PHS41 ECONOMIC IMPACT OF RHEMATIC DISEASES IN MEXICO
Arreola-Ornelas H1, Camacho-Cerda LM2, Dorantes-Aguilar J3, Lemus-Carmona E3
1Fundación Mexicana para la Salud AC, Mexico City, Mexico, 2Health Consoulings, Mexico City, Mexico, 3Novartis Pharmaceuticals Corporation, Mexico City, Mexico
OBJECTIVES: Juvenile idiopathic arthritis (JIA), Ankylosing Spondylitis (AS), and Psoriatic Arthritis (PsA) are rheumatic diseases which destroy articular tissue and limit their functions. The evolution of these conditions cause important physical impairment, which leads to disability, work loss, self-sufficiency, and QoL deterioration, among others. The objective is to estimate the economic impact of three rheumatic diseases: Juvenile Idiopathic Arthritis, Ankylosing Spondylitis, and Psoriatic Arthritis; during 2011 using registries of the main Social Security Institution in the country called Instituto Mexicano del Seguro Social (IMSS). METHODS: It was review all registries related to the mentioned situations at different stages of care ambula-
tory visits to GP and specialist, emergency room (ER), and hospital discharge (HD) of IMSS from January 1st to December 31st, 2011. Based on this information it was calculated the visits using the charge information provided by the IMSS to the type of service and the hospital DRG implicated. RESULTS: In 2011 the IMSS provided 45,528 consultations for AS, 51% were for patients between 30-49 years-old. 28,164 consultations were for PA, 42% were performed by the IMSS. The costs of the three diseases at IMSS during 2011 were $420,853,237, $70,029,141, and $127,313,982 respectively. The total cost of the three was US $4 million ($1US=13.5MXN). CONCLUSIONS: These diseases affect quality of life and ability to work, considerably. Therefore, the cost of these diseases might be underestimated due to productivity loss which is not included in the cost.

PHS42 INCIDENTIAL HEALTH CARE RESOURCE UTILIZATION ASSOCIATED WITH AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE BY END-STAGE RENAL DISEASE STATUS
Iyer NN1, Vendetti NP2, Levy DH3, Marzbanian F4, Mychaskiw MA5, Thomas HI6, Parkes-Ratanshi RM1, Kakaire T1, Sempa J1, Musiime B1, Castelnuovo B1, Kuznik A2, Seal BS1, Xia F1, Rietschel P1, Germino R1, Asche C2, D'Souza AO3, Morland K3, Eaddy M3
1Institute for Human Genetics, University of California, San Francisco, CA, USA, 2CINCESA Interuniversity Consortium, Casalecchio di Reno, Italy, 3CINCESA Interuniversity Consortium, Consorzio FVG, Italy, 4INVS, Health System, Mexico City, Mexico, 5University of Pennsylvania, Philadelphia, PA, USA, 6Division of Nephrology, New York Presbyterian Hospital, New York, NY, USA
OBJECTIVES: To describe Health Care Pathway and cost evaluation of patients with non-valvular atrial fibrillation (NVAF) at the Social Security (EsSalud) in Peru. METHODS: The electronic database of EsSalud’s 5 reference hospitals: Hospital Nacional Guillermo Almenara Irigoyen (HNGAI) was used to identify the study pop-
ulation. International Classification of Diseases (ICD) 10 codes were used to identify patients with NVAF and select complications of AF. Complications of interest are: ischemic stroke, hemorrhagic stroke, transient ischemic attack, myocardial infarction, and systemic embolism. Stroke events were classified by severity as mild, moderate, severe or fatal. All cases from 2011-2012 meeting the inclusion criteria were reviewed. Patient level data from clinical records was used to estimate resource utilization per patient per event. Costs were estimated using EsSalud’s 2013 tariffs manual and expressed per patient. RESULTS: Ischemic stroke costs were estimated at US $1,259, $1,818, $4,910, $6,289-$2,852, respectively, with pharmacy costs contributing to a small proportion of the cost. This cost is due for 38.4% to drugs (31% specific drugs, 69% others), 42.8% to hospitalization, which leads to disability, work loss, self-sufficiency, and QoL deterioration, among others. The objective is to estimate the economic impact of three rheumatic diseases: Juvenile Idiopathic Arthritis, Ankylosing Spondylitis, and Psoriatic Arthritis; during 2011 using registries of the main Social Security Institution in the country called Instituto Mexicano del Seguro Social (IMSS). METHODS: It was review all registries related to the mentioned situations at different stages of care ambula-
