with a history of recurrent hospitalizations. Interventions targeted at preventing HF hospitalizations would be beneficial.

PCV97 FOLLOW UP COST OF PATIENTS SUBJECT TO CRMd IN GREECE Fonopriakis J1, Simantarakis E2, Kanopakis K2, Chrysostomakis S2, Maniadakis N2, Koutalab G1, Vardas P1
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OBJECTIVES: The objective of the study is to estimate the follow up cost and its components in patients subjected to pacemaker (PM) and implantable cardioverter-defibrillator (ICD) implantation. METHODS: A single-center, prospective study which was conducted for one years period. In total, 464 consecutive patients were recruited (370 were subjected to PM implantation, from which 240 initiates, 130 replacements and 94 to ICD implantation, from which 80 initiates, 14 replacements). Resource data were abstracted from the patients' medical records at and at 6th and 12th months follow-up of patients' follow-up. Then, the annual patients' follow up costs were calculated using the bottom-up approach. RESULTS: The annual follow up cost for the patients who were subjected to PM implantation (initial or replacement) was found to be €1.803 (€1.758–€1.858) and €13.521 (€13.153–€13.892), respectively. The mean total hospitalization cost (including the costs of devices, electrodes, other supplies, and personnel’s time) was calculated to be €5.389 (€5.207–€5.551). The mean 95% confidence interval total hospitalization cost (includ- ing the costs of devices, electrodes, other supplies, and personnel’s time) was calculated to be €1.816 (€1.433–€2.421). The annual follow up cost for the patients were subjected to ICD implantation (initial or replacement) was found to be: The mean direct health care resource use and the cost of laboratory and imaging diagnostic examinations was €1,386 (€1,069–€1,692). The mean direct non-health care cost was €359 (€207–€551). Finally the mean indirect cost was €71 (€70–€72). The mean (95% confidence interval) total annual follow-up cost for the patients who were subjected to PM implantation was €1.816 (€1.433–€2.421). The annual follow up cost for the patients were subjected to ICD implantation (initial or replacement) was found to be: The mean direct health care resource use and the cost of laboratory and imaging diagnostic examinations was €2,729 (1743-3.081). The mean direct non-health care cost was €173 (€113–€238). Finally the mean indirect cost was €72 (€72–€170). The mean (95% confidence interval) total annual follow-up cost for the patients who were subjected to ICD implantation was €2,819 (€2,115–€3,703). CONCLUSIONS: The study provides unique data regarding the follow up cost and its components in patients with CRMDs in Greece. Moreover the findings indicate a low annual follow up cost.

PCV98 REAL-WORLD HEALTH CARE RESOURCE UTILISATION AMONG PATIENTS WITH CHRONIC HEART FAILURE: A CANADIAN ASSESSMENT Petrella RP1, Liu P1, Chivo-Karayi C2, Deschateaux C2, Bagkotsis A1
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OBJECTIVES: Limited existing evidence on the burden of chronic heart failure (CHF) in terms of health care resource use and the cost of laboratory and imaging diagnostic examinations was €1,386 (€1,069–€1,692). The mean direct non-health care cost was €359 (€207–€551). Finally the mean indirect cost was €71 (€70–€72). The mean (95% confidence interval) total annual follow-up cost for the patients who were subjected to PM implantation was €1.816 (€1.433–€2.421). The annual follow up cost for the patients were subjected to ICD implantation (initial or replacement) was found to be: The mean direct health care resource use and the cost of laboratory and imaging diagnostic examinations was €2,729 (1743-3.081). The mean direct non-health care cost was €173 (€113–€238). Finally the mean indirect cost was €72 (€72–€170). The mean (95% confidence interval) total annual follow-up cost for the patients who were subjected to ICD implantation was €2,819 (€2,115–€3,703). CONCLUSIONS: The study provides unique data regarding the follow up cost and its components in patients with CRMDs in Greece. Moreover the findings indicate a low annual follow up cost.

PCV99 PROCEDURE (IMPLANTATION) COST AND TOTAL HOSPITALIZATION COST OF PATIENTS SUBJECT TO CARDIAC RHYTHM MANAGEMENT DEVICES IMPLANTATION: RESULTS FROM A SINGLE TERTIARY CENTRE Fonopriakis J1, Simantarakis E2, Kanopakis K2, Chrysostomakis S2, Maniadakis N2, Koutalab G1, Vardas P1
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OBJECTIVES: The objective of the present study is to estimate the procedure (or implantation) cost, which includes the human resources cost, the implant and the surgery room cost and the total hospitalization cost which includes: the hospitalization cost, the hospitalization, the laboratory and imaging diagnostic examination cost and the indirect cost, in patients subjected to pacemaker (PM) and implantable cardioverter-defibrillator (ICD) implantation. A single-center, prospective study was conducted for one year period. In total, 464 consecutive patients were recruited (370 were subjected to PM implantation initial or replacement and 94 to ICD implantation initial or replacement). Resource data were abstracted from the patients' medical records at and at 6th and 12th months follow-up of patients' follow-up. Then, the components of the procedure cost and total hospitalization cost were calculated using the bottom-up approach. RESULTS: The mean (95% confidence interval) procedure cost of PM and ICD implantation (including the costs of devices, electrodes, other supplies, and personnel’s time) was calculated to be €1.803 (€1.758–€1.858) and €13.521 (€13.153–€13.892), respectively. The mean total hospitalization cost (including the costs of laboratory and imaging diagnostic examinations and the indirect cost attributed to productivity loss due to patient's hospitalization) was €3,926 (€3,711–€4,167) for PM and €17,764 (€16,852–€18,692) for ICD. CONCLUSIONS: These data revealed that although these devices are associated with a relatively high upfront cost, the total cost is relatively low compared with other countries. Therefore, implantation of such devices should be encouraged since these devices reduce the morbidity and mortality without a high economic burden to society.