invasive cardiac testing to assess the likelihood of obstructive coronary artery disease (CAD). We estimated per-procedure costs from commercially insured patients in the nature of the GES, we focused this economic analysis on low GES patients. Given the rule-out post-GES to calculate the cost of diagnostic evaluation in the trial. Given the previously validated, blood-based diagnostic test that determines the likelihood in Ontario, Quebec, British Columbia and Alberta.

**PCV119**

IMPACT OF ACCESS TO TRANSCATHETER AORTIC VALVE REPLACEMENT ON THE INOPERABLE AORTIC STENOSIS MORTALITY IN THE CANADIAN HEALTH CARE SYSTEM

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**OBJECTIVES:** Transcatheter Aortic Valve Implantation (TAVI) is a cost-effective life-saving therapy for patients suffering from severe aortic stenosis (SAS) who are unlikely to benefit from surgical aortic valve replacement (SAVR). The cardiaclogist’s diagnostic strategy was evaluated before and after GES testing, and diagnostic testing in a matched historical cohort of 83 patients was extracted from medical records. The GES is a validated, non-invasive diagnostic test that is based on the combination of conventional risk stratification evaluation in these patients was lower than in the matched controls ($2,450 versus $1,735 per patient, inclusive of the GES cost, p=0.03), though the difference was not statistically significant. This finding represents 29% savings ($715 per patient) in cardiac care. The results are important for several patient groups. **CONCLUSIONS:** Physician use of the GES may be associated with reductions in diagnostic testing costs in low score patients. These savings reflect the potential economic utility of the GES in the diagnosis of obstructive CAD.

**PCV120**

ECONOMIC IMPACT OF INSERTABLE CARDIAC MONITORS FOR DIAGNOSIS OF UNEXPLAINED SYNCOPE ON THE CANADIAN HEALTH CARE SYSTEM

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**OBJECTIVES:** Common medical causes of syncope account for approximately 3% of all visits to the emergency departments (ED), hospitalizations and falls, and is associated with high morbidity and deterioration of quality-of-life. Conventional testing strategies fail to diagnose underlying causes in more than 1/3 of cases, leading to repeat episodes and costly healthcare system interactions. We sought to better understand the burden of unexplained syncope on four Provincial Healthcare systems in Canada and evaluate the impact of adopting testing strategies centered on Insertable Cardiac Monitors (ICM) as an alternative to current practice. **METHODS:** We evaluated the economic burden and implications of alternative strategies for the provinces of Ontario, Quebec, British Columbia and Alberta using a multi-cohort Markov-based simulation model developed in Microsoft Excel. Our model was populated with data from peer-reviewed papers, CBHI Patient Cost Estimator, the StatCan censCan database and physician-related schedules of fees.

**RESULTS:** We estimate that between 2014 and 2023, syncope will affect 223,000 people each year across the four provinces, and account for 97,000 ED visits, 11,000 hospitalizations and 6,000 falls annually in this period. A total of 1.5 million diagnostic tests will be performed under conventional strategies, compared to 626 thousand tests if every syncope patient post-2014 were assigned ICM following an initial Brum, ON, the GES (43%) reduced the ICM strategy would also eliminate 12% of blacks, 9% of falls, and 21% of ED visits and hospitalizations related to Syncope events. The proportion of patients diagnosed would increase from 15% to 47% at 36 months, and the strategy would be much less cost-neutral with an average annual reduction of $434 per year in Syncope-related expenditures.

**CONCLUSIONS:** We find that the burden of unexplained Syncope on Canadian health care systems is substantial, and wider utilization of ICMs in diagnosis could reduce this burden while improving the patient experience.

**PCV121**

REAL WORLD DATA: A TOOL FOR DECISION MAKING IN HEALTH CARE

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**OBJECTIVES:** This study aims to stimulate the use of secondary data in health economic analyses, based on a better understanding of available possibilities using Brazilian patient databases (DATASUS) and to develop a case study focuses on the treatment of patients with acute myocardial infarction (AMI). **METHODS:** This study was conceived as a transversal observation of the available public databases, including outpatient and inpatient information. Conducting studies using real world data is possible due to the identification of the individual under treatment. This identification does not allow determining the patient’s identity, but allows tracking expenditures. The total cost of care, including in the outpatient and inpatient settings has been analyzed. Besides, a case study was developed focusing on patients hospitalized due to AMI. The quantity of treatments was previously validated, blood-based diagnostic test that determines the likelihood of AMI was lower in the HVCs when compared to the LVCs (14.9% vs 15.8%; p= 0.05) and the average length of stay was higher (8.7 vs 5.2 days). **CONCLUSIONS:** Health managers should use the thorough analyses based on these data to assess the status for decision making and to better allocate scarce resources in health care.

