To further understand this opportunity, this research sought to identify key IC practices that would be impacted by MDs testing and could support improved HAI outcomes. METHODS: Telephone-based primary research was conducted with 34 hospital quality and IC stakeholders across the US and UK to understand the impact of HAI, current IC practices, quality metrics, outcomes and opportunities for MDs to become involved. Results were categorized into IC strategies and reporting metrics. RESULTS: Hospitals have implemented a variety of strategies aimed at reducing and preventing the incidence of HAI. Hospitals assess the success of their IC strategies by benchmarking their infection rates against national or regional reports and measuring compliance with certain IC protocols. There are various IC practices that could be impacted by MDs testing such as patient isolation and timely administration of targeted antibiotic therapy; however, metrics associated with these IC strategies are generally not reported. CONCLUSIONS: Primary and secondary research findings suggest that compliance with IC protocols is critical to improving HAI outcomes. Expanding hospital quality reporting metrics to include factors related to testing and utilizing these data could support improved IC strategies and reporting metrics.

PMD134

BUDGET IMPACT ANALYSIS OF BIOABSORBABLE DRUG-ELUTING SINUS IMPLANTS FOR ENDOSCOPIC SINUS SURGERY

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OBJECTIVES: To investigate the situation of disposable insulin syringe needles re-use among diabetic patients in Beijing and the safety problems due to re-use as well as the extra disease burden. METHODS: Use the semi-constructed questionnaire to investigate how the insulin injection needles were re-used and its disease burden on diabetic patients who had been treated by insulin injection for at least half a year in 21 hospitals in Beijing. RESULTS: 45.25% of the insulin syringe needles were obtained from the pharmacies outside hospitals and the average price was 2.76 RMB per piece. Only less than 2% of the diabetics use new disposable needle per injection and 30.52% of them only changed their needles once per week. The main cause of 84.53% of the diabetics was cost saving. More than half of the surveyed diabetics got needle-injection-related hurts such as Lipohypertrophy and skin infection. 61.98% got hypoglycemia symptoms in the last 3 months. It was estimated that the extra disease burden resulted from the safety problems of insulin syringe needles re-use was 458.74 RMB per patient per last 3 months. It was estimated that the extra disease burden resulted from the unheated CO2 (U-CO2) in laparoscopic patients. Efficacy data were derived from a published randomised controlled trial with patients undergoing hemi-hysterectomy, with a US database analysis of hyperthermia patients for open surgery, and from an unpublished UK NHS before and after study of laparoscopic surgery patients. Other parameter inputs were obtained from published literature. Deterministic and probabilistic sensitivity analyses were carried out to assess the robustness of results. Scenario analyses were undertaken to explore structural uncertainty within the model. RESULTS: The use of WH-CO2 dominated standard care (SoC) with a cost-savings of £2,526 and £5,720 per patient, with EVARREST® vs. SoC considered, provided 10 or more patients used each humidifier over its life span. CONCLUSIONS: The analyses conducted suggest that based upon the currently available clinical evidence, WH-CO2 is a cost-effective use of resources for patients undergoing either open or laparoscopic colorectal surgery within the UK NHS.

PMD137

ECONOMIC ANALYSIS OF EVARREST® SEALANT MATRIX COMPARED WITH STANDARD OF CARE IN SEVERE SOFT TISSUE SURGICAL BLEEDING: A UNITED KINGDOM HOSPITAL PERSPECTIVE

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OBJECTIVES: To estimate the cost-effectiveness of EVARREST® sealant matrix compared with standard of care (SoC) in problematic soft tissue surgical bleeding in the United Kingdom (UK). METHODS: An economic model quantified 30-day cost impact of EVARREST® from a UK hospital perspective. RESULTS: The surgical base-case analysis predicted that EVARREST® cost was offset by averted resource use per patient cost impact of £464 (sensitivity range: -£822 to £1,351) vs. SoC. The hospital analysis predicts further resource reduction with EVARREST® leading to cost-savings of £1,006 per patient (sensitivity range: -£2,546 to £534). In laparoscopic prostatectomy patients, the results dramatically improved, with the surgical and hospital analysis both showing cost savings of £2,526 and £5,720 per patient with EVARREST® vs. SoC respectively. CONCLUSIONS: In problematic bleeding situations, EVARREST® may result in important cost savings for hospitals, in addition to meeting an important unmet need. This analysis suggests results may depend on bleeding type, with increased benefit in challenging (i.e., coagulopathic) bleeding patients. Further study is needed to confirm findings.

PMD138

MEDICAL DEVICES: WHY DO SOME PAY MORE THAN OTHERS? ANALYSIS OF PRICE VARIATION IN FRENCH PUBLIC HOSPITAL IN 2013

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OBJECTIVES: The aim of this benchmarking study is to provide a detailed analysis of medical devices (MD) price and to identity what drive price dispersion. METHODS: A large panel of MD level price data was collected in 3 French public healthcare institutions and 10 centralized purchasing groups (representing 37% of french public hospitals). MD were selected according to the Pareto law (20% of the MD represent 80% of the expenditure) and expert opinion to ensure that each MD had sufficiently large demand. Several factors were considered such as volume purchased, affiliation to a purchasing group, procurement procedure and contract start date. RESULTS: Finally, 18 MD were retained following up on the provided answers (5 elastic bandages, 8 implants, 3 common MD and 3 captive MD). In terms of pricing, results between hospitals being close for similar quantities and none can be defined as the benchmark leader. Rebates are a common mechanism and the level of discount depends on the MD considered and type of funding (activity related, or institutional payments). Open public tenders are the most commonly procurement procedure used, whereas negotiated procedures are more efficient for captive MD. There is a marked relationship between trial procurement and the purchase of prices. MD price can change over time and the relevance of the contract start date is confirmed: older the contract is, cheaper is the price for some MD, or on the contrary for others. CONCLUSIONS: There is no connection between catalogue prices and purchase prices carried out by patients analyses, but the discount is conduced to be assessed. As the volume effect has no evident impact on MD discounts, the advantage of joining a centralized purchasing group has not been confirmed.

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