services. For the 2012 sample, it is possible that MCBs beneficiaries might have used colorectal screening within the previous year which resulted in utilization of those services in 2012. Further research should extend the period of analysis to investigate whether observed decrease remains unchanged over time.

PMD72 BATTLING FEAR: A POTENTIAL KEY TO IMPROVING COLORECTAL CANCER SCREENING

Santoro M.C.1,2,3, Crane BM.4,5, Bennett C.6
1Rutgers School of Health and Biomedical Sciences, New Brunswick, NJ, USA, 2Advanced Surgical Devices Division, Smith & Nephew, Andover, MA, USA, 3Blue Cross and Blue Shield of North Carolina, Durham, NC, USA

OBJECTIVES: To investigate whether the new policy had an impact on the utilization of colorectal screening in 2012. The objective of this research was to evaluate the impact of the 2013 Argentinean economic crisis in the healthcare (HC) sector and the access to imported medical devices. METHODS: Specific analysis to evaluate MDs’ cost in HC system (private payers and providers) was performed. Primary cost information was obtained and analyzed from the HC System and ADECRA (Argentinean Healthcare Private Providers Association). The information includes inflation-adjusted costs incurred by the provision of HC services and non-medical supplies and devices’ increase in overall payments.

RESULTS: During 2013, the government allowed private payers to increase their fees by 25.5%. As a consequence, labor costs increased by 25.7% affecting private payers and providers. For private healthcare providers, the cost to deliver care rose to 26.9%, whereas medical supplies and devices’ increase was 33.4%. Manufacturers raised their prices in 22%, while their sales rose in 28% in local currency, but only 5% in USD. CONCLUSIONS: 2013 AR crisis affected the HC system. HC providers were mainly harmed as the result of price increases for MDs and supplies above the increase of its charges (services fees paid by the private system) and even below the ADECRA index (30%), which rose up to 200% compared to 2010. This represents a burden for payers, who had to absorb the price increase for the high cost of imported MDs in order to provide access to their population.

PMD70 OFFICE-BASED UTERINE POLYECTOMY USING A MINIMALLY INVASIVE HYSTEROSCOPIC REMOVAL DEVICES: SAVES HEALTHCARE RESOURCES

Williams RW.1, Run PM.2,3, McCauley J.3
1Raleigh Gynecology and Wellness, Raleigh, NC, USA, 2Advanced Surgical Devices Division, Smith & Nephew, Inc., Andover, MA, USA, 3Blue Cross and Blue Shield of North Carolina, Durham, NC, USA

OBJECTIVES: Abnormal uterine bleeding (AUB) is an increasingly frequent complaint of women visiting gynecologists’ offices. Uterine polyps, a common etiology, are traditionally removed in hospitals or ambulatory surgery centers (ASCs). A minimally invasive hysteroscopic tissue removal system (TRUCLEAR™, Smith&Nephew) allows a doctor to localize and remove polyps of a precancerous character. The U.S. Preventive Services Task Force assigned grade A recommendation for colorectal cancer screening from 2004 to 2014 using MEDLINE/PubMed and Google Scholar. Limiting the search to the English language reports, the search strategy involved combining (a) colorectal cancer screening-related key words (eg, “cancer,” “screening,” “adherence,” “colonoscopy,” “sigmoidoscopy,” “chemotherapy”) and (b) words pertaining to or synonymous with fear (eg, “fear,” “anxiety,” “embarrassment,” “relief”). RESULTS: Of the 17 articles identified, 11 explored general barriers among the U.S. population, while the other 6 examined specific barriers such as fear, disgust, stigmas, attitudes, knowledge, and medical mistrust. Six of the studies were qualitative studies, 4 were quantitative studies, 3 used a mixed methods approach and 4 reviewed 16 articles. Common perceived barriers included mistrust of the healthcare system, embarrassment of being undressed in front of a provider, the nature of the screening exam itself, fear of cancer, and fear of death/fatalities. Results of this study demonstrate that psychological factors such as fear of the test itself, cancer diagnosis, of, burdening family members, and embarrassment play a role in determining whether patients would opt for CRC. In order to improve the quality of care and successfully increase screening rates for CRC, overcoming these barriers is of utmost importance.

