were assessed for 3,875,237 children ≤10 years of age with continuous enroll-ment, including 4,964 children with OFC (cases) and 3,870,273 children without birth defects and select genetic diseases (controls). Costs were categorized into inpatient, emergency department, non-emergency department outpatient, other medical services, and prescription drugs. OFC-related costs were claims with a primary or secondary OFC diagnosis code, whereas total health care costs included all claims for 2010. Results were stratified by cleft type, isolated (no other major birth defect) vs. non-isolated OFC, and child's age. **RESULTS:** Of 4,964 children with OFC, 10.3% had cleft palate only, 3.3% had cleft lip only, 86.4% had cleft lip with cleft palate; 86.9% had isolated OFC. Case children had significantly higher mean total costs, $14,962 ($52,380 with non-isolated and $9,314 with isolated OFC), compared to $1,718 for control children. The mean cost difference between case and control children was $13,244 for overall OFC and $7,596 for isolated OFC. The mean OFC-related health care cost for all children was $6,839. Among children with OFC, mean costs for infants were approximately four and six times greater than costs for 1-5 year olds and 6-10 year olds, respectively. **CONCLUSIONS:** Health care utilization and costs are high for children with OFC, particularly for those with additional birth defects, and are greater during infancy than among older age groups. This analysis only includes direct, medical costs and therefore under-estimates the total cost of care for children with OFC.

PIH81
ADDRESSING MATERNAL MORTALITY AND NEAR MISS THROUGH THE EVIDENCE-INFORMED POLICY NETWORK BRAZIL

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BACKGROUND: Persistent high rates of maternal mortality and near miss remain a major problem in low-and middle income countries. In Brazil, this problem has being since late1980s when information and surveillance systems and access to improved health care services were strengthened. Such efforts led to a 51% reduc-tion in maternal mortality rate (141 in 1990 and 68 deaths/100,000 born alive in 2010). Nevertheless, Brazil must improve to meet its Millennium Development Goal of 35 deaths by 2015. In 2011, the Brazilian government launched the "Stork Healthcare Network" (*Rede Cegonha*) to ensure women the right to reproductive planning, humanized care to pregnancy, childbirth and postpartum periods, and the right to children safe birth, healthy growth and development. The Department of Science and Technology of Brazilian Ministry of Health is linking Health Technology Assessment with the Evidence-Informed Policy Network (EVIPNet Brazil) to optimize implementation of Stork Network's programs and its improvement. **OBJECTIVES:** To describe EVIPNet Brazil's strategies to optimize the Stork Healthcare Network on maternal care by supporting the use of evidence and values in decision making in the Brazilian Health System (SUS). **METHODS: AND RESULTS:** EVIPNet Brazil developed two main short-term initiatives. First, it convened a workshop with key researchers and government officials to: 1) produce a policy brief of the best evi-dence on maternal mortality and near miss, and 2) foster exchange among dif-ferent government units and academia. Second, it plans to organize national and regional deliberative dialogues with stakeholders as to embed decision makers' tacit knowledge and experiences into the policy brief, a crucial step towards moving evidence into action. **CONCLUSIONS:** Engaging key stakeholders and promoting evidence-informed policy making may lead Brazil to reduce maternal mortality and near miss rates to levels that are compatible to its current social and economic development. KEYWORDS: Maternal Mortality; Health systems; Systematic Review; Research Evidence

PIH82
COMPARATIVE COSTS OF TWO INNOVATIVE TECHNIQUES FOR GROWING RODS

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OBJECTIVES: Many types of severe or progressive spinal deformities can be safely treated with surgery. Vertical expandable prosthetic titanium Rib (VEPTR) devices are growing rods designed to mechanically stabilize and distract the thorax to cor-rect three-dimensional thoracic deformities. This design allows expansion and anatomic distraction but impose replacement of components through surgery. With the motorized growing rods, elongation occurs without surgery. The aim of this study is to estimate and compare direct medical costs with VEPTR and motor-ized growing rods. **METHODS:** A retrospective study was conducted in pediatric orthopedic surgery department to estimate direct medical costs in 10 children treated with VEPTR technique and 7 children treated with motorized growing rods. Costs collection was conducted over a period of one year. This economic analysis adopted the health care payer's perspective and took into account hospital stays, medical devices, medical consultations and radiographic examinations. Descriptive analysis of quantitative variables, a mean comparison and a univariate sensitivity analysis were performed. **RESULTS:** There were 30% of girls in the VEPTR group and 71% in the motorized group. The implantation mean age was 9 years old in VEPTR and 6 years old in the other group. There was more syndromic scoliosis (86% vs. 40%) in motorized growing rods than congenital scoliosis. Average direct medical costs are 21 461€ in VEPTR group vs. 29797€ in motorized growing rods group. The costs associated with medical device are higher in motorized growing rod group. **CONCLUSIONS:** Total costs were equivalent in both groups. However, motorized implants avoid hospital stays for surgery. The costs avoided would be visible if the follow-up after implantation was longer.