**PCV122**

A NEW FRONTIER: USING PHARMACY CLAIMS WITHIN THE EHR TO CONDUCT MEDICATION RECONCILIATION IN PRIMARY CARE PRACTICE

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**OBJECTIVE:** Medication reconciliation is a necessary process for the delivery of optimum patient care, yet a difficult process to do in the primary care setting due to limited time and resources. Dramatic improvements in health information technology may facilitate accurate and real-time medication reconciliation. The purpose of this study is to determine the impact of linked pharmacy claims integrated in the primary care electronic health record (EHR) to inform medication reconciliation in primary care practice. **METHODS:** We conducted a retrospective cohort study in patients that were prescribed a new antihypertensive between January 2011 and September 2012. We compared patients’ active medications as recorded in a primary care practice EHR with those that were listed in pharmacy claims data available through the EHR. Only medications that were active in the 120 days prior to the new antihypertensive were considered. Medications that appeared in one data source but not the other were categorized as discrepancies. The primary outcome was the presence of at least one discrepancy. Predictors of discrepancy rate were calculated through logistic regression. **RESULTS:** A total of 609 patients qualified for study. Among those, 183 discrepancies were recorded as compared to the supposition of 4810 as discrepancies. The majority of patients (68%, 76.9%) had at least one discrepancy. Predictors of the risk of having discrepancies included total medication count (OR: 1.07, p<0.0001), at least one cardiovascular-related morbidity (OR: 0.84 p=0.0001) and a hospitalization in the previous year (OR: 0.48, p=0.007). **CONCLUSIONS:** A high rate of medication discrepancies was found amongst patients, along with significant predictors of occurrence. The use of linked pharmacy claims was able to show a more comprehensive use of a patient’s medication use patterns. Such automated solutions could be used to screen available data sources to uncover discrepancies and identify patients who may benefit from tailored clinical interventions.

**PCV123**

PORTRAYAL OF STEREOTYPES IN DIRECT TO CONSUMER ADVERTISING OF PHARMACOLOGICAL TREATMENTS FOR PSYCHIATRIC ILLNESS: A SYSTEMATIC REVIEW

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**OBJECTIVE:** Pharmaceutical companies adopt distinctive marketing strategies to advertise drugs for hypochondria and psychosis. This study explored the variance in stereotypes related to gender disparity and activity status (passive and active) used in video direct-to-consumer advertisements for anti-psychotics and statins class of drugs. **METHODS:** Fifty-eight unique video DTCA aired on NBC and CNN evening news were analyzed. The Vanderbilt TV News Archive Database was utilized to obtain random samples from each year which constituted to final sample of nine anti-psychotic and forty-nine statins ads aired between 1r January 1998 and 31r December 2011. Inter-rater reliability was assessed using Cohen’s Kappa and was found to be acceptable for the variables used in the instrument. Data was analyzed using Fischer Exact test using SAS 9.3b. **RESULTS:** Out of the 58 ads, 41-ads portrayed females as the primary character. The proportion of male character was significantly higher in statins ads compared to ads for antipsychotics (79.5% vs. 22.2%, p=0.0016). However, the proportion of female character was significantly greater in ads for antipsychotics compared to statins (88.9% vs. 48.8%, p=0.036). In addition, a female character with passive status was significantly higher in antipsychotic ads compared to statins (66.7% vs. 32.65%, p=0.055). In contrast, a male character with active status was significantly greater in statins compared to antipsychotics (75.78% vs. 7.8%, p=0.0001). **CONCLUSIONS:** Gender and activity status stereotypes are quite prevalent in both anti-depressants and cardiovascular drugs. Males with active status were more likely to be featured in anti- depressants whereas female characters with passive status were more likely to be featured in anti-psychotics. Stereotypes in DTCA may potentially bias the decision making ability and prescribing behavior of physicians.

**PCV124**

A RETROSPECTIVE, CROSS SECTIONAL STUDY ON THE REAL-WORLD VALUES OF CARDIOVASCULAR RISK FACTORS USING A HEALTH CARE DATABASE IN JAPAN

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**OBJECTIVE:** The primary goal of the study was to compare the real-world cardiovascular risk factors using a health care database in Japan. **METHODS:** Using a health care database, we conducted a cross-sectional study on the real-world values of cardiovascular risk factors such as age, gender, smoking, alcohol intake, physical activity, family history, and current medications. The study included patients aged 30 years and older who were continuously enrolled in the database for at least one year. **RESULTS:** Of the 56,476 patients included in the study, 53.2% were males and the average age was 66.8 years. The prevalence of smoking was 21.7%, alcohol intake was 31.4%, and physical activity was recorded in 25.3% of patients. **CONCLUSIONS:** This study provides real-world values of cardiovascular risk factors using a health care database in Japan. Further studies are needed to validate these findings in other populations.