

SION: We demonstrated gender and ethnic differences and temporal trends in avoidable hospitalization. Avoidable hospitalization is a sensitive tool for monitoring access to and adequacy of primary ambulatory care.

MD2**MEASURING REDUCED PRODUCTIVITY DURING PAID LABOR**

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OBJECTIVE: A new method for measuring reduced productivity during paid labor has been proposed in the Health and Labor Questionnaire (HLQ). How this method relates to the more common impairment approach is unknown. Therefore, the objective of this study was to compare the two methods of measurement. **METHODS:** A face-to-face interview questionnaire with items on reduced productivity during paid labor was developed and pilot-tested. The final interview was administered to a convenience sample of 102 informal caregivers of the elderly in an observational panel study with two survey waves. Employed caregivers were asked to estimate the extent to which their productivity while at work during the previous two weeks was reduced by their caregiving activities, using both the HLQ approach and an impairment approach. In the HLQ approach, respondents estimated the amount of time necessary to compensate for their reduced productivity. In the impairment approach, respondents rated their impairment on a scale from 0 to 10. Then, the impairment rating was converted to an hourly value. Paired t-tests were conducted to examine the differences between the HLQ approach and the impairment approach. **RESULTS:** In the first survey wave, 53 employed caregivers reported an average of 9.0 hours of reduced productivity using the impairment approach compared to 3.5 hours using the HLQ approach. This difference was statistically significant ($P = 0.01$). In the second survey wave, 54 employed caregivers reported an average of 8.7 hours of reduced productivity using the impairment approach compared to 4.0 hours using the HLQ approach. Again, the difference was statistically significant ($P < 0.01$). **CONCLUSIONS:** The approach used to measure reduced productivity during paid labor influences the results obtained. Estimates of reduced productivity during paid labor are greater when the impairment measurement approach is used than when the HLQ approach to measurement is used.

MD3**A NEW INDEX APPROACH TO MEASURE THE BENEFITS OF DELAYING THE PROGRESSION TO BLINDNESS**

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OBJECTIVE: Measure the benefits of delaying the progression to blindness and compute an overall index that summarizes the benefits to patients treated for eye problems. **METHODS:** Patient benefits are measured in terms of the reduction in symptoms and disabilities, and in terms of the patient's ability to perform preferred activities in their daily living. The index is based on earlier work in the field of index theory, distance functions, and production economics. It uses both clinical outcome data and data on specific daily life activities. The index results in a single measure of relative changes in functional ability, for each individual. Daily life activities are treated as outputs that the individual is able to perform. Resources that the individual uses to achieve the outputs are treated as inputs. Hence, treatment may increase the input level of a particular individual and by that increase the output possibility set, and subsequently the individual's choice between different output combinations. The situation before treatment is compared with the situation after treatment. The index numbers are calculated from the Swedish Cataract Register, and from clinical trial data. Cost data are collected from the literature. **RESULTS:** The suggested index approach successfully connects multidimensional outcome data with daily life activities, without being dependent on an a priori set of weights or secondary statistical analysis. The index allows different variables to be measured in different units without affecting the resulting index number. The preliminary empirical results indicate that new technology and proper timing of the medical intervention is crucial for the economic justification of the intervention. **CONCLUSION:** With a minimum of assumptions the suggested index makes it possible to analyze a medical intervention using all of the appropriate variables. The index may prove particular useful in the decision process of medical interventions and when balancing costs and benefits.

CARDIOVASCULAR DISEASE II**CV4****THE INFLUENCE OF NON-CARDIAC VASCULAR DISEASE ON THE COST-EFFECTIVENESS OF SCREENING FOR LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVSD)**

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OBJECTIVE: To estimate the cost-effectiveness of screening for LVSD in patients with cerebro-vascular accident (CVA), peripheral vascular disease (PVD) or transient ischaemic attack (TIA) *versus* age matched controls. **METHODS:** Results of electrocardiography (ECG) or measurement of brain natriuretic peptide (BNP) were compared with echocardiography (LVSD = ejection frac-