However, CLAS may be comparably cost-effective by decreasing number and length of group meetings. Current studies are looking at the efficacy of a streamlined CLAS structure with reduced and centralized group sessions.  

PHS61  
ECONOMIC EVALUATION OF A RANDOMIZED CONTROLLED TRIAL OF PHARMACIST-SUPERVISED PATIENT SELF-TESTING OF WARFARIN THERAPY  
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OBJECTIVES: The increase in numbers of patients requiring oral anti-coagulation testing in outpatient clinics has focused attention on alternative flexible systems of anti-coagulation management. One option is pharmacist led patient self-testing (PST) of international normalised ratio (INR) in the community. PST has demonstrated improvements in anti-coagulation control, but its cost-effectiveness is inconclusive. This study reports the first cost-effectiveness evaluation of a randomized controlled trial of an automatic direct-to-patient expert system, enhanced and effective management of patients on oral anti-coagulation therapy. METHODS: We conducted an economic evaluation alongside a randomised controlled trial investigating a pharmacist led PST method. The primary outcome was to determine the cost-effectiveness of PST at each of the following: a) pain, b) adverse event, c) time, d) cost, e) quality of life (QALY), and f) management. It provides significant increases in anti-coagulation control for a minimal increase in cost.  

PHS64  
EFFECTIVENESS OF BREAST CANCER SCREENING IN THE NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM IN THE UNITED STATES  
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OBJECTIVES: The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is the largest organized cancer screening program for low-income, uninsured women in the United States. The program’s cost-effectiveness in delivering breast cancer screening services to the eligible women has not been quantified. We estimated incremental cost-effectiveness ratios (ICERs) and conducted sensitivity analyses. RESULTS: On a per patient basis over a 6 month period, PST resulted in an incremental cost of $59.08 in comparison with routine care. Patients achieved a significantly higher time in therapeutic range (TTR) during the PST arm in comparison with routine care, (72 ± 19.7% vs. 59 ± 13.5%). Overall cost of managing a patient through pharmacist supervised PST for a 6 month period is $226.45. Additional analysis of strategies from a societal perspective indicated that PST was the dominant strategy. CONCLUSIONS: PST with Enhanced Management is a viable method of management. It provides significant increases in anti-coagulation control for a minimal increase in cost.  

PHS67  
OUT-OF-POCKET MEDICAL COSTS FOR PARENTS WITH CHILDREN WITH DOWN SYNDROME IN THE UNITED STATES  
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OBJECTIVES: Financial considerations may impact the pregnancy decisions of expectant parents who receive a positive prenatal screening test result for Down syndrome (DS) or trisomy 18. This study examined the out-of-pocket medical costs associated with raising a child with DS between birth and 18 years of age, using private U.S. health insurance data. METHODS: Patients with a diagnosis of DS or trisomy 18 were identified from a commercial database of children with craniofacial condition who had an identifiable parent were identified from the OzmunHealth Reporting and Insights administrative claims database. A patient’s observation time was divided into clinically relevant age categories for DS. Patients with DS in each age category were matched to controls without diagnoses for chromosomal conditions. Mean annual health care utilization costs were compared between the patient-age cohorts with DS and matched controls with Wilcoxon signed-rank tests. RESULTS: After matching, patient-age cohorts were statistically similar with respect to most demographic and family characteristics. However, patients with DS had significantly higher mean annual out-of-pocket costs than their matched controls within each age and category cohort. Total annual incremental costs were highest among patients with DS from birth to age 1 ($1,907, p < 0.001), when the need for surgery is greatest. The greatest incremental costs were inpatient costs in the first year of life ($925, p < 0.001) and outpatient costs in later years (ranging from $623–$183, all p < 0.001). Overall, patients with DS incurred incremental out-of-pocket medical costs of $8,248 between birth and age 18 years. CONCLUSIONS: Across all age categories, mean total out-of-pocket annual costs for parents were greater among individuals with DS compared to their matched controls. On average, parents of children with DS pay an additional $84 per month for out-of-pocket medical expenses when costs are amortized over 18 years.  

PHS68  
EXPECTED COSTS AND HEALTH OUTCOMES FOR A COHORT OF ALBERTANS DIAGNOSED WITH HEPATITIS C  
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OBJECTIVES: Parenting programs are effective in reducing child conduct problems in children with DS and other developmental disabilities. This study evaluated the effectiveness of education and training as well as the impact of the program on the child’s behavior. Parents were compared with matched control families at the beginning of 4 months from a government payer perspective targeting CP in children aged 3-12 years. METHODS: The study sample consisted of 961 parents of 3-12 year-old children with CP, including 862 who started a program or reading a book, and 199 in the control group. Cost was measured by the Family Child Behavior Inventory (FCBI). Effectiveness was expressed as the proportion of “recovers” of CP based on the Reliable Clinical Change Index. Intervention costs and parents’ time costs are reported. A GLM was performed comparing costs and utilities between interventions that showed differences in outcomes and a cost-minimisation where outcomes were similar. RESULTS: All programs apart from Connect were effective in improving CP. Connect showed a significantly higher proportion of recovered cases than the bibliotherapy (29.7% vs 17.4%) and higher costs. The GEA developed an incremental cost-effectiveness ratio for Comet versus bibliography of US$595 per one recovered case of CP. The cost-minimisation delivered an average cost per recovered case of US$845 for the bibliotherapy, US$4824 for Connect and US$6244 for IV. CONCLUSIONS: In the absence of a willingness-to-pay threshold, bibliography is the cheapest option to achieve minimal significant effects and could be a low-cost and easily delivered alternative within a limited budget. If decision-makers are willing to make larger investments Comet is the best alternative. Further studies are needed with longer follow-ups to ascertain on the sustainability of effects and a full economic evaluation to help decision-makers set priorities across different interventions.