following with 15% of the rest patients switching to rivaroxaban per year. Then the model estimates the number of DVT, pulmonary embolism (PE), intracranial bleeds (ICH) and major extracranial bleeds (ECHR) per year. RESULTS: The new DVT patients are 287,813 per year. For those patients, with 20% patients switching to rivaroxaban from LMWH+VKA in the first year, the recurrent venous thrombosis embolism (VTE) rates, including DVT and PE, reduced 4.6%, and bleeding events including ICH and ECHR reduced 7% with 1% minor bleeding increasing. To the third year, the recurrent VTE events reduced 11.4%, major bleeding events reduced 17% with 2% minor bleeding increasing compared with the cost-effectiveness analysis. Consequently, rivaroxaban may decrease the clinical burden of DVT in China by reducing the incidence of recurrent VTE and fatal bleeding events. Decision-makers can find the exact value of rivaroxaban easily by the simple tool in different situations.

PCV145
COST-EFFECTIVENESS OF DISEASE MANAGEMENT PROGRAMS FOR CARDIOVASCULAR RISK ASSESSMENT AND COPD IN THE NETHERLANDS
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OBJECTIVES: Disease management programs (DMPs) for cardiovascular risk (CVR) and chronic obstructive pulmonary disease (COPD) are increasingly implemented in the Netherlands to improve quality of care and patient’s lifestyle. The aim of the study was to provide evidence about the (cost-)effectiveness of Dutch DMPs as implemented in daily practice. METHODS: We compared the 2-year costs and changes in physical activity, smoking behaviour, and utilities between the most and the least comprehensive DMP in four disease categories: primary CVR-prevention, secondary CVR-prevention, both types of CVR-prevention, and COPD (total). The cost-effectiveness analysis compared increased compendia between DMPs. A cost-utility analysis was performed from the health care and societal perspective. Sensitivity analysis was performed to estimate the impact of DMP development and implementation costs on the cost-effectiveness. Patients in the most comprehensive DMPs increased physical activity and had higher smoking cessation probabilities after 2 years in most disease categories. From a health care perspective, the pressure was on slighter decreased in patients in the most comprehensive DMPs as compared to the least comprehensive DMPs. A systematic review of DMPs for prevention of secondary CVR-prevention and COPD was cost-effective compared to the least comprehensive DMPs. The challenge for Dutch stakeholders is to find the optimal mixture of interventions.

PCV146
COMPARING QUALITY EFFECTS OF PATIENT CARE IN INTEGRATED AND REGULAR CARE FOR PATIENTS WITH HYPERTENSION
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OBJECTIVES: This study examines the extent to which Integrated Care Programs lead to an improvement in the quality of patient care. The aim of the study is to carry out a quantitative analysis of differences in quality between patients participating in Integrated Care Programs (ICP) and patients receiving regular care, regardless of health insurance status, program, or region. METHODS: The study used data from the representative IMS Disease Analyzer database. It included patients who received confirmed diagnosis of hypertension in the integrated care therapy in the period between January 2010 and December 2012. The primary dependent variable of the study was the change in blood pressure after 6 months of therapy. To assess this variable, we linked the data of patients with a blood pressure of below 140/90 in the period between day 183 and day 365 after initiation of treatment (index date). In order to eliminate confounding factors, we performed one-to-one matching based on a propensity score. RESULTS: 1,317 patients participating in the integrated care program (ICP) and 1,317 patients not participating in such a program were available for further analyses following the propensity score matching. Patients in both groups were very similar with respect to demographic variables and antihypertensive therapy. The proportion of patients with blood pressure values <140/90 after one year of treatment was 33.6% in the group of ICP participants and 22.7% in the group of non-ICP participants (p<0.0001). The chance of reaching the treatment goal was significantly higher in the group of participants participating in an integrated health program (OR: 1.73, 95% CI: 1.45 – 2.05). CONCLUSIONS: It is evident that DMP participants have a significantly better chance of achieving the therapy goal. Thus, it can be established that integrated care health programs have a positive effect on quality.

PCV147
SEGMENTATION IS A KEY STRATEGIC TOOL FOR EFFECTIVE PRIORITISATION AND TARGETING OF PAYERS IN HIGHLY COMPETITIVE MARKETS; A CLIENT’S PERSPECTIVE
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OBJECTIVES: The research aimed to develop an attitudinal based, payer segmentation methodology to identify and segment behaviors towards a specific modality of novel agents in the anticoagulation area in the health care systems of countries within the EU. The segmentation exercise explored payers’ drivers, motivations, barriers and limitations when assessing, endorsing or restricting new agents. METHODS: Qualitative in-depth telephone interviews were conducted to explore payers’ views, along with perceived challenges relating to the entry of novel class of anticoagulation agents. Followed by a quantitative data collection and advanced statistical analysis methodology was employed with regional and local payers in each of the researched markets to define the segmentation accord-