demográficos e econômicos, presença de doenças crônicas, qualidade de vida e a forma de aquisição de medicamentos nos últimos sete dias. Um total de 20% das entrevistas foram auditadas por telefone quanto a sua autenticidade. O projeto foi aprovado pelo Comitê de Ética em Pesquisa da Universidade de Brasília. Para identificar e avaliar os determinantes da compra de medicamentos utilizou-se três métodos distintos, Logit, Probit e Probabilidade Linear, para elevar a robustez dos resultados. Realizaram-se as análises econométricas através dos programas Gretl e R. **RESULTADOS:** Um total de 1.820 entrevistas válidas, dos quais 59,8% eram mulheres. Foram identificados os potenciais determinantes do consumo de medicamento no DF: classe social, qualidade de vida, doenças crônicas, sexo, idade, plano de saúde e consultas médicas. **CONCLUSÕES:** Ter doenças crônicas, ser do sexo feminino, ser mais velho, possuir plano de saúde e ter se consultado elevam as chances de comprar medicamentos. Por outro lado, pertencer às classes sociais mais baixas e ter melhor qualidade de vida reduz essa chance. Os resultados foram qualitativamente equivalentes nos três métodos, além de apresentarem significância estatística próximos de 5%. É possível que os achados estejam influenciados pelo viés de suscetibilidade dos sujeitos de pesquisa e de prevalência/incidência da compra de medicamentos. Entretanto, como diversas características não são influenciadas pelo tempo, a validade da informação não é afetada.

PHP19

ANÁLISIS DEL GASTO SANITARIO ESPAÑOL 1980-2010

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OBJECTIVOS: Ilustrar una metodología de distribución del presupuesto sanitario público entre las 17 categorías CIE-9-MC (Clasificación Internacional de Enfermedades, novena revisión, modificación clínica) y su evolución en el tiempo. **METODOLOGÍAS:** La metodología consta de dos fases: una primera fase en la que se realiza una distribución del presupuesto global por tipo de atención sanitaria (atención hospitalaria, ambulatoria o farmacológica), y una segunda fase en que se distribuye el gasto por tipo de atención entre las categorías CIE-9-MC. Para esta distribución se utilizan, en la primera fase, informaciones que permitan asignar las diferentes partidas del presupuesto a los distintos tipos de atención. Por lo que respecta a la distribución por categorías, se utilizan diferentes elementos según el tipo de atención: la estancia hospitalaria, la visita ambulatoria o el consumo farmacéutico por subgrupo terapéutico. Se utilizan los datos del gasto sanitario en España con propósitos ilustrativos. **RESULTADOS:** El análisis del gasto sanitario español entre 1980 y 2010 muestra que la posición relativa en cada ámbito no varía demasiado, dominando la atención hospitalaria (58%) en el ámbito público y la atención ambulatoria (33%) en el privado. La asistencia farmacéutica incrementa su posición relativa tanto en el ámbito privado como en el público, 2,5 puntos porcentuales en los dos casos. De análisis de las 17 categorías CIE-9-MC, cabe destacar el crecimiento continuo e importante de la categoría VII (enf. del aparato circulatorio, de 10% en 1980 al 17,7% del gasto en 2010) y el decremento de la categoría VIII (enf. Respiratorias, del 17,4% al 10,5%). En un segundo término también cabe destacar el crecimiento de la categoría II (tumores, del 4,2% al 9,1%) y de la categoría I (infecciosas, del 5,2% al 2,31%). **CONCLUSIONES:** La distribución del presupuesto aporta un punto de referencia para la planificación y la gestión sanitarias.

