PCV173
EFFECT OF ORAL NUTRITIONAL SUPPLEMENTS ON HOSPITAL OUTCOMES IN PATIENTS AGED 65+ WITH CONGESTIVE HEART FAILURE

Lakdawalla D1, Thornton Snedke J1, Perleth R1, LaVallee C2, Linthicum MT2, Philpson TJ1, Partridge J1, Wischmeyer P3
1University of Southern California, Los Angeles, CA, USA, 2Precision Health Economics, Los Angeles, CA, USA, 3Stanford University, Stanford, CA, USA, 4University of Chicago, Chicago, IL, USA, 5Abbott Nutrition, Columbus, OH, USA, 6University of Colorado School of Medicine, Aurora, CO, USA

OBJECTIVES: Hospital admissions for congestive heart failure (CHF) are a major driver of costs for health systems, and CHF is especially prevalent in patients aged 65 and older. This study assessed whether provision of oral nutritional supplements (ONS) in the hospital can reduce these costs, by estimating the effect of ONS use on 30-day readmission rates, length of stay (LOS), and hospitalization episode costs. METHODS: Using the 2000-2010 Premier Research database, a large national database, we estimated a sample of 47,563,713 hospital patients aged 65 and older with a primary diagnosis of CHF. We excluded episodes involving tube feeding and those ending in death (due to censoring). Using propensity score matching, we created a 1:1 matched sample of ONS and non-ONS episode controls. RESULTS: Of patients receiving ONS during hospitalization, 43.2% ICs were Asians and 56.8% were Europeans. Majority of ICs were extremely/very concerned about delayed arterial healing, as we expected among older patients aged 65 and older with a primary diagnosis of CHF. We excluded episodes involving tube feeding and those ending in death (due to censoring). Using propensity score matching, we created a 1:1 matched sample of ONS and non-ONS episode controls. On average, patients receiving ONS use reduced the probability of readmission within 30 days by 10.1%, from 9.03 to 7.75 (p < 0.01). CONCLUSIONS: In elderly patients hospitalized with CHF, ONS improves 30-day readmission, LOS, and episode cost outcomes. ONS use could provide a low-cost strategy for improving hospitalization outcomes for elderly patients with CHF and reducing burden on health systems from CHF.

PCV174
KNOWLEDGE TRANSFER GAP BETWEEN CARDIOLOGISTS AND PATIENTS UNDERGOING PERCUITORY CONJUNER INTERVENTION REGARDING RISKS ASSOCIATED WITH DRUG-ELUTING STENTS: AN ASIAN & EUROPEAN SURVEY

Yan B1, Lee V.W.2, Linthicum M.T.2, Caumette D.3, Ireland A.3, Schwartz A.3, Heroum C.4, Partridge J.5, Schmidt A.6, Linthicum A.1, Ip A.1
1The Chinese University of Hong Kong, Shatin, Hong Kong, China, 2The Chinese University of Hong Kong, Hong Kong, Hong Kong

OBJECTIVES: The choice of stent used in percutaneous coronary intervention (PCI) is often at the discretion of the interventional cardiologist (IC) without informed shared decision making. We aim to assess the impact of ICs’ awareness of the risk of delayed arterial healing associated with drug-eluting stents (DES) on patient knowledge and health outcomes. METHODS: 132 ICs from 11 countries (3 Asian: Malaysia, Hong Kong, Singapore and 8 European: Germany, Italy, UK, The Netherlands, Belgium, Denmark, Russia and Serbia) were invited to complete an online survey using a 4-point scale regarding their (i) familiarity with delayed arterial healing associated with DES, (ii) how concerned they are about delayed arterial healing, (iii) frequency this risk was discussed with patients, and (iv) frequency this risk influence the type of stent they used. Responses from Asian cardiologists were compared with Europeans. RESULTS: 43.2% of ICs were Asians and 56.8% were Europeans. Majority of ICs were extremely/very familiar with the risk of delayed arterial healing after DES implantation (63.2% Asian vs. 56.0% European, p<NS); ICs who were extremely/very concerned about the risk of delayed arterial healing were more likely to discuss with their patients (Odds Ratio of Influence (OR) 2.62, 95% confidence interval (CI) 1.17-5.85, p<0.01) and influence their stent choice (OR 5.56,95%CI 2.56-12.60, p<0.01). Although twice as many Asian compared to European ICs were extremely/very concerned about delayed arterial healing with DES (OR vs. 32.4%, respectively, p=0.01), there were no significant differences in the frequency this risk was discussed with patients (often/always: 24.6% Asian vs. 26.7% European, p=NS) or influence the type of stent used (often/always: 47.4% vs. 35.7%, p=NS). CONCLUSIONS: Many patients are not well informed of the risk associated with DES despite high level of physician awareness and concern of this risk. This knowledge transfer gap exists in both Asia and Europe.

PCV175
ACUTE ISCHEMIC STROKE (AIS) PATIENT MANAGEMENT IN FRENCH UNIT'S AND UNIT IMPACT ON THROMBOLYSIS ON CARE PATHWAYS AND ASSOCIATED COSTS

Schmidt A1, Renard S1, Heroum C2, Caumette D3, Delaite O1, Le Lay K1
1IndiVial Consultants, Oullins, France, 2CHRU Montpellier, Montpellier, France, 3Boehringer Ingelheim France, Paris, France

