conferences). CONCLUSIONS: Kidney transplantation substantially changes the composition of costs associated to patients affected by end stage renal disease, dramatically reducing the costs of diagnostic/therapeutic procedures and increasing drug expenditure. When evaluating the increase in hospitalization costs, the incidence of transplantation expenditure should be considered. Speculatively, it should be expected that in the following year the current cost decrease would be thanks to savings following the reduction in dialysis costs.

PUC34 CROSS-SECTIONAL DESCRIPTIVE STUDY OF THE IMPACT OF ANAEMIA IN PATIENTS WITH CHRONIC KIDNEY DISEASE ON HEALTHCARE RESOURCE UTILISATION AND WORK PRODUCTIVITY ACROSS EUROPE

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OBJECTIVES: To conduct a cross-sectional study of anaemic status and work productivity in patients with chronic kidney disease (CKD) stages 3 and 4, and patients on dialysis. METHODS: A descriptive, cross-sectional analysis was performed using data from the Adelphi CKD Disease Specific Programme in France, Spain, Italy, Spain, and UK between June and September 2012. Healthcare resource utilisation data was extracted from patient self-completion questionnaires and physician-completed patient record forms. Absenteeism and work-related activity impairment data were obtained from the Work Productivity and Activity Impairment questionnaire. RESULTS: A total of 1336 patient self-completed questionnaires were received from an evaluable population of 2898 CKD patients (stage 3, 4, and on dialysis). Across all patient sub-groups, anaemic patients accrued more nephrologist visits over 12 months, compared to non-anaemic patients (2.7 vs 1.3). Anaemic patients also experienced a higher number of visits to a general practitioner (3.5 vs 2.9). Stratification of the data, by haemoglobin (Hb) level and dialysis status, revealed that the number of all-cause hospitalisations was consistently higher for patients with Hb levels of <10 g/dL, compared to those with Hb levels of ≥12 g/dL, irrespective of dialysis treatment (0.7 vs 0.2 and 0.9 vs 0.5 admissions for non-dialysis and dialysis subjects, respectively). The economic CKD stage 4 and dialysis patients <65 years, had higher rates of work absenteeism compared with non-anaemic patients (3.6% vs 2.4% stage 4 and 14.6% vs 7.6% dialysis). Anaemia caused greater activity impairment (whilst working) among CKD stage 3 patients (23.6% anaemic vs. 14.7%) and stage 4 patients (26.4% anaemic vs. 20.0%), compared to non-anaemic patients (19.3% stage 4 and 37.2% anaemic vs. 44.6%). CONCLUSIONS: Anaemia may have a substantial impact on healthcare resource utilisation and work productivity in patients with CKD. Further studies are warranted to evaluate the humanitarian impact and direct economic burden of anaemia in CKD.

PUC35 ECONOMIC EVALUATION OF HEALTH SPENDING AND HEALTH OUTCOMES IN THE MANAGEMENT OF HEMODIALYSIS FOR TWO INSURANCE COMPANIES IN COLOMBIA

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OBJECTIVES: Determine the health impact through an economic evaluation in relation to expenditure and quality of care for patients with chronic kidney disease (CKD) with hemodialysis or peritoneal dialysis and their network of providers between 2013 and 2014. METHODS: The information system containing data tracking high-cost diseases in the Colombian health system, an economic tool was generated with the methodology used in the 2013 wave recommended to be used for future studies. The comparative analysis was performed with the CKD stage 5: 22926 patients (2013) and 23478 (2014), which were selected on hemodialysis and 4, and patients on dialysis.

PUB3 BUILDING INTENTIONS WITH THE THEORY OF PLANNED BEHAVIOUR: A QUALITATIVE ASSESSMENT OF SALIENT BELIEFS ABOUT PHARMACY VALUE ADDED SERVICES IN MALAYSIA

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OBJECTIVES: In order to improve pharmaceutical care delivery in Malaysia, Ministry of Health has introduced the concept of “Anak Dara” (China) or pharmacy as an extension of health care. The objective of this study is to determine the current status of the utilization of pharmacy value added services (VAS) and the factors influencing the utilization of such services. The study was conducted within the framework of the Theory of Planned Behaviour (TPB) as a theoretical model. METHODS: A qualitative methodology was used whereby face-to-face interviews were conducted with 12 patients who collected partial medicine supplies from government pharmacies. Participants were recruited using purposive and snowball sampling method in the State of Negeri Sembilan, Malaysia. Interviews were audio-recorded. Verbatim transcription and thematic content analysis were performed on the data. RESULTS: Thematic content analysis yielded five major themes. (1) Attitudes towards using VAS, (2) subjective norms, (3) perceived behavioural control, (4) lack of knowledge and understanding of VAS and (5) expectations toward VAS. CONCLUSIONS: The interviews explored and informed new information about salient beliefs towards pharmacy VAS in Negeri Sembilan, Malaysia. The findings suggest that VAS is still in its infancy and a more robust and effective advertising and marketing campaign is needed to boost the adoption rate. Behavioural attitudes, subjective norms and perceived control elements were discussed and serve as important variables of interest in future study. Expectations towards VAS serve as an important guideline to further improve patient-oriented services.

PUB3 ANALYSIS OF HEALTH SERVICES UTILIZATION AMONG ELDERLY IN SLOVENIA

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OBJECTIVES: To analyse health services utilization among elderly in Slovenia. METHODS: Health services utilization among elderly depends on many factors. However, it is important to realize that older people in their consumption of health care services are not a homogeneous group as they may be particularly exposed to different social inequalities. To better understand the factors that influence the use of health care resources among the elderly in Slovenia, we used a database of Wave 4 of the Survey of Health, Ageing and Retirement in Europe (SHARE). The SHARE data was self-reported and included indicators of health services utilization, such as the number of contacts with general practition-