PHP20

IS HOSPITALIZED MULTI-MORBIDITY IN ADULTS DETERMINING COSTS OF RE-ADMISSION? EVIDENCE FROM A MULTICENTRIC CROSS SECTIONAL STUDY IN ARGENTINA

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OBJECTIVES: Multi-morbidity (MM) and readmissions in less than 30 days (ReH) require standarized data, diffficult for Argentina. To measure the economic implications, we evaluated if MM determined direct medical costs of ReH. **METHODS:** In cross sectional study of 1 year hospital discharges (*Value in Health;14 (2011):A18*), of patients ≥19 yrs old, primary diagnosis (Dx1) and secondary diagnosis (Dx2), total costs (CT$) mean and median per discharge cost ($, 25P-75P-percentiles), in international dollars PPP, (UN Data: 1Arg$ = 1.608 I$ PPP, 2008) were obtained. To measure of multi-morbidity (MM) we used chronic conditions table in (CC+) counts as positive (CC+) per 2Dx. The 30day readmissions (ReH<30) defined as: 1) any readmission within 30 days and 2) the number of stays with at least one subsequent hospital stay within 30 days(strict definition) (ReH_s). **RESULTS:** In a universe of 45466 discharges, we found 7286 ReH <30 d among adults (≥19 yrs old). Total cost of ReH TC$ 68 145 431I$; mean cost per discharge ($) was 9629 I$ (SD I$ 23 344); Median cost per discharge 4211 I$; (Q1: 1755 -Q3:9291 I$), taken as baseline values for ReH (ReH_s is N= 6018; with I$ of 10 600 -SD I$ 25271) . Stratified against MM as 2Dx1, N=3357, mean discharge cost was I$ 10823 (SD I$ 24005); 1,12 times the value of all ReH. MM at 2Dx5, N=718, I$ 16538 (SD I$ 36839); 1,72; and when MM was in 2Dx8, N=137, I$ 18785 (SD I$ 34764); 1,95 times baseline (*p trend <0.01*). ReH_s reduce total number of readmissions and produce slightly higher costs (full data not shown), e.g. in MM of 2Dx8, ReH_s is N=130, mean discharge cost I$ 19 052 (SD I$ 35591); 1,80 times baseline. **CONCLUSIONS:** This first estimate of ReH<30 costs, sensible duration, and demonstrates impact of multi-morbidity (MM) with the method used.

PHP22

ANÁLISIS DE MINIMIZACIÓN DE COSTOS DE IOBITRIDOL VERSUS OTROS MEDIOS DE CONTRASTE IODADOS ISO E HIPO-OSMOLALES EN POBLACIÓN GENERAL

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OBJECTIVOS: Desarrollar una evaluación económica del uso de iobitridol en la toma de imágenes diagnósticas versus otros medios de contraste iodados similares (seguridad y tolerancia). **METODOLOGÍAS:** Dada la no superioridad ni inferioridad, encontrada en la literatura, de los medios de contraste iodados iso e hipo-osmolales, se realizó una evaluación económica de iobitridol mediante un análisis de minimización de costos, que incluye costos de insumos y recursos utilizados en la realización de urografía, angiografía y escanografía. Para el desarrollo de la evaluación se utilizaron los siguientes medios de contraste: iodixanol, iobitridol, iopamidol, iohexol, ioversol e iopromide, en todas las concentraciones de yodo disponibles en el mercado en Colombia. Los resultados se analizaron para pacientes con peso entre 5-110 kg tomando como referencia de uso la dosis promedio de Yodo para cada uno de los tres exámenes analizados. Se realizó un análisis de sensibilidad univariado de +/- 20%, en los costos de las tecnologías. **RESULTADOS:** Para urografía, en el 64% de los casos analizados resultó ahorrativo el uso de iobitridol 300 mg/ml, presentando un ahorro de COP$ 4.121 por examen per cápita. Para angiografía, el uso de iopamidol de 370 mg/ml es ahorrativo en el 55% de los pesos (kg), frente al 45% con iobitridol de 300 mg/ml, con un ahorro de 3,44% por examen. Finalmente para escanografía, iobitridol de 300 mg/ml se presenta como la tecnología con más frecuencia de ahorro en los pesos (kg) de los pacientes, mostrando un ahorro de 2,87% por examen. El análisis de sensibilidad muestra consistencia del ahorro del uso de iobitridol 300 mg/ml e iopamidol 370 mg/ml. **CONCLUSIONES:** El análisis de minimización de costos muestra a iobitridol e iopamidol como tecnologías que generan ahorro en urografía, angiografía y escanografía, en concentraciones de 300 mg/ml y 370 mg/ml respectivamente, dependiendo del peso del paciente.

