between 2001 and 2012. One study was on early screening using maternal markers, and another study on screening only women without prior testing was the most cost-effective strategy. The BIA, on introducing the abovementioned variables, concluded that the savings associated with this test was the variable with the greatest impact on results. Decreasing the prevalence of malnutrition according to minimum values identified in the literature (from 25% to 50% the annual cost per patient associated to GP visits and hospitalizations. Economic results showed that the annual cost associated with the malnutrition in institutionalized or community-dwelling older adults would reduce by 5% more than that of the annual cost for patients who had a well-nourished status (€ 24,291.93 in the annual cost per patient associated to GP visits and hospitalizations.

**PIH15**

**PRICE VARIATION IN OBSTETRICAL SERVICES IN A RURAL STATE**

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OBJECTIVES: To determine and quantify the level of price variation in inpatient care for obstetrical services across hospitals in the State of Vermont, USA. **METHODS:** We used data from Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) for the calendar year 2012. We generated single-line summaries for all inpatient obstetrical services with an admission date in 2012. We excluded records for Medicaid, secondary payments either to Medicare or another commercial insurance, denied claims, non-payer claims and adjustments to existing claims. We obtained a total of 6,019 records for the evaluated services from 13 Vermont hospitals. We calculated the allowed amount for each Diagnosis Related Group (DRG) (total amount a hospital received from a payer, including any prepaid amounts related to pooled payments, plus the amount of the hospital’s copayment, co-insurance and deductible). The outcome of interest is the average price of a specific DRG at each hospital as a percent of group average price in Vermont Hospitals. We performed a sensitivity analysis (OWSA) was performed. **RESULTS:** The price variation for obstetrical services across Vermont hospitals. Further analysis is necessary to understand the role of various factors that contribute to this variation. During this transition period to a single-payer system in the rural state of Vermont, policy makers will need evidence-based information to ensure undiminished access to care in obstetrical services.

**PIH16**

**MALNUTRITION IN INSTITUTIONALIZED AND COMMUNITY-DWELLING OLDER ADULTS IN SPAIN: ESTIMATES OF ITS COSTS TO THE NATIONAL HEALTH SYSTEM**

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OBJECTIVES: To estimate the economic impact of malnutrition on annual direct costs in Spanish institutionalized or community-dwelling older adults. **METHODS:** A systematic review was carried out on the economic burden of the nutritional resources associated with malnutrition in institutionalized or community-dwelling older adults. National and international databases until December 2013 were searched. The following electronic databases were included in this review, and the following keywords were used: “Malnutrition” and “Economic impact”. We developed to estimate the annual cost difference between malnourished and well-nourished institutionalized and community-dwelling older adults in Spain. Malnutrition prevalence, annual frequency of general practitioner (GP) visits and hospitalizations were the main inputs considered in the model. Unit costs were derived from health care cost databases available in Spain (Euros, 2014). One-way sensitivity analysis (OWSA) was performed. **RESULTS:** The results of the systematic review showed that malnutrition implies higher medical costs in the study population, particularly due to the length of hospital stay, number of hospital admissions and GP visits. Economic costs showed that the annual cost associated with the use of resources of a malnourished patient (€ 5,000.66) was 3.5 times higher than that of a well-nourished patient (€ 1,433.78). OWSA showed that prevalence of malnutrition was the variable with the greatest impact on results. Decreasing the prevalence of malnutrition according to minimum values identified in the literature (from 15% to 5% and 4% to 2% in institutionalized and community-dwelling patients, respectively), caused the annual cost per patient with malnutrition to drop from € 5,000.66 to € 2,511.83, while increasing it to the maximum values (62% and 23%, respectively), increased the severe from € 5,000.66 to € 24,291.93 in the annual cost per patient. **CONCLUSIONS:** Adopting measures to reduce the prevalence of malnutrition in institutionalized or community-dwelling older adults would reduce by up to 50% the annual cost per patient associated to GP visits and hospitalizations.

**PIH17**

**THE PREVALENCE AND COST OF ILLNESS IN WOMEN WITH ENDOMETRIOSIS IN UKRAINE**

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OBJECTIVES: Endometriosis affects 10% of women of reproductive age and WERF EndoCost study has recently shown that it imposes substantial economic burden on society through the reduced economic and personal productivity. The aim of the study was to estimate the prevalence of endometriosis and the cost of illness from the payer’s perspective in Ukraine as the model of health insurance in establishing now in Ukraine. **METHODS:** We performed a retrospective analysis of 150 medical records of patients, women aged 15–49 who were treated in a Lviv Regional Perinatal Center in 2013. The results of our previous study of treatment cost of endometriosis in Ukraine were used (Zalis’ka O, Piniazhko O et al. 2014). We used the prices from Ukrainian database of Morion company (Kiev, Ukraine, 2013). RESULTS: According to the analysis 70% of women with endometriosis choose treatment hormones with the duration of six month usually and 30% of patients undergo surgical treatment. The annual cost of treatment hormones of each patient varies from € 67 depending on the chosen scheme of pharmacotherapy, which differences 2 times. Accordingly, costs correlated with clinical severity and patient’s financial position and ability to pay. Based on the data of State Statistics Service of Ukraine, we estimated that the number of women of reproductive age in Ukraine was 14,7 million in 2013. Therefore when to extrapolate data the number of women with endometriosis could amount approximately 1,47 million and 1,03 million women would take pharmacotherapy instead surgery. The annual cost of treatment hormones of each patient could amount from €230,5 million to €506,6 million. **CONCLUSIONS:** The economic burden of endometriosis in Ukraine demonstrates a significant need in the optimization of the management of this disease within the introduction of health insurance system and health technology assessment of the applicable hormones.