Calgary and Saskatchewan HTS protocols were found to be costly compared to LTS with the Calgary protocol being the most costly. The Saskatchewan protocol was found to be less costly than the Calgary protocol primarily due to employing ultrasound as the initial confirmatory diagnostic which reduces the number of Hysterosalpingogram (HSG) procedures conducted compared to the Calgary proto-
col. However, the Calgary protocol would have been more costly than LTS if life-years gained were considered for national-level scale up for prevention of PPH.

We conducted univariate and probabilistic sensitivity analyses to examine robustness of our results. We conducted univariate and probabilistic sensitivity analyses to examine robustness of our results. Changes in costs. We conducted univariate and probabilistic sensitivity analyses to examine robustness of our results.

In the incremental analysis, prenatal misoprostol cost was effective compared to the Calgary protocol (i.e. within HTS comparison) because the Saskatchewan protocol saves more money for a unit of effectiveness lost. CONCLUSIONS: The existing evidence suggest that compared to LTS, HTS is more costly but also more effective. While replacing eligible LTS-patients with HTS-patients will result in cost savings, it is uncertain whether the amount of costs outweighs the amount of effectiveness gains. The economic analy-
sis was designed using data base from the UMAA 23 Hospital of Gynecology and Obstetrics Dr. Ignacio Morones Prieto, to compare Foseal and Control (standard treatment) in obstetric haemorrhage. The efficiency measure was the percentage of patients who avoided surgical re-intervention. Only costs from medical attention were used such as: haematostatic agents, hospitalization and surgery. An incremental cost-effectiveness analysis was performed as well as a deterministic and stochas-
tic sensitivity analysis, modifying cost and effectiveness of Foseal, and reinforced with the statistical analysis and linear regression to determine the influence of sev-
eral parameters on the total cost. RESULTS: For the Foseal strategy, we obtained a more cost-effectiveness option than Control; 100% of patients avoided surgical re-
tervention compared to 46.66% of the Control (p<.0001). Patients that used Foseal had less hospitalization time and less time in the intensive care unit with respect to patients that received standard treatment by Merk 5 Sergio. Analysis of obstetric haemorrhage had an average cost per patient of $137,505, while Control group was $237,470 generat-
ing savings of $99,965 per patient. The sensitivity analysis, statistical analysis and linear regression analysis proved the strength of these results. CONCLUSIONS: The economic evaluation proved that Foseal is an cost-effectiveness and safe option with respect to Control, used in obstetric haemorrhage in Mexican patients, hav-
ing a lesser cost while avoiding surgical re-interventions and hospitalization days.

P1H40
POTENTIAL COST-EFFECTIVENESS OF PRENATAL DISTRIBUTION OF MISOPROSOL FOR PREVENTION OF POST PARTUM HEMORRHAGE IN UGANDA
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OBJECTIVES: To perform a complete economic evaluation of cost-effectiveness on the basis of prenatal versus standard treatment for obstetric haemorrhage in Mexican patients from the Public Health Sector point of view. METHODS: An economic analy-

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Model inputs 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 chance of live birth were each 17% less when comparing r-hFSH to hMG. CONCLUSIONS: r-hFSH is cost-minimizing relative to hMG from the perspective of cost per oocyte retrieved, cost per embryo generated, and cost per optimal chance of live birth. The 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 assessed the data longitudinally respectively from 2003 to 2010 and from 2011 to 2012, comparing the average absenteeism 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). The data was analyzed for children born after the cohort had been vaccinated 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. RESULTS: From 0.5 to 2.5% of the working women are getting a first child each year (224 women). Without vaccination they spent on average 1,056 accumulated days of short-duration absence (4.7 days per mother spread over 3 years) during the epidemic period. Since the introduction of the vaccine, that number was reduced by 32% (p<0.001). The data further show that the difference between the epidemic and 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 vaccination. This reduction can be substantial, estimated at 2.2 days gained per person on average.

PIH46
DETERMINING THE BENEFITS OF PROACTIVE DIGITAL SERVICE FOR COMPUTED TOMOGRAPHY (CT) SCANNERS

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OBJECTIVES: To evaluate the effectiveness of health information technology (HIT) interventions in improving medication adherence. METHODS: 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: [(Telemetry/instrumentation"[Mesh]) OR (“Technology”[Mesh Term]) OR (“Medical Informatics Applications”[Mesh Term]) OR (“Telemedicine”[Mesh Term]) AND (“Medication Adherence”[Mesh Term]) AND (“United States”[Mesh Term])]. RESULTS: 102 studies were identified and 19 were included in our review. Studies were excluded if they did not employ an HIT intervention or instead focused on medication adherence and were instead focused on monitoring or measurement of medication adherence. The included studies spanned various disease states such as diabetes, asthma, heart disease, and HIV/AIDS. We found that the most commonly studied HIT interventions included SMS/text messaging, telemonitoring, and electronic prescribing. Overall, we found limited data regarding the effectiveness of HIT interventions to improve 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