PHP23

DRUG DISTRIBUTION STRATEGIES COST IN BRAZIL

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OBJECTIVES: This research aims to verify the total costs of the medicines that are dispensed by pharmacies of the Brazilian Public Health System (SUS) and that are also part of the *Aqui tem Farmácia Popular* program (PAFP). This program is characterized by the powerful link between the government and the private pharmacies which provide medicines for free or by co-payment for the population. This work also seeks to draft a comparative analysis between the two distribution forms of the drugs. **METHODS:** The direct cost was obtained from the amounts showed on the county purchase invoices. The indirect cost was identified as a result of a field survey. The sampling selection of visited counties was based on a - non- probabilistic - scenario analysis approach from quality criteria and distributed in each of the five country's regions. Collection was performed by completing a semi-structured spreadsheet, by documentary analysis and by participant observation. Data collected correspond to the expenses incurred during 2011. **RESULTS:** The value of the medicines bought by a private pharmacy it is significantly higher than the one paid by the SUS pharmacy. It is considered as possible explanations of differential of the direct cost between two purchases origins some additional elements that elevate the cost of the private pharmacy regarding the one from SUS: purchases volume, purchase frequency, presentation, additional costs as logistics, type of packing, costs related to the certification of good production practices. **CONCLUSIONS:** From the comparative analysis of the SUS pharmacy total cost with the value funded by the Ministry of Health for PAFP medicines, it was possible drawing a comparative with the analyses provided in the National Accounts Tribunal (TCU) audit report. It was observed that the variance shown in the TCU audit report indicates a significant difference between the assessed results in this demonstrative.

PHP24

ECONOMIC BURDEN OF INPATIENT POST-ADMISSION DEHYDRATION – RETROSPECTIVE DATABASE ANALYSIS IN US

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OBJECTIVES: To compare costs and resource utilization of patients experiencing post-admission dehydration (PAD) to those who do not experience PAD. **METHODS:** All adult inpatient discharges excluding those with suspected dehydration present on admission (ICD-9-CM codes for dehydration: 276.0, 276.1, 276.5X present on admission) were identified from the Premier database(CY2011). Patients with missing information on important variables were excluded. PAD patients were identified using ICD-9-CM codes. PAD and no PAD(NPAD) groups were matched on propensity score adjusting for demographics (age, gender, race, medical, elective patients), patient severity (APR-DRG severity scores) and hospital characteristics (geographic location, bed-size, teaching and urban hospital). Costs (total and departmental), days of stay in hospital(LOS), incidence of mortality and Catheter-Associated Urinary Tract Infection(CAUTI) were compared between groups using t-test for continuous variables and chi-squared test for categorical variable. Sub-groups of medical and surgical population were also matched and analyzed separately. **RESULTS:** Total of 86,398(2.1%) of all the selected patients experienced PAD. Post-matching mean total cost were significantly higher for the PAD group compared to NPAD group($33,945 vs. $22,380, p<0.0001). Mean costs associated with room & board, central supply, surgery, pharmacy and other miscellaneous departments were also significantly higher for PAD group(all p<0.0001). Compared to NPAD group, PAD group had higher mean LOS days(12.9 vs. 8.2) and also had a higher incidence of CAUTI(0.6 vs. 0.5%) and in-hospital mortality(8.6% vs. 7.8%) (all p<0.05). The results for sub-group analysis were also significant for total costs(Medical patients: $22,065 vs. 15,700; Surgical patients: $45,728 vs. $32,091) and LOS days(Medical patients: 11.4 vs. 8.3; Surgical patients: 17.8 vs. 11.4) (all p<0.05). **CONCLUSIONS:** PAD has a potential to add significant burden to hospital costs and resources. Adopting strategies aimed at avoiding PAD may help in reducing hospital cost and resource burden and may improve patient outcomes.

PHP26

CRESCIMENTO DE ÓBITOS PÓS PARTOS CESARIANOS NO BRASIL VERSUS PARTOS NORMAIS

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