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PHS43 TREATMENT PATTERNS AND COST OF CARE FOR PATIENTS WITH PANCREATIC CANCER
Seal BS1, Xia F1, Kietiesch P1, Germino R1, Asche C2, D’Souza AO3, Morland K3, Eaddy M3
1Bayer HealthCare Pharmaceuticals Inc., Whippany, NJ, USA, 2University of Illinois, Peoria, IL, USA, 3Xcenda, Palm Harbor, FL, USA
OBJECTIVES: This study evaluated treatment patterns and costs among patients with pancreatic cancer (PC). METHODS: A retrospective study analyzed data spanning from June 2008 to June 2012 from 3 large integrated claims databases. Adult patients with a diagnosis of PC (ICD-9 157.x) were included if they had a minimum eligibility of 12 months prior and 3 months following their first PC diagnosis and had no diagnosis of cancer in the pre-period. Patients were categorized as having exocrine PC (ICD-9 157.0-157.3, 157.8-157.9, or metastatic-exocrine PC (ICD-9 157.0-157.3, 157.8-157.9, 196.xx-199.x)) Diagnosis: PC. Treatments: health care resource use, and all-cause costs (2012 USD) were evaluated after cancer diagno-
sis. RESULTS: There were 2901, 6159, and 464 patients in each of the 3 databases meeting all inclusion criteria, respectively. The majority of patients had PC (97%-98%), with 40%-76% having metastatic disease. Patients were on average 60.3-64.4 years of age and 43%-52% were female. No treatment was received by 35%-55% of patients, 36%-55% of patients received chemotherapy + radiation and/or surgery, and 9%-10% received radiation and/or surgery without chemotherapy. Second and third-line chemotherapy was received by 17%-33% and 10%-17% of patients respectively. Advanced metastatic-exocrine PC, patients with metastatic disease experienced an average of 0.25-0.31 outpatient, 2.3-2.9 office, 3.0-4.0 other outpatient visits and received 2-4.5 prescriptions per month vs 0.0-9.11 inpatient visit, 1.3-1.7 office visits, 1.3-1.9 other outpatient visits and 3.2-4.1 prescriptions per month in those without metastatic disease. Total monthly costs averaged $9,478-$12,042 and $1,022-$3,084 in patients with and without metastatic disease, respect-
ively. The majority of costs were attributable to medical services ($7,977 to $9,717), with pharmacy costs contributing to a small proportion of the total costs ($830-$1,501 and $323-$636, respectively). CONCLUSIONS: Health care resource utilization and costs are highest among those with metastatic PC, totaling as much as $12,042 per month.

PHS44 COST OF PATIENT CARE AT DIFFERENT STAGES OF TREATMENT WITHIN THE PUBLIC HEALTH MODEL OF HIV CARE; ANALYSIS FROM AN URBAN HIV CENTRE IN UGANDA
Parkes-Ratanshi RM1, Eagleson T1, Sempa J1, Musiime B1, Castelnuovo B1, Kuznik A2, Schlaich M1
1Infectious Diseases Institute, Kampala, Uganda, 2Céline Corporation, Summit, NJ, USA, 3Dalhousie University, Halifax, Canada
OBJECTIVES: Analysis of the WHO guidelines increased the number of people recommended to start antiretroviral treatment (ARVs) from 16 to 28 million world-
wide; at present around 10 million are enrolled in care. Additionally the number of patients treated with ARVs in Uganda have doubled from 32,742 in 2004 to 67,952 in 2011, this burden is in Sub Saharan Africa (SSA). The Infectious Diseases Institute (IDI) in Kampala, Uganda runs a clinic of 8000 patients; some of these have been on ARVs for >10 years. The objective of this study was to analyze actual costs of different populations at IDI. METHODS: We collected data 18 y/o or older, enrolled in tracked patient management system (ICEA), which records individual patient data including all visit information. We linked ICEA to Navision accountancy software, in order to analyze the cost of patient care from October 2012-October 2013. The analysis was conducted from a provider perspective. We calculated the average cost