PMD73 HEALTH ECONOMIC MODEL TO MEASURE THE IMPACT OF A STEMI INITIATIVE IN ROMANIA

Kim F., Voican A.
MediPlast, Tunis, Saturna Rosa, CA, USA

OBJECTIVES: ST-segment elevation myocardial infarction (STEMI) is a leading cause of global morbidity and mortality, comprising 25-40% of MI presentations, with varying outcomes. 5-6% of patients die before leaving hospital, and 7-18% of discharged patients die within one year. In Romania, the annual mortality rate is 14.5% for admitted patients. An Excel-based model was developed to assess the clinical and economic impact of different treatment strategies for STEMI patients in Romania. METHODS: This model used data from the Romanian National Registry, Romanian Heart Foundation, and CC Ileusc Heart Institute to evaluate STEMI treatment scenarios based on disease awareness, timely hospital admissions, and treatment with PCI, versus emergency operative approaches. Comparisons between 2009-2014 outcomes were modeled year-over-year for sequential STEMI cohorts. Prospective outcomes through 2019 were modeled to calculate the value of continued investment in STEMI management. Model inputs included mortality and morbidity, labor productivity (measured by average wage), direct treatment costs, and disease burden (measured by disability-adjusted life-years and value of a statistical life). Outputs were calculated up to one year after initial STEMI event, and calculated separately for hospital-admitted and non-hospital-admitted patients. The latter group divided by treatment pathway: PCI, thrombolytics, no reperfusion, or CABG. RESULTS: From 2009-2014, an investment of 20.8 million € in interventional cardiology and catheterization laboratories resulted in 2,317 lives saved, with cost savings of 21.6 million € from improved productivity. Prospective calculations through 2019 show an investment of 14.2 million € would result in 1,528 lives saved, with cost savings of 12.3 million €. CONCLUSIONS: From 2009-2014, Romanian healthcare expenditures to improve STEMI management strategies showed favorable clinical outcomes when more patients were managed with PCI. This mortality reduction suggests that continued national investment in STEMI management could further improve these rates, with greater cost savings achieved as a result.

PMD74 OFFICE USE OF AUTOLOFAT FATTY ACID GRAPHS IN PATIENT OPERATING ROOMS AND COSTS: A HOSPITAL BUDGET IMPACT ANALYSIS

Lee K.1, Xu S.2, Mencer M.2, Macarlos D.1, Nahabedian MY2
1LifeCell, an Avonity Company, Bridgeport, NJ, USA, 2Georgetown University, Washington, DC, USA

OBJECTIVES: Use of operating rooms (OR) in hospitals contributes significantly to the total cost of inpatient care. Autolofat fatty acid grafting (AFG) is a process of re-injecting a patient’s own fat to treat soft tissue defects in surgeries. The objective was to compare the impact of a new AFG system, Revolve versus centrifugation on OR time and costs. METHODS: Data from literature, conference posters and surgeon surveys (n=30) were used. Cost of OR included staff wages and facility costs, and adjusted for inflation to $2011 base. Steady-state comparison was established before-fat injected in reported posters. Inputs required for projection such as mean number of AFG procedures per year for a hospital were obtained from survey. Price per incremental differences in OR costs for Reveal versus centrifugation, with the latter group divided by volume of fat injected by rate of fat injection and multiplying by OR cost prior to subtracting

PMD69 ACCESS TO IMPORTED MEDICAL DEVICES DUE TO INFLATION AND UNDER FUNDING OF ARGENTINIAN HEALTH SECTOR IN 2013

Glaridoro G1, Koffman AL,2, Cabra HA3
1Johnson & Johnson Medical Argentina, Buenos Aires, Argentina, 2Johnson&Johnson Medical, Mexico City, Mexico

OBJECTIVES: During 2013, Argentina (AR) suffered severe currency depreciation (above 52%) and an annual inflation rate of 28%. Increases in imported medical devices’ prices (MDs) plus a weakened AR peso might have impacted their access. The objective of this research was to evaluate the impact of the 2013 Argentinean economic crisis in the healthcare (HC) sector and the access to imported medical devices. METHODS: Specific analysis to evaluate MDs’ cost in HC system (private payers and providers) was performed. Primary cost information was obtained and analyzed from the HC System and ADECRA (Argentinean Healthcare Private Providers Association). The information includes inflation-adjusted costs incurred by the provision of HC services and non-medical supplies and devices’ increase in overall payments.

RESULTS: During 2013, the government allowed private payers to increase their fees by 25.5%. As a consequence, labor costs increased by 25.7% affecting private payers and providers. For private healthcare providers, the cost to deliver care rose to 26.9%, whereas medical supplies and devices’ increase was 33.4%. Manufacturers raised their prices in 22%, while their sales rose in 28% in local currency, but only 5% in USD. CONCLUSIONS: 2013 AR crisis affected the HC system. HC providers were mainly harmed as the result of price increases for MDs and supplies above the increase of its charges (services fees paid by the private system) and even below the ADECRA index (30%), which rose up to 200% compared to 2010. This represents a burden for payers, who had to absorb the price increase for the high cost of imported MDs in order to provide access to their population.