PMID119

USING REAL-WORLD HOSPITAL PURCHASING AND CONSUMPTION DATA TO IMPROVE HEALTHCARE SYSTEMS EFFICIENCIES

Carlow D, Dua D, Erickson G, Garfield S
GR Custom Research, Wayland, MA, USA
OBJECTIVES: To describe a disparity between the purchasing power of various hospital institutions within Germany. Large institutions, those within hospital networks, and those with group purchasing organization (GPO) memberships can leverage their influence to secure favorable prices for medical devices and consumables. Other institutions, however, are not able to leverage the same purchasing power, resulting in higher prices and financial inefficiencies.

CONCLUSIONS: Databases that provide detailed hospital purchasing data provide greater transparency to both hospitals and innovators on purchasing, pricing, and utilization trends. Smaller hospitals and those independently negotiating purchasing contracts can leverage this information to understand practice in other hospital settings as they make decisions for their own. These data are likely to have a significant impact on purchasing strategies across the German Healthcare System, providing transparency to help hospitals make better purchasing decisions.

PMID140

ECONOMIC ANALYSIS OF EVICEL® COMPARED WITH STANDARD OF CARE FOR DURAL Closure IN ELECTIVE CRANIAL SURGERY: A UNITED KINGDOM HOSPITAL PERSPECTIVE

Lim S1, Ferko N2, Takeda A3, Danker WM4, Jamous N5, Batiller Ji, Kocheran R1
1Ethicon, Inc., Somerville, NJ, USA, 2Cornerstone Research Group Inc., Burlington, ON, Canada, 3Ethicon Biosurgery, UK, 4Ethicon Inc., Somerville, NJ, USA
OBJECTIVES: Intraoperative watertight dural closure is critical as CSF leakage can lead to an increased risk of costly clinical consequences (e.g., wound infection, meningitis). Although there are several fibrin sealants available, not all are indicated for surgical repair, because these sealants are designed to seal defects and not to moisten surgical fields. This study compared EVICEL® (Evonik) to standard of care (SoC) for suture line dural closure in cranial surgery in the United Kingdom (UK).

METHODS: The economic analysis quantified the 30-day cost impact of EVICEL® from a UK hospital perspective by measuring resource utilization during surgical and hospital analysis both showing cost-savings of £42 and £3.275 with EVICEL® vs SoC respectively.

CONCLUSIONS: In problematic bleeding situations, EVICEL® may result in important cost savings for hospitals, in addition to meeting an important unmet medical need. These positive economic results may suggest a better clinical benefit profile compared to SoC, with increased benefit seen in challenging (i.e., coagulopathic) bleeding patients. Further study is needed to confirm findings.

PMID143

ECONOMIC ANALYSIS OF EVARREST® SEALANT MATRIX COMPARED WITH STANDARD OF CARE IN SEVERE SOFT TISSUE SURGICAL BLEEDING: AN ITALIAN HOSPITAL PERSPECTIVE

Jamous N1, Socievole G2, Ferko N3, Hogan A3, Corral M4
1Ethicon Biosurgery, Berkshire, UK, 2Johnson & Johnson Medical Spa, Rome, Italy, 3Cornerstone Research Group Inc., Burlington, ON, Canada, 4Ethicon Biosurgery USA, Somerville, NJ, USA
OBJECTIVES: Although several hemostats are available, drawbacks include limitations with efficacy and ease-of-use. Despite their use, uncontrolled bleeding still remains common and is associated with significant hemostasis benefit of EVARREST® vs. SoC (i.e., initial and re-treatment, operating time, transfusion). A hospital analysis included all resources collected on a hospital level. This paper included published data on German costs were applied to resource use. A sub-group analysis was conducted for patients meeting coagulopathic criteria based on abnormal values for at least one of the trial coagulation parameters collected. Value-added tax (19%) was added to product costs.

RESULTS: The surgical base-case analysis predicted that EVARREST® cost was offset by averted resource use with 0% patient cost impact of €1,893 vs. SoC. The hospital analysis predicts further resource reduction with EVARREST® leading to cost impact of €108 per patient. In coagulopathic patients, the results dramatically improved, with the surgical and hospital analysis both showing cost-savings of €542 and €3.275 with EVARREST® vs SoC respectively.

CONCLUSIONS: In problematic bleeding situations, EVARREST® may result in important cost savings for hospitals, in addition to meeting an important unmet medical need. These positive economic results may suggest a better clinical benefit profile compared to SoC, with increased benefit seen in challenging (i.e., coagulopathic) bleeding patients. Further study is needed to confirm findings.

PMID144

ECONOMIC JUSTIFICATION OF TELEMEDICINE TECHNOLOGY FOR PREVENTIVE MEDICAL EXAMINATION OF THE POPULATION IN REMOTE REGIONS IN RUSSIA

Polyannaya VA1, Fylovskaya VK2, Polyannov YK2, Krasnykh VN3
1Financial Scientific Research Institute of the Ministry of Finance of Russia, Moscow, Russia, 2The Russian Presidential Academy of National Economy and Public Administration, Moscow, Russia
OBJECTIVES: Economic analysis of telemedicine technologies application for regular medical examination among the adult population living far from hospitals in the