PIH83
DRUG PRESCRIBING PATTERN IN PRIVATE PAEDIATRIC OUTPATIENT CLINIC

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OBJECTIVES: Safety and effective use of drugs depend on prescribing pattern. Irrational prescription of drugs is responsible for delay in relief, more adverse effects, prolonged hospitalization, increased morbidity and mortality, emergence of microbial resistance and financial loss. The aim of this study was to analyze the prescribing pattern in a private paediatric outpatient setting. **METHODS:** A prospective observational study was carried out at a private paediatric out-patient clinic to analyze the drug utilization using WHO prescribing indicators. A structured data collection format was used to obtain data from prescrip-tions. **RESULTS:** The results are based on data obtained from 653 patient's pre-scriptions; out of which 60 patients were excluded. A total of 593 patients were included in the study. Of these, 356 were boys and 237 were girls. The average number of drugs per prescription was found to be 3.16±0.05. Drugs prescribed by generic name were only 6.5%. Thirty percent of medicines were prescribed from National list of essential medicines. The percentage encounter with an antibiotic and injection prescribed was 22% and 0.5%, respectively. The results are indicative of a judicious choice of drugs for children in an outpatient set-ting. **CONCLUSIONS:** The results provide continuing evidence for the safe pre-scribing of drugs to children.

PIH84
COMPARISON OF TOOLS TO EVALUATE PRESCRIBING IN THE ELDERLY

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OBJECTIVES: To compare the level of inappropriate prescribing (IP) using the dif-ferent IP screening tools in a given sample and to match the findings with real time findings of local practice. **METHODS:** 1 year prospective interventional study, elderly inpatients of age 60 yrs or older of either sex (n=500); outcome measures-5 different IP screening tools {Improved Prescribing in the Elderly Tool (IPET) 2000, Zhan criteria 2001, Modified Beers' criteria 2003, Health Plan Employer Data and Information Set (HEDIS) 2006 and Screening Tool of Older People's potentially inap-propriate Prescriptions (STOPP) criteria} and changes in therapy based on real time practice. **RESULTS:** 500 randomly selected prescriptions out of data pool of 1000 patients' record were subjected to 5 different IP screening tools. The average age of the patients was 66.3±0.3 and prescribed 8.9±0.2 drugs. The level of IP observed according to different tools were 29% (Beers' 2003)> 23.6% (STOPP criteria)>11.8% (HEDIS)> 8% (Zhan criteria)> 4.2% (IPET). The IP identified according to real time practice was 14.4% which closely matched with IP identified by HEDIS criteria. The most common inappropriate drugs accepted by physicians were administration of anticoagulant therapy with aspirin, Diazepam, Digoxin, Diltiazem, Codein and Ferrous Sulfate. The Beers' criteria 2003 identified significantly higher level of IP than other criteria. The higher dose of ferrous sulfate (n=38) was most common drug contributed to higher level of IP. Only 11 prescriptions out of 38 considered Inappropriate Drug (ID) in real time practice. Like wise, other most contributing drugs were Nitrofurantoin (2 out of 17 accepted ID in real practice) and chlorphen-armine (none out of 12 accepted ID in real practice). **CONCLUSIONS:** The authors suggest merging the two criteria (Beers' criteria and STOPP criteria) with list of drug identified inappropriate from real patient care setting for assessment of level of IP in Indian setting

PIH85
COMPARISON OF BEERS CRITERIA 2012 AND BEERS CRITERIA 2003 FOR MEDICATION USE IN THE ELDERLY

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OBJECTIVES: Use of potentially inappropriate medications (PIM) among the elderly is a serious public health problem because it is intrinsically linked to increased morbidity and mortality, causing the high costs to public health systems. The objec-tive of this study was to compare the prevalence of PIM prescribing in elderly inpa-tients using the modified American Geriatrics Society (AGS) updated Beers criteria 2012 and same comparing with the Beers criteria 2003. **METHODS:** The prospective observational study was carried out at a public teaching hospital. Prescriptions of elderly inpatients aged 60 years and above were collected and analyzed. PIMs were identified with the help of Beers criteria 2012 and Beers criteria 2003 and comparison was made between two criteria. **RESULTS:** The results were based on data of 214 patients. 57% patients were male; and, 61% were aged between 60–69 years with the average age of 68 years. The average number of diagnoses and medi-cations were three and eight, respectively. A total of 44 patients were prescribed with at least 1 PIM according to Beers criteria 2012, compared with 37 patients according to Beers criteria 2003. In 2012 Beers criteria, benzodiazepines were found most prevalent PIMs whereas in 2003 Beers criteria they were found to be low. Theophyline was found to be high prevalent in Beers criteria 2003 than Beers cri-teria 2012. **CONCLUSIONS:** Beers criteria 2012 are effective in identifying the PIMs than Beers criteria 2003.

PIH86
USING EXPLICIT CRITERIA TO EVALUATE THE QUALITY OF PRESCRIBING IN A LARGE COMMUNITY-DWELLING OLDER POPULATION: A COHORT STUDY

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OBJECTIVES: The prescription of potentially inappropriate medications (PIMs) for older adults is a well-known public health concern. Updated country-specific esti-mates of inappropriate prescribing in older adults using germane explicit criteria are needed to facilitate physician-tailored quality improvement strategies. Therefore,