related hospitalization and patient follow-up was calculated based on data from the Statistics of the Health Insurance System, the G-DRG hospital payment scheme, and doctors’ fees’ scale. The cost due to recovery and disability was estimated based on information from the Federal Statistical Office and data of the Federal Health Reporting. Experts were interviewed to provide follow-up resource use information. RESULTS: A total of 78,229 hospitalized leio-myomatous cases were treated in year 2009. 80% were hysterectomies, 14% myomectomies and 6% were related to other therapies. Concerning the therapy cost per patient, hysterectomy reveals the highest therapy cost, (€5913) followed by myomecny (€5793), UAE (€6475) and MR-HIFU (€6431). In a scenario without MR- HIFU, the cost per case accrued to a total of €5840. The budget impact analysis targeting a patient group between 30 and 45 years of age, reveals a potential cost-benefit of €1529 per patient if MR-HIFU would be introduced in the SHI system.

CONCLUSIONS: Our results suggest that MR-HIFU due to the administration in the outpatient sector, the low complication rate and the low disability cost should be considered as a cost-saving alternative for the therapy of uterine fibroids.

PSU13

HEALTHCARE RESOURCES UTILIZATION AND ASSOCIATED COSTS WITH SURGICAL TREATMENT OF DUPUYTRENS DISEASE IN SPAIN

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OBJECTIVES: To estimate the healthcare resource utilization and their associated costs with surgical treatment of Dupuytren’s disease, comparing the differences with usual medical practice in public hospital centers in Spain. METHODS: This multicenter, observational, retrospective cohort study, extracted data through the revision of medical records of three tertiary public hospitals. Each center should recruit 50 patients for which were operated for Dupuytren’s disease, as principal diagnosis of Minimum Data Set, in which the surgical procedure conducted was fasciectomy, during 2007-2009. To collect all the resources consumed during surgery, a healthcare resource utilization form was designed. Demographic (age, gender, occupational status), clinical (time of evolution of the pathology and comorbidities) and healthcare utilization (hospitalizations, medical visits, test, and drug) data were collected under medical routine. Unitary costs were provided by e-SALUD and BOT data base.

RESULTS: A total of 123 subjects (86.2% men; 35.8% active workers) were identified. 17.8% of patients were diagnosed of Dupuytren before 2000; 84.4% between 2000-2005 and 73.8% after 2006. 81.3% of patients had at least one comorbidity, being hypertension (45%) the most frequent. 71.6% of patients were hospitalized in orthopedist (75%) and plastic surgery unit. Mean(SD) length of hospital stay was 1.5(1.1) days. 28.4% there were operated in ambulatory surgery. All the patients had follow-up visits after surgery, 27% needed physical therapy, 88% performed preoperative tests and 20% physical therapy after the surgery, 22% of the patients had post-operative complications (p=0.004). A greater proportion of MN pts could not be discharged and were referred to another facility (69.6% vs. 30.4%, p<0.001). Outpatient costs PPPM was the major cost-driver among the SRS cohort ($8,936, 43% of total) vs. $3,192 (19% of total) for WBRT. Pharmacy costs PPPM contributed most to overall cost among WBRT ($3,428, 20% of total) vs. $3,053 (18% of total) for SRS. Office costs PPPM were higher for the SRS ($3,123) vs. WBRT ($692) (p<0.001).

Conclusions: The cost associated with the treatment of Dupuytren disease is similar when comparing SRS and WBRT. Although the cost per procedure is lower for WBRT, the cost per hospital stay by total costs PPPM was higher for the SRS ($20,682) vs. $3,053 (18% of total) for SRS. Pharmacy costs PPPM were higher for the SRS ($3,123) vs. WBRT ($692) (p<0.001). Conclusions: BrMets patients with ≥3 lesions and WBRT ≥ 3 lesions may explain longer survival among SRS patients. Additional studies are augmented to understand differences.

PSU14

COMPLICATIONS AND COSTS ASSOCIATED WITH TUBAL LIGATIONS

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OBJECTIVES: To examine changes in post-tubal ligation complications and their associated costs over time. METHODS: Data were obtained from the US i3 Invision™ Data Mart. Data collected spanned the period from January, 2006 through March, 2010. CPT and ICD-9 codes were used to identify patients who received a tubal ligation as well as a post-tubal ligation complication. Patients were also subcategorized based upon year of tubal ligation (2007, 2008, or 2009) in order to examine if there were any noticeable trends over time. RESULTS: There were 15,169 women under age 50 who received a tubal ligation and had continuous insurance coverage in the 1 year post-tubal period. The mean age at tubal ligation was 35.26 years (SD 5.01). In 10.46% having severe pain at the time of their operation. Overall, 21.68% (n=3,288) of women experienced at least 1 complication, with the most common being heavy menstrual bleeding (n=2,190, 14.44%) and surgical complications (n=729, 4.81%). When assessing changes in complications from 2007-2009, diagnoses of heavy menstural bleeding (p=0.0003), sepsis (p=0.0001), and post-operative complications (p=0.0240), and any complication (p=0.0001) all showed statistically significant increases over time. Of all women who had a tubal ligation, charges associated with the tubal ligations did not increase significantly from 2007-2009; however, the charge associated with complications did show a statistically significant increase over the same time period. The average charge for women who experienced a complication (n=3,228) was $37,425 (SD=$68,249). CONCLUSIONS: A substantial number of women experience post-tubal ligation complications and the charges associated with these complications have increased significantly over time.