their trust on quality (better medical cares, drugs and equipments), and also doctors may use cost-saving strategies such as continuous prescriptions to help them. CONCLUSIONS: The attributes for GERD patients’ choices of accessing medical facilities have been identified. Participants with different socioeconomic backgrounds in South Dakota were more aware of the increasing OOP, but the current OOP does not seem to impact on the affordability and accessibility of treatment. Future study is going to determine the relative importance of attributes and how different OOP can influence on decision making.

REducing Medical Costs Through Preventing Laboratory Errors: An Evaluation of Bayesian Network Model in Detecting Errors of Liver Enzyme Lab Values

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OBJECTIVES: Medical errors are a major problem in the United States. The Institute of Medicine estimates that medical errors cost the U.S. approximately $37.6 billion, of which $17 billion are preventable. Our objectives are to develop a Bayesian network (BN) model to detect value errors in blood lab and to compare performance of our model with an existing automated ruled-based approach (LabRespond), and a logistic regression model. METHODS: The sample consisted of 3800 observations from the National Health and Nutrition Examination Survey dataset. The performance was assessed by the area under the receiver-operating characteristics curves (AUCs) using a 10-fold cross validation methodology. Small, medium, and large errors were randomly generated and added to liver enzymes (AST, ALT, and LDH). The outcome of interest was the correct detection of liver enzymes as “error” or “normal.” In the BN, the outcome was predicted by exploiting probabilistic relationships among AST, ALT, LDH, and gender. Addition to AST, ALT, LDH, and gender, LabRespond required more analytic information (GGT, ALP, and total bilirubin) to achieve optimal prediction for the logistic model, the model was determined by stepwise selection among analytes that were significant at α ≤ 0.05. RESULTS: The BN was predictive of added errors with small [AUC = 0.644 (0.023)], medium [AUC = 0.787 (0.019)], and large [AUC = 0.903 (0.013)] error sizes; and performed significantly better than LabRespond (p = 1.99 < 0.05), z = 2.77 < 0.01, and z = 4.57 < 0.001, respectively) and was included in the logistic model [z = 1.71 (p = 0.05), z = 2.58 (p = 0.001), and z = 8.87 < 0.001, respectively]. CONCLUSIONS: A BN model detects errors better and with less information than existing automated models, suggesting that Bayesian model can be an effective means for reducing medical costs in the laboratory.

Clinical Outcomes and Patterns of Care in Patients with Chrigerivus Liver Disease, Bridging Fibrosis, and Cirrhosis: Adaptable Methodologies for the Design, Implementation and Conduct of Multi-National, Retrospective Chart Review Studies

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OBJECTIVES: Retrospective chart review data can be important inputs to economic models or other burden of illness evaluations approaches. Traditional paper-based medical record (EMR) and electronic-based local site monitoring can be cost and time prohibitive. A case study of an efficient, adaptable design and electronic data capture methodology for the collection of multi-national clinical, and resource utilization chart data is presented. MEHDOGS: A retrospective chart review study of patients with CLD, bridging fibrosis, and cirrhosis from 10 liver centers (9 US; 1 Canada) was conducted (eligibility period = 6/1/04 to 5/31/06; study period = minimum of 12 months). Demographics, clinical and health economic data were collected. All potentially eligible patients were identified by the sites, but the final random selection of the target cohort and its disposition was controlled centrally through a web-based tool. RESULTS: Data from 848 patient charts (62.8% male; mean age 52.3 years) were abstracted over one year. Data abstraction spanned 22 to 52 weeks depending on the site and its resources. The standardized eCRF worked well for the capture of multi-national data. Quality was maintained by electronic validation rules applied at the point of data entry and confirmed by data completeness and a minimum of data sources. Database lock was achieved in less than three weeks following the last data entry. Remote training of data abstractors by WebEx proved efficient. Data have been used successfully to inform clinical trial design and to estimate the cost of illness. Main challenges included timely contracting of sites, the need for site-specific algorithms to identify charts, and analytical methods tailored to naturalistic data. CONCLUSIONS: A well designed CRF and web-based cohort control and data capture tool can provide a practical and efficient means of collecting high-quality, multi-national outcomes data without the need for costly site visits and local monitoring.

Assessment of the Effectiveness of “Affixin Flat Stomach” After 14 Days of Treatment

University of Bordeaux, France

OBJECTIVES: Since it boosts the digestive system, the least sign of digestive problems shows up in the stomach. Fermentation, carbonated drinks, air swallowed while eating, constipation… but also stress or strong emotions: it becomes painful and bloated. Evaluate the benefit of using “affixin flat stomach” as part of a weight loss regimen. METHODS: Prospective randomized evaluation under open-label. Our objectives are to develop a double questionnaire along with the product to all adult female customers who had started (or were about to start) a weight loss regimen and who asked the pharmacy for help or advice. TOOLS Validated questionnaires were used (SF 12 and BISS-Body Index States Scale). Moreover, waist measurement and symptoms were assessed and organized in a single score (Pain, Bloating, Belching, Spasm, Transit problems, Flatulence and Nausea). RESULTS: A total of 178 female subjects included, age: 40.8 ± 12.3 years with an average BMI of 23.3 ± 3.8 kg/m², the score of the symptoms was 146. With regards to QoL scales, the average scores on inclusion