MD69
ACCESS TO IMPORTED MEDICAL DEVICES DUE TO INFLATION AND UNDER FUNDING OF ARGENTINIAN HEALTH SECTOR IN 2013
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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 Argentinian 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 (Argentinian Healthcare Private Providers Association). The information includes inflation-adjusted costs incurred by the provision of HC services, and non-medical and non-technical fees to European manufacturers and private providers. RESULTS: The percentage of MDs’ price increase and the sales amount of pliablembanteal joints prostheses were considered and compared in both local currency and USD. RESULTS: During 2013, the government allowed private providers 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 devices1 increase was 33.4%. Manufacturers raised their prices in 22%, while their sales rose in 28% in current 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 HICP (HC price index), which rose up to 146% compared to 2010. This represents a burden for payers, who had to absorb the price increase for HIC services in order to provide access to their population.

MD70
OFFICE-BASED UTERINE POLYECTOMY USING A MINIMALLY INVASIVE HYSTEROSCOPIC TAMPOON REMOVAL DEVICE SAVES HEALTHCARE RESOURCES
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OBJECTIVES: Abnormal uterine bleeding (AUB) is an increasingly frequent complaint of women visiting gynecologists’ offices. Uterine polyps, a common etiology, are traditionally removed in hospital or ambulatory surgery centers (ASCs). A minimally invasive hysteroscopic tissue removal system (TRUCLEAR™, Smith&Nephew, Inc., Andover, MA, USA, 3Blue Cross and Blue Shield of North Carolina, Durham, NC, USA, 4University of South Carolina College of Pharmacy, Columbia, SC, USA, 5University of South Carolina College of Pharmacy, Columbia, SC, USA
OBJECTIVES: Colorectal cancer (CRC) is largely preventable using screening to detect and remove adenomatous polyps before they develop into colorectal cancer. Screening is of utmost importance. Patient’s psychological barriers seem to affect participation in CRCs. We conducted a comprehensive review of the literature to identify psychological barriers associated with CRCs. METHODS: We conducted a systematic review of studies reporting on psychological factors and barriers affecting participation in CRC. Limiting the search to the English language reports, the search strategy included (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,” “belief”). 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, resistances, attitudes, knowledge, and medical mistrust. Six of the seven studies were qualitative studies, 4 were quantitative studies, 1 used a mixed methods approach. RESULTS: Samples varied from 23-55 subjects in the qualitative studies, and 151-454 subjects in the quantitative studies. Common perceived barriers included mistrust of the healthcare system, embarrassment of being uncovered in front of a provider, the nature of the screening exam itself, fear of complications, and death. RESULTS: This study demonstrates 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 CRCs. In order to improve the quality of care and successfully increase screening rates for CRC, overcoming these barriers is of utmost importance.

MD71
UTILIZATION OF COLORECTAL SCREENING BY MEDICARE BENEFICIARIES IN YEARS 2009 AND 2011: A CROSS-SECTIONAL STUDY
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OBJECTIVES: During the last 30 years, a significant decrease in annual cancer incidence rates was noted for colon and rectum, largely attributable to the utilization of colorectal screening services. This trend accelerated in recent years as these services aimed to increase screening among Medicare beneficiaries effective January 2011. The aim of this study is to investigate whether new policy had an impact on the utilization of colorectal screening among Medicare beneficiaries after January 2011. METHODS: This study used Medicare Current Beneficiary Survey (MCBS) Access to Care and Cost and Utilization Files for years 2009 and 2011. Both community- and hospital-based Medicare beneficiaries between 50 and 75 years of age were included into the study. Beneficiaries who underwent colorectal cancer in any period included in the analysis were excluded. RESULTS: Results show no statistical significance in colorectal screening utilization across those two years. The utilization was higher for beneficiaries with higher income. CONCLUSIONS: Results for years 2009 and 2011 suggest no impact of the policy changes on the utilization of colorectal screening services. For the 2012 sample, it is possible that MCBS beneficiaries might have used colorectal screening within the previous year which resulted in the utilization of those services in 2012. Further research should extend the period of analysis to investigate whether observed decrease remains unchanged over time.

MD72
BATTLING FEAR: A POTENTIAL KEY TO IMPROVING COLORECTAL CANCER SCREENING
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OBJECTIVES: Colorectal cancer (CRC) is largely preventable using screening to detect and remove adenomatous polyps before they develop into colorectal cancer. Screening is of utmost importance. Patient’s psychological barriers seem to affect participation in CRCs. We conducted a comprehensive review of the literature to identify psychological barriers associated with CRCs. METHODS: We conducted a systematic review of studies reporting on psychological factors and barriers affecting participation in CRC. Limiting the search to the English language reports, the search strategy included (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,” “belief”). 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, resistances, attitudes, knowledge, and medical mistrust. Six of the seven studies were qualitative studies, 4 were quantitative studies, 1 used a mixed methods approach and 4 were reviews. Samples varied from 23-55 subjects in the qualitative studies, and 151-454 subjects in the quantitative studies. Common perceived barriers included mistrust of the healthcare system, embarrassment of being uncovered in front of a provider, the nature of the screening exam itself, fear of complications, and death. RESULTS: This study demonstrates 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 CRCs. In order to improve the quality of care and successfully increase screening rates for CRC, overcoming these barriers is of utmost importance.