direct and indirect costs of patients with AF-related stroke in China, producing an average cost per patient per year and the economic burden of the whole AF-related stroke population. METHODS: The costs of illness were estimated using cost-of-illness analysis. Prevalence data on AF-related stroke for the Chinese population was collected from literatures. An observational retrospective study was conducted to collect the economic data. We recruited 156 patients diagnosed with AF and stroke in Beijing, Shanghai, and Guangzhou hospitals from October 2011 to December 2012. Patients or their caregivers were interviewed about resource utilization and absenteeism from work in the past year. Direct medical costs included pharmaceutical treatment, ambulatory care, inpatient care, hospitalization, and related physical therapy costs. Indirect costs were estimated using a human capital approach. All costs referred to 2011. RESULTS: Among 156 patients with AF-related stroke, 59.35% were male and the mean age was 67.9±9.2 years. 98.0% of the patients met the following criteria: (a) one or more inpatient admission(s) with an ICD-9 code of HF (both chronic and acute HF) and (b) Diagnosis-Related Group (DRG) codes 291-Complications and Comorbidities, 292-Comorbidities or 293-Without any Complications and Comorbidities. Patients with an implantable cardiac device (e.g. ICD, CRT-D) were excluded. HF admissions were analyzed by DRG. Summery statistics were generated for the cost of the hospital over and for each DRG CODES. A total of 592,279 inpatient admissions with a HF Diagnosis code were initially identified, 483,297 were excluded due to evidence of a device and/or a lack of HF-related DRG, leaving 108,982 admissions. Of the admissions that met the criteria, 44% were classified as DRG 291, 36% DRG 292, and 20% DRG 293. Mean costs were $8184 (SD $8,015; median $6140), first quartile (Q1) $3989, third quartile (Q3) $9691). Total costs of an admission were 51% fixed and 49% variable. Mean Length-Of-Stay for admissions was 4.92 days (SD 4.74; median 4.00, Q1 2.00, Q3 6.00). Looking at DRGs separately, DRG 291 had the highest mean cost $10,558 (SD $10,033.6), followed by 292 $9,071 (SD $5,728) and 293 $5,975 (SD $4,091). CONCLUSIONS: The cost of an HF hospitalization typically exceeded the average reimbursement provided by Medicare which in 2010 was $2845, $5947, and $3917 for DRGs 291, 292, and 293, respectively. Heart failure is a highly prevalent and costly condition that imposes a significant burden on US hospitals.

PCV61
THE ECONOMIC BURDEN OF ACUTE CORONARY SYNDROME: HEALTH CARE AND PRODUCTIVITY COSTS

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OBJECTIVES: To estimate the direct costs of illness (BOI) and the BOI of DVT in China. METHODS: A systematic review of studies on AF was conducted in both English and Chinese databases from 2000 to 2012. Epidemiologic and economic data were abstracted to analyze the two key measures of BOI in AF: the Disability Adjusted Life Year (DALY) and the Diagnosisi Related Group (DRG). Results: The economic burden of AF-related stroke in China is considerable. The primary burden on patients was due to informal care and drugs.

PCV59
BURDEN OF ILLNESS IN ATRIAL FIBRILLATION IN CHINA

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OBJECTIVES: Though the burden of illness (BOI) in Atrial Fibrillation (AF) is unknown in China, reports from developed countries demonstrated that BOI in AF is significant. This study is to analyze the economic burden of AF in China. METHODS: A systematic review of studies on AF was conducted in both English and Chinese databases from 2000 to 2012. Epidemiologic and economic data were abstracted to analyze the two key measures of BOI in AF: the Disability Adjusted Life Year (DALY) loss in AF and the BOI in stroke attributable to AF. RESULTS: DALY loss in stroke attributable to AF is 79.4±2.9 billion CNY (95% CI 74.9-83.9) of which 89% was contributed by the patients aged 60 above. 60. The DALYs loss in AF amounts to 4,599,687 in total for the population above 30, which outrisps the Dalys loss in hypertensive heart disease (3,348,925) and is very close to the DALY loss of cases of acute myocardial infarction (3,348,925). Besides, 42% of patients with AF and 47% of patients with age 60 above contribute to 31% of the total DALYs loss. The DALYs loss in male is more than the loss in female (55% vs. 45%). The average DALYs loss increases with age in the whole life span. It was confirmed as the leading contributor to the DALYs loss among AF patients, accounting for 44.2% of DALYs (81.4% and myocardial infarctions (17.6%). CONCLUSIONS: The BOI in AF in China is considerably significant. Stroke is the driver of BOI in AF in China. The average DALYs loss of AF attributable to stroke is higher than the DALYs loss of cases of acute myocardial infarction which 89% was contributed by the patients aged 60 above. 60. The treatment rate of AF is fairly low with little compliance to clinical guidelines, it becomes critical to increase the awareness of AF and its appropriate management to restore the sinus rhythm and reduce consequent stroke.
surgical procedures, but also the administration of medicines to control lipids, blood pressure, antidiabetics and even hypoglycemia, and even then those expenditures does not consider the indirect expenses such as transportation and escort the patient to the hospital and absence from work.

