OBJECTIVES: The study is an international multicenter randomized clinical trial (n=1,000) which reported a significant improvement in health outcomes for patients undergoing multivessel percutaneous coronary intervention (PCI) guided by fractional flow reserve (FFR) measurement compared to PCI guided by angiography alone (ANGIO). The objective of this study is to estimate the impact of FFR-guided PCI on public health and on healthcare budget in France and Belgium and to compare these results with those of other European countries. METHODS: We used original patient-level data of the FAME Study (Tinoco et al., NEJM 2009) to estimate health effects for France and Belgium. Utilities were measured with EQ-5D using French (time-trade-off based) and Belgian Torrance transformed (visual analogue scale based) weights. Costs were based on French and Belgian prices and DRG catalogues. The size of the population eligible for the intervention was taken from national PCI registries to calculate number of major adverse cardiac events (MACE) avoiding quality-adjusted life years (QALYs) gained, and cost savings during a 2-year budget period (2011-2012) from the payer’s perspective. We estimated ranges based on best and worst case scenarios regarding costs, benefits and FFR uptake. RESULTS: For both countries, FFR led to more QALYs, less MACE and lower costs in comparison to the alternative cross-site intervention strategy. The two-year budget impact of implementing FFR-guided PCI ranged from 6 to 44 QALYs gained in France and 12 to 234 in Belgium. MACE avoided ranged from 284 to 2108 and from 23 to 467, respectively. Cost savings ranged from 4.8 to 28.9 and from 0.43 to 7.7 million EUR, respectively. CONCLUSIONS: Our impact study shows that FFR-guided PCI in patients undergoing PCI, even after multi-balloon technique, is cost-effective and can be implemented on a public health basis. Savings are important and provide better health outcomes compared to current practice in France and Belgium health care systems.

PMID11 TREATMENT OF OVERACTIVE BLADDER AND FECAL INCONTINENCE PATIENTS FROM THE CANARY ISLANDS WITH SACRAL NEUROMODULATION: IS IT WORTH TO HAVE REGIONAL CENTERS OF EXCELLENCE? Castró Díaz D,1 Canal Fontcuberta C,2 González García P,3 López Bastida P4 1Hospital Universitario de Canarias, La Laguna, S/C de Tenerife, Spain, 2Madrid, Madrid, Spain, 3Servicio Canario de Salud, S/C de Tenerife, Spain

OBJECTIVES: Sacral Neuromodulation (SNM) has proven to be an effective, safe and cost-effective therapy that should be available for refractory Overactive Bladder (OAB) and Fecal Incontinence (FI) patients. Canary Islands are divided into two provinces: Las Palmas and Santa Cruz de Tenerife. Refractory OAB and FI patients from Las Palmas are referred to other Spanish regions to receive SNM. This Budget Impact Analysis (BIA) approached two possible referral programs from the perspective of the Canary Islands Health Service (CHS). The objective of the treatment of OAB and FI patients from Las Palmas with SNM therapy was calculated based on two previous cost-effectiveness models and was assumed to be similar in both cases. Costs related to hospitalization, travelling, and living expenses for the patient and the caregiver were also considered, as these costs are reimbursed by the CHS to the patients and caregivers.

RESULTS: The net economic impact for the CHS of treating 15 new patients from Las Palmas with SNM in Madrid would be €118,871 for the first year of the therapy, while treating these patients in Tenerife’s Center of Excellence would be related to a net impact of €50,780. The savings provided by a referral program inside the Region would amount to €68,091; driven by differences in hospitalization, travelling and living expenses.

CONCLUSIONS: In Canary Islands, the designation of Regional Centers of Excellence for specialized and effective treatments, such as SNM, would lead to important savings for the CHS, driven by differences in hospitalization, travelling and living expenses due to referral programs.

PMID12 ECONOMIC IMPACT ANALYSIS OF STERILIZATION OF RIGID ENDOSCOPES WITH STERRAD™ VERSUS STEAM IN SPAIN Buzoii B1, Espallardo G2, Emmermann A3 1Homburg-Krankenhaus, Homburg, Germany, 2Ethicon Endo-Surgery (Europe) GmbH, Norderstedt, Germany

OBJECTIVES: The increasing penetration of endoscopic techniques in surgical procedures results in increased usage of rigid endoscopes. Several studies have reported significant reductions in the number of damaged RE and repairs when reprocessed with Sterrad™ instead of Steam. The aim of this study was to analyze the economic consequences of RE sterilization with Sterrad™ versus Steam from a hospital perspective. METHODS: A dynamic excel-based decision-analytic model was developed. Published literature was used to estimate the two key variables (% of RE damage with Steam as well as with Sterrad™). A two-way sensitivity analysis was conducted (varying the two key variables up to ±25%, thus generating 121 different scenarios). Input data for the model collected as an average of three Spanish hospitals (1,000 RE sterilization units (StU) annually, 200€ cost for every RE repair and 0.56€ in consumables/StU with Steam, 11.99€ in consumables/StU with Sterrad™) was based on list prices and an average of 2.5 RE per sterilization cycle. The analysis covered a one year time horizon and assumed no indirect utilization for endoscopy technology. RESULTS: A 21% annual cost impact decrease was achieved with Sterrad™ versus Steam, leading to 11,870€ in annual savings. The more costly sterilization process (11,986€ versus 560€ per year) was clearly more than compensated by the reduction of 23,296€ in RE repair costs. The sensitivity analysis showed in 100% of the scenarios that Sterrad™ was cost-saving compared to Steam. CONCLUSIONS: This study provides strong support for the sterilization of rigid endoscopes with Sterrad™ by demonstrating that it is cost-saving compared to reprocessing with Steam. Despite the conservative approach of the model which may be in favour of Steam, use of Sterrad™ led to savings of 21% in the hospital budget.