PHLP15 COST-SAVINGS AND COST-UTILITY OF AN EHR SYSTEM SMARTPHONE APP IN A TRAUMA INTENSIVE CARE UNIT
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OBJECTIVES: To assess the costs, benefits and savings of MobileCARE, an electronic health record (EHR) system smartphone application for clinical documentation developed by the United States Army and University of Miami, and implemented in a trauma intensive care unit (TICU). To evaluate provider perceptions of MobileCARE’s usability, its clinical workflow and its impact on workflow and productivity. METHODS: A cost-effectiveness and cost-utility analysis was conducted using hospital-level cost data and clinical outcomes data collected retrospectively at three time periods: pre-MobileCARE and two subsequent iterations of MobileCARE from 2010-2014. An analysis was performed of direct costs related to the mobile health intervention and benefits related to patient’s clinical outcomes. Qualitative interviews (n=20) were conducted with providers working in the TICU and using MobileCARE. Ethnographic observation of clinical workflow and MobileCARE usage was conducted over the course of 12 days. RESULTS: The total cost of MobileCARE was $2,655,639.67, consisting of $1,943,399.47 towards platform development and a fixed, direct cost of implementation totaling $712,239.70. Transcription cost-savings per-provider were $79.20 and increased by 0.82% in 2010. CONCLUSIONS: A cost-effectiveness and cost-utility analysis is a viable option for TICU’s seeking low-cost and usable mobile documentation systems to enhance existing EHR system usability and efficiency. MobileCARE appears to be an affordable option for improving EHR usability, positively impacted workflow, and increased their productivity. The changes in business condition in Japan’s healthcare system.

PHLP12 PREDICTION OF FUTURE HEALTH INSURANCE EXPENSES IN HUNGARY ACCORDING TO POPULATION FORECAST SCENARIOS
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OBJECTIVE: The aim of our study was to predict the future health insurance expenses according to the changes in the number of population in Hungary. METHODS: We used the data related to the total number of population and the Gini Index of Income Distribution (GINI) in Hungary (2002–2013) were derived from the National Health Insurance Fund Administration (NHIFA) of Hungary and covered the following types of care: acute and chronic inpatient care, out-patient care, laboratory care, CT and MRI, drug, medical devices and home care. We analyzed health insurance expenditures according to age and gender. Results: The future number of Hungarian population was calculated according to the natural growth of the population and the Central Statistical Office of Hungary (2002-2060). We applied 3 scenarios: basic, low and high number of population. RESULTS: The actual health insurance expenses of NHIFA was 615.8 billion Hungarian Forint (HUF) in 2013 and the population of Hungary was 9910811 people. For the year 2060, the health insurance expenses were assessed 938.2 billion HUF while the population is predicted 9921522 people. Health insurance expenses per person under 25 was 10.2 % of total expenditures, which decreased by 8.7 % in 2030 and 7.2 % in 2060. Inpatient care expenses for population over 65 years was 40.3 % of total expenditures, which increased by 47.0 % in 2030 and 58.9 % in 2060. CONCLUSIONS: Health insurance expenditures of Hungary will not increase significantly on actual level up to 2060. The reason behind this fact is the serious decline int he number of population. However, there will be a significant shift in the expenditures by decreasing the proportion of population below 25 and increasing the proportion of people aged over 65 years.

PHLP13 ITALIAN HEALTHCARE EXPENDITURE TRENDS FROM 2002 TO 2013
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OBJECTIVE: The aim of this research was to provide an overview of national healthcare expenditure trends before and after the implementation of such policies. METHODS: Data published by the Minister for Economic and Financial Affairs were analysed to show different expenditure trends in different time periods: before 2005 (period: 2002-2005) and after (2006-2013). RESULTS: National healthcare expenditure from 2002-2013 increased by about €30.28 billion (76.97 billion and €109.26 billion in 2013/year) with an average annual rate of +3.1% Trends were different per period, with average annual rates of +5.4% in 2002-2005 and +1.3% in the period 2006-2013, +2.6% increase in the period 2006-2009 and -0.3% in 2010-2013. In the period 2006-2013, healthcare expenditures corresponding - such as healthcare personnel, general practitioners and hospital services - showed a lower average annual growth rate compared with the 2002-2005 period. Territorial drug expenditures show a dramatic decrease compared to the previous period. CONCLUSIONS: Our analysis show that there is still room for better rationalise healthcare expenditure, however the greater empowerment of the regions and the policies implemented in recent years have improved the economic performance of the Italian healthcare expenditure.

PHLP14 THE EFFECT OF PHARMACEUTICAL INNOVATION ON LONGEVITY IN PORTUGAL, 2002–2010
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OBJECTIVE: In Portugal, during the period 2002–2010, longevity (mean age at death) increased by 2.5 years. The aim of this study was to examine the effects of pharmaceutical innovation on the longevity from all diseases in Portugal (2002–2010). METHODS: Longitudinal, disaster-level data were used to determine whether diseases for which there was greater pharmaceutical innovation - a larger