance of live birth. This analysis demonstrates the importance of considering outcomes while comparing costs, as the ‘cost per vial’ in isolation may be a misleading determinant of cost-effectiveness.

**PIH45**

**REDUCTION IN ABSENTEEISM ON THE WORK FLOOR AFTER INTRODUCTION OF ROTAVIRUS VACCINATION: A CASE-STUDY AMONG THE ADMINISTRATIVE PERSONNEL OF THE CITY OF ANTWERP**

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**OBJECTIVES:** Rotavirus vaccination is reimbursed in Belgium since 2006 with an initial vaccine uptake in the target group >85%. Cost-effectiveness analysis of the vaccine is presented with indirect cost gained based on the reduction of loss in productivity. Seven years later we are able to estimate this important parameter with real-world data.

**METHODS:** The City of Antwerp collects data on absence from work of its administrative employees: reason, duration, time period (n ~ 10,000 women). We analysed the data retrospectively from 2003 to 2012, comparing the short-duration absence amongst mothers with a first child before and after vaccine introduction. We assumed that rotavirus infection related absenteeism was mostly seen during the epidemic period -from January to May- and involved short-duration absences (≤ 5 days). We generated a new analysis overviewing the absorbency of rotavirus vaccination over 3 years (being the risk exposure period). Finally we compared the data from June to December (i.e. outside the epidemic period) expecting no change in short-duration absenteeism. From 2003 to 2012 we saw an overall 17% reduction in the non-epidemic periods per year was 192 days before the introduction of the vaccine and it was reduced to 18 days thereafter. CONCLUSIONS: A reduction in absenteeism amongst working mothers with a first child of the administrative personnel of the City of Antwerp is observed since the introduction of rotavirus vaccine. This reduction can be substantial, estimated at 2.2 days gained per person on average.

**PIH46**

**DETERMINING THE BENEFITS OF PROACTIVE DIGITAL SERVICE FOR COMPETING TOMOGRAPHY (CT) SCANNERS**

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**OBJECTIVES:** CT users are concerned about operational disruptions and aim at reducing the number of emergency requests for service. The objective of this study was to determine if proactive monitoring can help reduce unplanned downtime.

**METHODS:** CT systems monitored using the OnWatch technology were included in the analysis. Data was collected between 2011 and 2013 to allow comparison before and after activation. Service events such as number of disruptions, service time, often or always perform STI testing. A thematic approach was used to analyze the data testing. A 4 P’s offer symptomatic patients. OBGyns were more likely to screen based solely on age. However, approximately half of all interviewees used age in conjunction with a clinical risk assessment to determine which patients to offer screening. The most frequently cited barriers to screening for STIs were: Patients not wanting the tests, Patients not seeking regular care, Parents or partners present in the room, Patient anxiety/embarrassment, and Patient cost concerns. The majority of respondents (75%) felt lab testing would automatically be included in the screening for chlamydia trachomatis and gonorrhea. The number of respondents who reported being informed that they had been tested for STIs were: 78% of respondents reported being informed that they had been tested for STIs.

**OBJECTIVES:** To evaluate the effectiveness of health information technology (HIT) interventions in improving medication adherence. We conducted a systematic review of English language articles that employed health information technology (HIT) interventions to improve medication adherence in the United States from January 1st 2008 and December 31st 2013 in peer-reviewed journals using PubMed. Our search was unrestricted by study design or disease area. PubMed Search Strategy: [(Telemedicine[Mesh]) OR ([Technology][Mesh Term]) OR ([Medical Informatics Applications][MeSH Terms]) OR ([Medical Informatics Applications][MeSH Terms]) AND (Medication Adherence[MeSH Terms] AND United States[MeSH Terms]). RESULTS: 102 studies were identified and 19 were included in our review. Studies were excluded if they did not employ an HIT intervention improving medication adherence and were instead focused on monitoring or measurement of medication adherence. The included studies spanned various disease states such as diabetes, asthma, and depression as well as HIV/AIDS. We found that the most commonly studied HIT interventions included SMS/text messaging, telemonitoring, and electronic prescribing. Overall, we found limited evidence regarding the effectiveness of HIT interventions for medication adherence. However, interventions such as telemonitoring were found to be effective in diseases such as asthma and diabetes, while text messaging appears to be promising in HIV/AIDS and diabetes. We posit that the rapidly evolving nature of the HIT field may be a challenge in performing rigorous outcomes studies to measure endpoints such as medication adherence. But larger trials with adequate statistical power are needed so that findings are more generalizable.

**CONCLUSIONS:** Comparative effectiveness and outcomes research is a key tool to inform policy, provider and patient decision making and we recommend additional research on...