OBJECTIVES: This study aims to evaluate the current management and associated costs of acute ischemic stroke (AIS) for patients admitted in stroke units in France and over a 1 year follow-up period as well as to assess the impact of improved management in term of increasing the proportion of patients receiving thrombolyis and/or treated within 3hrs from symptom onset on functional recovery and care pathways. METHODS: A decision model was designed and validated. Two component costs associated with the acute hospital management phase of patients with AIS up until hospital discharge and the second corresponding to the post-acute phase. Patient journeys and costs were determined for both phases. Improved thrombolytic management was modeled by increasing the proportion of patients prescribed thrombolytic. The model estimated level of 16.7 to 25% as well as subsequently increasing the proportion of patients treated within 3 hours of the onset of symptoms post-stroke from 50 to 100%. The impact on care pathways was evaluated from clinical data. RESULTS: In 2011, 29,999 stays took place in a stroke unit in France. 60% of discharges were to home, 25% to rehabilitative care then home, 2% to rehabilitative care then a nursing home, 7% to long-term care and 6% of stays ended with a patient death. Of a total cost over 1 year of €610 million (mean cost per patient of €20,326), 70% concern the post-acute phase. By increasing the proportion of patients thrombolyzed, costs are reduced primarily by a decrease in rehabilitative care, with savings per additional treated patient of €1,462. By increasing the proportion of patients treated within 3 hours doubled (€13,183 per additional patient. CONCLUSIONS: By improving thrombolytic management in stroke units, patient journeys through care pathways can be simplified, with increased discharges home, a change in post-acute resource consumption and net savings.

PCV176
LAUNCHING NOVEL CLASS III IMPLANTABLE CARDIAC DEVICES FOR CARDIOLOGY IN EUROPE FIRST, IS THIS COMMON COMMERCIAL PRACTICE?

IMPROVING HEALTH CARE QUALITY FOR EUROPEANS

Gardafeld S1, Armstrong S1
1GfK Market Access, Wayland, MA, USA, 2GfK, Wayland, MA, USA

OBJECTIVES: Regulatory hurdles for novel medical devices are lower in Europe than in the US. The costs and evidence requirements to achieve CE marking for medical device approval in the EU are much lower than in the US. We assessed how much the clearance process varies for the launch of novel technology by new medical device companies. RESULTS: Market access timing and cardiac outcomes. METHODS: A review of CE mark and FDA approvals for class III implantable cardiac devices was conducted for the period of 2003-2013. Devices were identified and cross referenced to determine whether both CE mark and FDA approval were achieved. Those with both were compared by the date of approval to determine market access variance in the US versus Germany. Publically available coverage and reimbursement policies were reviewed in each market in combination with relevant device prevalence rates over the study period. RESULTS: Implantable cardiac devices were routinely available in Germany before the US during the study period. Early use across Europe, in many cases years prior to additional European regulatory approval, was found. The link between early access, clinical outcomes, and cost needs to be further analyzed in future studies. RESULTS: Implantable cardiac devices were routinely available in Germany before the US during the study period. Early use across Europe, in many cases years prior to additional European regulatory approval, was found. The link between early access, clinical outcomes, and cost needs to be further analyzed in future studies.

PCV177
RECRUITING CARDIOLOGISTS AND CHRONIC HEART PATIENTS FROM A MANAGED PHYSICIAN PANEL TO SUPPORT CLINICAL STUDIES PHASE III/IV OR HEALTH OUTCOME STUDIES

Schulmeister P1, Potthoff P1, Bärwolf C2
1Kantar Health Germany, Munich, Germany, 2All Global, London, UK

OBJECTIVES: To identify cardiologists who willing to participate in Health outcome or Clinical Studies Phase III/IV in internal medicine and to include patients for outcomes and cost-effectiveness. Real life and Post-Approval Studies are becoming more and more important to meet regulatory and market access objectives. The present contribution is to assess the benefits of a managed panel of cardiologists for clinical study and patient recruitment. METHODS: In 2013, a representative survey among members of a managed physician panel of cardiologists in US, UK, GER, FR, IT and SP was conducted. 208 cardiologists reported on former experiences with clinical studies Phase III/IV and post-approval studies, their willingness to participate in future studies and their perception of clinical trial Future Practice rules. RESULTS: 87.6% of the cardiologists reported to have formerly participated in clinical studies Phase III/IV, and 54.3% in post-approval studies. Over 58% of these cardiologists were willing to participate in future studies (58.2% in clinical studies phase III/IV and 63.1% in other post-approval studies). More than 92.7% of this group was ready to be named as principal investigator to an ethical committee, to report serious events to the sponsor (97.6%), or to participate in a web-based training session (90.3%). Within one month cardiologists see in average 175 patients suffering from chronic heart disease in their practices (Minimum: 20; Maximum more than 500). 93.5% of the cardiologists are willing to ask their patients for informed consent for participation in studies, thereby providing a promising source for recruiting patients. CONCLUSIONS: Cardiologists from a managed panel are a time- and cost-effective option for recruiting sites and patients for observational post-approval studies and clinical studies Phase III/IV, and for economic assessment of new treatments and for the US. Patient incidence estimates are a reliable source for enrollment planning.

PCV178
HEALTH CARE STAKEHOLDERS’ EVALUATION OF A USER-FRIENDLY TOOL WHICH ESTIMATES LONG-TERM HEART GAINS FOLLOWING THE REDUCTION OF LDL LEVELS

Merkt Sharp & Dohme, Oeiras, Portugal

OBJECTIVES: Demonstration of long-term value proposition of preventive care in terms of health gains and associated costs with disease progression may be of great value to those who need to prioritize health policies. This analysis aimed to evaluate physicians’ and primary care patients’ opinions about a user-friendly tool which estimates long-term heart gains following LDL-C reduction. METHODS: A user-friendly tool was instrumentally published in a Markov model employed to evaluate health outcomes, including cardiovascular (CV) events and due costs. The model incorporated Framingham risk equations, Portuguese population characteristics, national mortality rates and local costs. Software runs in IOS and the tool may simulate for 3, 5 and 10 years the expected CV events drop following a given LDL-C