OBJECTIVES: The objective of the study was to evaluate the budget impact of shifting the treatment for menorrhagia in Canadian hospitals from rollerball to thermal balloon ablation. Thermal balloon ablation procedures can be completed in an ambulatory care setting as compared to rollerball procedures, which must be carried out in the operating room. The aim of this study was to determine whether shifting procedures from rollerball to thermal balloon ablation would present a hospital with cost savings on a per patient basis.

METHODS: A budget impact model was created and populated using case-costing data from several large Canadian hospitals. The two procedures were compared in terms of device cost, use of resources and nursing costs. The cost of treatment using rollerball and thermal balloon ablation procedures were compared to determine the number of procedures that could be completed using each device for the same total cost. RESULTS: Based on model calculations the total cost per patient to treat menorrhagia using rollerball is $1,977.58 and the total cost per patient to treat menorrhagia using thermal balloon ablation is $365.15. The use of thermal balloon ablation would enable a Canadian hospital to treat approximately 70 patients with menorrhagia for the same total cost as treating 50 patients with rollerball.

CONCLUSIONS: The use of thermal balloon ablation for the treatment of menorrhagia allows for a cost savings per patient when compared with rollerball.

PMD12 PROJECTED ECONOMIC IMPACT OF USING COLLAGEN-BASED DEVICE SYSTEM FOR FEMORAL ARTERY CLOSURE COMPARED TO MANUAL COMPRESSION (MC) FOR SAME-DAY PERCUTANEOUS CORONARY PROCEDURES: A BUDGET IMPACT MODEL

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OBJECTIVES: Use of vascular closure devices for sealing the femoral artery following percutaneous coronary diagnostic and interventional procedures has become a routine practice. The collagen-based closure device system Angio-Seal™ has been shown to be effective in decreasing time to hemostasis after coronary procedures. Budget impact models comparing manual compression with Angio-Seal™ have not been explored. We sought to evaluate the budget impact of using Angio-Seal™ from the hospital perspective as it relates to clinical and economic outcomes. METHODS: A customizable Excel®-based budget impact model was built with a hospital perspective for a hypothetical cohort of 400 patients (200 interventional and 200 diagnostic) over a period of one year. Cost components included device cost, facility cost (recovery room costs) and nursing cost. A decision tree model was utilized to convert the expected probabilities of vascular complications into expected costs. Probabilities and costs were derived from published meta-analyses and observational studies. Costs were converted to 2011 US dollars. Sensitivity analysis was carried out over reported ranges of values for major inputs of the model. RESULTS: Using Angio-Seal™ in 100% of the cases resulted in estimated cost savings of $255,498 per year compared to manual compression. Angio-Seal™ usage resulted in cost savings for both interventional and diagnostic cases. Sensitivity analysis supported these findings. CONCLUSIONS: Use of Angio-Seal™ can be considered for routine use following percutaneous coronary diagnostic and interventional procedures.

PMD13 ASSESSING THE BUDGET IMPACT OF USING SCANBAG® IN CT IN SIX EUROPEAN COUNTRIES

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OBJECTIVES: Contrast agents for computer tomography (CT) are presented in glass plastic or vials or syringes. Those containers take a lot of volume and are of considerable weight resulting in important costs for storage and waste processing. There is also a risk for injuries with sharp lips and spilling due to breakage. Those containers need the use of small medical devices to allow injection of contrast agents. The ScanBag® container was developed to overcome these problems. The objectives of this study were to assess the impact on the hospital budget of using ScanBag® instead of other containers.

METHODS: According to the Ispor recommendations for budget impact models (BIMs), we developed a BIM to demonstrate the economical advantage of using contrast agents in ScanBag® from a hospital perspective. Resource use in terms of broken products, injuries, storage, waste management, small medical devices, and mono- or multipatient use for each presented condition were collected via literature and expert interviews in public and private hospitals in Belgium, Germany, Italy, Spain and the United Kingdom. RESULTS: Replacing 1000 glass vials of 200 ml iobitridol by the same volume in ScanBag® reduces broken products and injuries by 100%, storage space by 43% and waste management by 89.4%. Total cost savings range from €7076 in Germany to €8484 in Italy when costs of broken products, injuries, storage, waste management and small medical devices are considered. Depending on the injector used, cost savings of up to €6,700 can be obtained for small medical devices. CONCLUSIONS: Only in changing glass vials to ScanBag®, costs for hospital can be reduced through savings in broken products, injuries, storage and waste management. Largest cost savings are made on small medical devices.