PATIENT-HEALTH CARE PROVIDER COMMUNICATION: IMPACT ON PATIENT SATISFACTION ON THE QUALITY OF HEALTH SERVICE
Lamton MB, Kerr SJ
Kohn Kaen University, Khon Kaen, Thailand. "HY-The Netherlands-Australia-Thailand Research Collaboration, Bangkok, Thailand
OBJECTIVES: We aimed to explore the patients’ perspectives by eliciting the contextual nature of experiences, values, opinions, and behaviours of patients when communicating with their health care providers. The patients’ perceived barriers of facilitators of satisfaction and adherence to treatment were also explored.
METHODS: This qualitative study used a grounded theory methodology with data collection occurring through in-depth interviews at a teaching hospital. Interview responses were recorded, transcribed and organized thematically based on emerging codes using an inductive analysis.
RESULTS: Forty key informants participated in this study. The mean age was 46.5 years, 52.5% were men and 12.5% were from foreign countries including USA, Canada, France, Sweden, Britain and New Zealand. Most patients viewed that health professionals’ affective, cognitive and empathetic communication styles correlated positively with health outcomes. A trusted therapeutic rapport could be established with a positive impact on the patient-provider’s commitment to care resulting in health improvement and treatment adherence. Nevertheless, several patients were frustrated with inefficient processes involved in providing health service including staff behavior, which can be crucial to patient satisfaction. Overall, patients from Western countries were quite satisfied with the competency of communication among health professionals and the quality of health service. However, they were highly concerned about their privacy and confidentiality while Thai patients were less likely to consider this as a serious issue, perhaps due to their “open and sharing” culture.
CONCLUSIONS: This study provides a framework for investigating issues of patient-provider communication that can affect patients’ satisfaction and medication adherence by describing a taxonomy of barriers and facilitators of communication in the patients’ perspectives.

IMPLEMENTABLE LOOP RECORDERS IN UNEXPLAINED TRANSLIENT LOSS OF CONSCIOUSNESS (T-LOC) DIAGNOSTICS: A COST-SAVING OPPORTUNITY FOR THE UK NATIONAL HEALTH SERVICE (NHS)
Parker S, Zimdy D, Mhich L
1Manchester Royal Infirmary, Manchester, England, UK, 2Medtronic International Trading Sarl, Tolochenaz, Vaud, Switzerland
OBJECTIVES: Transient Loss of Consciousness (T-LOC), or “blackout”, remains challenging, possible diagnoses include syncope (most common), epilepsy and psychological conditions. Studies showed that 26.8% of T-LOC patients will remain undiagnosed after comprehensive evaluation. Lack of diagnosis hampers attempts at appropriate management and opportunity to decrease future episodes. Health care utilisation associated with these patients can be very significant, can be reduced using an implementable loop recorder (ILR) designed to avoid these substantial costs by recording the electrocardiogram (ECG) and other physiological signals for periods of up to 9 months. This could allow patients to receive treatment faster than conventional diagnosis. We sought to quantify the potential cost-offsets associated with ILR use in the diagnostic pathway, under the UK NHS setting. These offsets stem from reducing unnecessary diagnostic testing, preventing recurrent blackouts and the serious injuries associated with them. METHODS: Markov Model in Excel used to compare the costs between two diagnostic strategies, in which patients run through the model until diagnosis and treated, or dead. Literature reviews used for blackout occurrence, yield of diagnostic tests, arrhythmia prevalence and injury risk. Neither Life Years gained, nor Qul benefits were included. NHS Reference Costs 2007-2008 used. Costs discounted at 3.5% p.a. RESULTS: ILRs proved significantly cost-saving. Base case diagnosis and treatment costs per patient were reduced by 60.57% ($526.27 without ILR vs. £576.69 with ILR), or £3494.23 saved per ILR implanted. The model proved sensitive to risk and cost of injury. CONCLUSIONS: ILRs can be significantly cost-saving, because future cost-offsets exceed initial device costs. Our study is the first to incorporate injuries and extrapolate potential savings to patient lifetime. More research is needed to examine outcome-related benefits such as reducing debilitating injuries and improving patient survival—thus providing comprehensive evaluation.

CONTRAST MEDIA INJECTION IN CT SCAN EXAM WITH PREFILLED SYRINGES AND BOTTLES IN 7 EUROPEAN COUNTRIES
Lattia A, Piris I
Cormia, Ig la mine, Hautes de Seine, France. 3COVIDEN AG, Zurich, Switzerland
OBJECTIVES: To compare the time and motion of prefilled syringes with syringes filled from bottles during CT scan examinations and consequences on productivity of radiology wards METHODS: We performed a time and motion study comparing Optivair™ Ioverol (in a pre-filled syringe) and syringes filled from bottles during CT scan examinations in 15 centres from 7 European countries. This study focused on the tasks of preparing the injection and injector and discarding the supplies. Measurements of engineered time standards were computed through EASE software using the Methods Time Measurement-1 and MTT-2 standard of work measurements.
RESULTS: Eighty-nine analyzed observations were 171 were performed.
The average time to perform the injection was calculated at 162 s for pre-filled syringes vs. 214 for bottles in exams using a dual head injector and at 64 s for pre-filled syringes vs. 116 s for Vials in exams using a single head injector. The time benefit was calculated as 52 seconds decreasing the time spent for injection preparation by 35%. There was a low variability in our findings with a range from 45 to 135 s of benefit for saline exams and from 48 to 57 seconds for without-saline exams. Based on these calculations the time efficiency benefit could lead to an increase of 102 exams performed per year in a department performing 1 CT scans per hour, up to 407 additional exams per year for a room with 4 CT scans per hour. CONCLUSIONS: The improvement provided by pre-filled syringes, could lead to an increase in productivity that could equate to a decrease in waiting times. MTM Association for standards and research http://www.mtm.org/index.html