PCV65  
ESTIMATING THE COSTS OF CARDIAC REHABILITATION PROGRAMS IN HEART FAILURE (HF) IN COLOMBIA: CONSTRUCTION BASED ON EXPERT CONSENSUS

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OBJECTIVES: To determine the costs and the components of an exercised-based rehabilitation program for patients with chronic systolic HF, from the point of view of the provider of the service. METHODS: Systematic review of the literature and expert consensus. Identification of components of HF rehabilitation programs, based on the literature, and Delphi rounds of experts for consensus. Only variable costs associated with the components of the program were estimated, based on the Colombian 256 agreement of 2001 (the Colombian norm that set the tariff for reimbursement for health care services) plus 33%, 30%, or 48%, to approximate the range of costs in current (2012) health care norm that set the tariff for reimbursement for health care services) plus 23%, according to the literature and expert consensus. RESULTS: Three components, and an additional component was identified. After the third round, consensus was obtained for a program of 36 rehabilitation sessions and 19 components. With the base-case scenario of agreement 256 plus 30%, the cost per session of the program was inversely proportional to the number of patients in each session: COL $96,903 for one patient, and COL $11,623 for 15 patients. For a program with 10 patients per session, the costs of a program may range from COL $507,957 to COL $3,954, depending on the type of hospital. Agreement is critical to unify criteria on the components of a rehabilitation program that is both effective and safe for patients with HF. From the point of view of the provider, variable costs associated with implementation are sensitive to the number of patients per session. This study should set the basis for the estimation of the cost-effectiveness of rehabilitation programs in heart failure.

PCV64  
ECONOMIC EVALUATION OF INFLUENZA VACCINATION IN PREVENTING HOSPITALIZATION IN CARDIOVASCULAR DISEASE PATIENTS

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OBJECTIVES: Although the Advisory Committee for Immunization Practices (ACIP) and other organizations recommend annual influenza vaccination for cardiovascular disease patients (CVD), the vaccine rate is low in this risk group. Economic assessment of vaccination will aid public officials plan campaigns to increase coverage. METHODS: We estimated using a Monte Carlo (probabilistic) spreadsheet-based decision tree, the cost-effectiveness of vaccination will. RESULTS: Over 80% agreement was obtained for the remaining 19 components. After the second round, over 80% agreement was obtained for the remaining three components, and an additional component was identified. After the third round, consensus was obtained for a program of 36 rehabilitation sessions and 19 components. With the base-case scenario of agreement 256 plus 30%, the cost per session of the program was inversely proportional to the number of patients in each session: COL $96,903 for one patient, and COL $11,623 for 15 patients. For a program with 10 patients per session, the costs of a program may range from COL $507,957 to COL $3,954, depending on the type of hospital. Agreement is critical to unify criteria on the components of a rehabilitation program that is both effective and safe for patients with HF. From the point of view of the provider, variable costs associated with implementation are sensitive to the number of patients per session. This study should set the basis for the estimation of the cost-effectiveness of rehabilitation programs in heart failure.

