hazard models were then constructed for time to stroke and atrial fibrillation (AF) diagnoses through 2010. Hazard ratios (HR) were computed for each value of the predictor variable.

**RESULTS:** Among patients with one risk factor, the hazard ratio (HR) was estimated with the occurrence of stroke and AF (HR 6.87 and 9.16, respectively), followed by HF (HR 4.48 and 4.70). Hypertension (HR 2.06 and 2.64) and diabetes (HR 2.03 and 1.82), along with age, were the risk factors with the highest prevalence. For patients age 75+, the additional presence of HTN or diabetes conferred nearly additive risk for stroke or AF (HR 9.64 and 14.83 with HTN; 9.39 and 11.64 with diabetes). In contrast, the combination of age 75+ and diabetes was superseded by vancomycin (DAP) and desloratadine (DAP).

Previously established, common risk factors were found to be strongly associated with the subsequent occurrence of stroke and AF in a claims database. Additionally, the proposed methodology, combined with the large sample size of a claims database, generated per day saw valuable and robust results. We observed 3.63 times more minutes in social activities than in sleep. Outpatient care comprises 32% (LIN) to 50% (VAN) of total costs and will remain important to consider as treatment pathways move further towards the outpatient setting.

**CONCLUSIONS:** The choice of antibiotic and location of care have a substantial impact on resource use and costs. The economic implications of new treatment options currently in development such as long-acting lipoglycopeptide IV antibiotics (pravancamycin and dalbavancin), which avoid repeated infusions and are anticipated to allow providers to shift more care to the ambulatory setting, can be assessed using the modeling framework presented here.

**PM74 MODELLING THE ECONOMIC IMPLICATIONS OF ALTERNATIVE TREATMENT OPTIONS AND CARE LOCATIONS FOR ACUTE BACTERIAL SKIN AND SKIN STRUCTURE INFECTIONS: RESULTS FROM A DISCRETE SIMULATION EVENT**

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**OBJECTIVES:** To evaluate the potential economic implications of alternative treatment strategies for acute bacterial skin and skin structure infections (ABSSSIs) by capturing the impact of the initial empiric antibiotic selection switches to 2nd line antibiotics, course length, route of administration and location of care. **METHODS:** The treatment pathway of each patient is simulated through various locations (emergency department (ED), inpatient, outpatient). Patients were assigned to the outpatient setting to complete the course, switch antibiotic at discharge or receive 2nd line treatment due to lack of response or relapse. Analysis of US inpatient claims (Premier Hospital Database) provided length of stay information. Results from three scenarios are presented - each cohort was assigned to 1st line vancomycin (VAN) at discharge. One cohort completed the VAN course, one switched to oral linezolid (LIN) and the other to daptomycin (DAP). Costs (2012 USD from the Medicare perspective) and time in each location are accrued throughout the entire treatment course. **RESULTS:** Compared to VAN (10.1), hospital plus outpatient days were greater with LIN (13.4) and DAP (10.8), but total costs were reduced with LIN (422,561) and DAP (402,585) with LIN and DAP avoiding repeated outpatient infusion center visits lowers costs. Outpatient care comprises 32% (LIN) to 50% (VAN) of total costs and will remain important to consider as treatment pathways move further towards the outpatient setting.

**CONCLUSIONS:** The EQ-5D alone has coefficients that suggest anxiety/depression has the largest impact on life satisfaction (odds ratios ranging from 0.65 to 0.26). Self-care has less impact (0.78) and pain/discomfort has the least (0.91). The long-standing health conditions alone have coefficients that suggest insomnia has the largest impact on life satisfaction (0.71). The EQ-5D and long-standing health conditions have coefficients that suggest insomnia has the largest impact on life satisfaction (0.86) in the ordered logit model. Diabetes has a stronger impact on life satisfaction (0.72) in the generalised logit model. The largest difference in coefficients between the models is observed for severe anxiety/depression (odd ratios ranging from 0.00 to 0.20).

**CONCLUSIONS:** The evidence generated, discrete choice experiment survey. Respondents evaluated treatment pathways moving from PTC to MT and 95% credible intervals from using these three models. The choice of antibiotic and location of care have a substantial impact on resource use and costs. The economic implications of new treatment options currently in development such as long-acting lipoglycopeptide IV antibiotics (pravancamycin and dalbavancin), which avoid repeated infusions and are anticipated to allow providers to shift more care to the ambulatory setting, can be assessed using the modeling framework presented here.