POTENTIAL COST-SAVINGS USING IMPLANTABLE LOOP RECORDERS (ILRs) FOR UNEXPLAINED SYCONE DIAGNOSTICS: THE CASE FOR THE NETHERLANDS
Van Genugten M1, Tainto S2
Medtronic EOC, Heerlen, The Netherlands, Medtronic International Trading Sarl, Tolochenaz, Vaud, Switzerland
OBJECTIVES: Unexplained Syncope is a major diagnostic challenge. Its differential diagnosis includes arrhythmias, epilepsy and psychological conditions. The Dutch FAST Study has showed that a significant percentage of syncope patients will be left undiagnosed (and therefore untreated) follow full evaluation. The costs for these patients are highly stagnant until a diagnosis is established and proper treatment is administered. However, a diagnosis cannot be established unless syncope recur. Implantable Loop Recorders (ILRs) significantly increase the probability of obtaining a diagnosis after that happens, possibly allowing patients to receive treatment faster and thus stop further syncope attacks. With every syncope attack being associated with injuries and additional diagnostic tests, the cost implications of preventing them can be significant.
We sought to examine potential cost-savings associated with preventing syncope attacks. ILR use under the Dutch setting. METHODS: Markov Model in Excel used to conduct Cost-Minimisation Analysis from the Dutch Healthcare System perspective. Literature reviews used for blackout recurrence, yield of conventional diagnostics, yield of ILRs, arrhythmia prevalence and injury risk. Dutch costing were obtained for diagnostic tests and injury treatment. All costs discounted at 4% p.a. RESULTS: ILRs proved very cost-saving. Base case diagnosis and treatment costs per patient was reduced by 81.9% ($20,622 without ILR vs. €11,336 with ILR), or €5,454 saved per ILR implanted. CONCLUSIONS: ILRs can be significantly cost-saving and the potential cost-savings to the health care system far exceed the price of the device. Further research is needed to introduce the outcomes component and account for HRQoL benefits of avoiding debilitating injuries and improving patient survival. We expect that the additional research can only strengthen the case in favour of wider adoption of ILR use.

ASSESSMENT OF SHORT AND LONG TERM INGUINAL HERNIA OCCURRENCE RISK FRACTIONS AFTER HEAVY WEIGHT MESHING: A REVIEW OF UTILIZATION UNDER PUBLIC HEALTH CARE SYSTEM PERSPECTIVE IN BRAZIL. WILL THE NEW TECHNOLOGIES IMPROVE THE SURGICAL OUTCOMES?
Barros E1, Durante M2
1Johnson & Johnson Medical Brasil, Sao Paulo, SP, Brazil, 2Johnson & Johnson Medical Brasil, Sao Paulo, SP, Brazil
OBJECTIVES: Brazilian public health system covers inguinal hernia repair and the device used in the procedure (heavy weight mesh-HWM). Clinical data reports a higher inguinal hernia recurrence rate for Polypropylene mesh (PM), when compared to a new medical device (Prolene HerniaSystem-PHS). The objective of this assessment is to compare the health and economic outcomes of inguinal hernia repair, conducted by the Unified Health System (SUS). METHODS: Analytic decision tree was made to evaluate the economic impact of recurrence cases from inguinal hernia repair with PM. The study was based on clinical data published by Awad 2007, showing that PM has higher recurrence rate compared to PHS (2.7% versus 0.6% p = 0.04) in 17 months. The recurrence rate was projected to 60 months (PM 9.2%, PHS 2.1%) to evaluate the long-term impacts. Reimbursement value of medium size PM, procedure number and cost were obtained from Brazilian public database (DATASUS/NGtarp). One-way sensitivity analysis was performed to verify the robustness of the results.
RESULTS: SUS performed 137,414 inguinal hernia repairs in 2008. Applying the recurrence rate by Awad, 3,710 patients will need a second inguinal hernia repair in 17 months (12,642 patients in 60 months) or 9.2% of the total amount of patients surgically treated in 2008. In case of PHS being used as a baseline treatment, the recurrence number would drop by 78% (824 cases) in 17 months and 77% (2,086 cases) in 60 months. The economic impact of PM recurrence will be £15,941 in 17 months ($7,712,418 in 60 months). CONCLUSIONS: Findings suggest that the PM intervention has less long term effectiveness when compared to PHS treatment option. PHS usage can save resources and can be considered for more rational, evidence-based decision making by the Brazilian public health system.