invasive cardiac testing to assess the likelihood of obstructive coronary artery disease (CAD). We used patient data as a proxy for economic models and should therefore discount diagnostic costs among non-acute symptomatic patients presenting to cardiologists. METHODS: The IMPACT-CARD Trial (NCT01251302) prospectively enrolled 88 patients without known CAD who presented with chest pain and related symptoms and were referred to one of six cardiologists. The cardiologist’s diagnostic strategy was evaluated before and after GES testing, and diagnostic testing in a matched historical cohort of 83 patients was extracted from medical records. The GES is a previously validated, blood-based diagnostic test that determines the likelihood of obstructive CAD, with a negative predictive value of 96% among low GES (≤15) patients. We estimated per-procedure costs from commercially insured patients in the nature of the GES, we focused this economic analysis on low GES patients. post-GES to calculate the cost of diagnostic evaluation in the trial. Given the rule-out formed in the matched historical cohort and recommended in the prospective arm previously validated, blood-based diagnostic test that determines the likelihood of obstructive CAD, with a negative predictive value of 96% among low GES (≤15) patients. We estimated per-procedure costs from commercially insured patients in a large, national health claims database. We applied these costs to the tests performed in the matched historical cohort and recommended in the prospective arm post-GES to calculate the cost of diagnostic evaluation in the trial. Given the rule-out nature of the GES, we focused this economic analysis on low GES patients. RESULTS: There were 52 low GES study patients. The total cost of cardiac diagnostic testing was evaluated before and after GES testing, and diagnostic testing in a matched historical cohort of 83 patients was extracted from medical records. The GES is a previously validated, blood-based diagnostic test that determines the likelihood of obstructive CAD, with a negative predictive value of 96% among low GES (≤15) patients. We estimated per-procedure costs from commercially insured patients in a large, national health claims database. We applied these costs to the tests performed in the matched historical cohort and recommended in the prospective arm post-GES to calculate the cost of diagnostic evaluation in the trial. Given the rule-out nature of the GES, we focused this economic analysis on low GES patients. CONCLUSIONS: The impact of adopting testing strategies centered on Insertable Cardiac Monitors (ICMs) as an alternative to current practice. METHODS: We evaluated the economic burden and implications of alternative strategies for the provinces of Ontario, Quebec, British Columbia and Alberta using a multi-cohort Markov-based simulation model developed in Microsoft Excel. Our model was populated with data from peer-reviewed papers, CIHI, Canadian Institute for Health Information, and the primary care electronic health record (EHR) to inform medication reconciliation in primary care practice. METHODS: We conducted a retrospective cohort study in patients that were prescribed a new antihypertensive between January 2011 and September 2012. Active medications as recorded in the primary care electronic health record (EHR) to inform medication reconciliation in primary care practice. METHODS: We conducted a retrospective cohort study in patients that were prescribed a new antihypertensive between January 2011 and September 2012. RESULTS: A total of 609 patients qualified for study. Amongst all patients, 2947 medications were reconciled, with 1401 as discrepancies. The majority of patients (68%, 76.9%) had at least one discrepancy. Predictors of having discrepancies was found amongst total medication count (OR: 0.17, p<0.0001), at least one non-cardiovascular related comorbidity (OR: 0.84 p=0.0001) and hospitalization in the previous year (OR: 0.48, p<0.007). CONCLUSIONS: A high rate of medication discrepancies was found amongst patients, along with significant predictors of occurrence. The use of linked pharmacy claims was able to show a more complete medication use of a patient’s medications. The total amount of automated solutions could be used to screen available data sources to uncover discrepancies and identify patients who may benefit from tailored clinical interventions. 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