PCV67  
EVALUATION OF ECONOMIC AND MEDICAL CONSEQUENCES OF THE ROTARY LEFT VENTRICULAR ASSIST DEVICE WITH A DISCHARGE AT HOME IN FRANCE

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OBJECTIVES: To determine the components and the costs of an exercised-based rehabilitation program for patients with chronic systolic HF, from the point of view of the provider of the service. METHODS: Systematic review of the literature and expert consensus. Identification of components of HF rehabilitation programs, based on the literature, and Delphi rounds of experts for consensus. Only variable costs associated with the components of the program were estimated, based on the Colombian 256 agreement of 2001 (the Colombian norm that set the tariff for reimbursement for health care services) plus 33%, 30%, or 48%, to approximate the range of costs in current (2012) health care norm that set the tariff for reimbursement for health care services) plus 23%, according to the literature and expert consensus. RESULTS: Three components, and an additional component was identified. After the third round, consensus was obtained for a program of 36 rehabilitation sessions and 19 components. With the base-case scenario of agreement 256 plus 30%, the cost per session of the program was inversely proportional to the number of patients in each session: COL $96,903 for one patient, and COL $11,623 for 15 patients. For a program with 10 patients per session, the costs of a program may range from COL $507,957 to COL $3,954, depending on the type of hospital. Agreement is critical to unify criteria on the components of a rehabilitation program that is both effective and safe for patients with HF. From the point of view of the provider, variable costs associated with implementation are sensitive to the number of patients per session. This study should set the basis for the estimation of the cost-effectiveness of rehabilitation programs in heart failure.

PCV66  
ESTIMATING COST SAVINGS FROM A CME ACTIVITY TO PREVENT BLEEDING-RELATED COMPlications AND TRANSFUSION

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OBJECTIVES: In 2011, investments in continuing medical education (CME) exceeded $2 billion. Few studies report the economic impact of CME activities. METHODS: We evaluated data from a certified CME symposium for surgeons that launched the Society of Thoracic Surgeons Practice Guidelines. The activity promoted prevention of bleeding-related complications (BRCs). We estimated the potential savings of averted BRCs from the provider perspective, predicted by payer, and self-reported commitment to change (CTC) model. Parameter estimates were from: 1) costs of BRCs in 103,826 cardiac operations; 2) costs of reoperation for bleeding in 133,001 coronary artery bypass graft (CABG) operations; 3) operative mortality; 4) the STS model estimated the percentage of patients preventable; 5) CTC was in 10 participants preventing one BRC in 2% of operations over 1 year. Probabilistic sensitivity analysis (PSA) using second-order Monte Carlo simulations was used to model parameter uncertainty. RESULTS: Standardized to 2012 $15 using the medical care component of the Consumer Price Index. RESULTS: 93.8% of participants (n=133) reported CTC, a validated measure of behavior change. For BRCs, the savings for the base case was $2,974,497. PSA estimated the mean savings as $2,959,117 (95% CI, $1,135,992–$5,566,487). CONCLUSIONS: Plausible economic estimates suggest that CME-related activities favorably impacting clinical practice yields substantial cost savings. Model prediction of averted costs associated with CME allows estimation of the economic impact on surgical outcomes in the absence of patient-level outcomes data related to CME activities.

PCV68  
EVALUATION OF ECONOMIC AND MEDICAL CONSEQUENCES OF THE ROTARY LEFT VENTRICULAR ASSIST DEVICE WITH A DISCHARGE AT HOME IN FRANCE

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OBJECTIVES: Advanced heart failure (HF) is a leading cause of death in developed countries with a one-year mortality rate estimated at 40% after the first hospitalization. In France, HF affects 150 000 persons with annual costs of up to 1.6 billion euros. Cardiac transplantation is the most effective treatment. However, because of a limited donor organ supply, innovative technics as left ventricular assist devices (LVAD) are developed as bridge to transplantation for over 10 years. The aim of this study is to assess the medical and economic consequences of LVAD in adults with advanced HF in France. METHODS: Between April 2008 and November 2011, 55 patients were included in this study in 14 French hospitals and were followed during one year after implantation. The primary medical outcome was the discharge at home and secondary medical outcome was the final situation of patient. This prospective economic analysis adopted the health care payer’s perspective and took into account direct medical and indirect medical costs. RESULTS: This intermediate analysis included 21 patients. LVAD used are HeartMate II (n=12), Jarvik 2000 (n=8) and Ventrisart (n=1). On the 21 patients, 15 were discharged at home spending an average of 265 days (8.7 months) at home. During the follow-up period, 4 patients were transplanted, 4 patients died, 1 patient was still on device at home. The mean total cost per implanted patient was €161,843 (±36,533). The device and hospitalization are the most important costs and represent respectively 58% and 33% of the total cost. One day spent at home costs in average €59.