PHS42 INCREMENTAL HEALTH CARE RESOURCE UTILIZATION ASSOCIATED WITH AVOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE BY END-STAGE RENAL DISEASE STATUS

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OBJECTIVES: This study evaluated the incremental healthcare cost of AVOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE (AVPKD) in US patients based on end-stage renal disease (ESRD) status.

PHS24 TREATMENT PATTERNS AND COST OF CARE FOR PATIENTS WITH PANCREATIC CANCER

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OBJECTIVES: This study evaluated treatment patterns and costs among patients with pancreatic cancer (PC). METHODS: A retrospective study analyzed data spanning June 1, 2014 to June 30, 2015 for 3 integrated health plans. The sample was limited to patients with a diagnosis of PC (ICD-9 157.xx) who were enrolled in one of the health plans during the study period. The majority of patients were referred to a specialist within 30 days of diagnosis (94.5%); 67.2% of patients initiated treatment with a chemotherapeutic agent.

PHS41 ECONOMIC IMPACT OF RHEUMATIC DISEASES IN MEXICO

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OBJECTIVES: Juvenile idiopathic arthritis (JIA), ankylosing spondylitis (AS), and Psoriatic Arthritis (PA) are rheumatic diseases with high morbidity that destroy articulations and limit their functions. The evolution of these conditions cause important physical impairment, which leads to disability, work loss, self-sufficiency, and QoL deterioration, among others. The objective is to estimate the economic impact of three rheumatic diseases: Juvenile idiopathic arthritis, ankylosing spondylitis, and Psoriatic Arthritis during 2011 using registries of the main Social Security Institution in the country called Instituto Mexicano del Seguro Social (IMSS).

PHS40 HEALTH CARE PATHWAY AND COST OF OSTEOPOROSIS IN AN ITALIAN POPULATION

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OBJECTIVES: To describe Health Care Pathway and cost evaluation of patients with osteoporosis. METHODS: From ARNO Observatorio, an Italian population database which uses administrative data referred to patients diagnosed with osteoporosis, hospital and outpatient visits were analyzed. The database had 2013 data.

PHS34 COST OF PATIENT CARE AT DIFFERENT STAGES OF TREATMENT WITHIN THE PUBLIC HEALTH MODEL OF HIV CARE: ANALYSIS FROM AN URBAN HIV CENTRE IN UGANDA

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OBJECTIVES: The WHO stage at the point of care (POC) WHO guidelines increased the number of people recommended to start antiretroviral treatment (ARTs) from 16 to 28 million world-wide; at present around 10 million are enrolled in care. Additionally the number of patients on ARTs in Uganda is 284,000. The objective of this study was to analyze costs of different patient care groups per year. METHODS: We used the Uganda National HIV Control Program (UNHCP) and patient management system (ICERA), which records individual patient data including all visit information. We linked ICERA to Navaion accountancy software, in order to determine the actual cost of patient care from October 2012-October 2013. The analysis was conducted from a provider perspective. We calculated the average cost

PHS33 DIRECT MEDICAL COST OF COMPLICATIONS IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION AT THE SOCIAL SECURITY IN PERU

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OBJECTIVES: To estimate direct medical costs of selected acute complications in patients with non-valvular atrial fibrillation (NVAF) at the Social Security (EsSalud) in Peru. METHODS: The electronic database of EsSalud’s reference hospital: Hospital Nacional Guillermo Almenara Irgoyen (HNGAI) was used to identify the study population. International Classification of Diseases (ICD) 10 codes were used to identify patients with NVAF and select complications of AF. Complications of interest are: ischemic stroke, hemorrhagic stroke, systemic embolic and myocardial infarction. Medicare Stroke events were classified by severity as mild, moderate, severe or fatal. All cases from 2011 - 2012 meeting the inclusion criteria were reviewed. Patient level data from clinical records was collected to estimate resources used per patient. Costs were estimated using EsSalud’s 2013 tariffs manual and expressed per patient in 2013 USD. RESULTS: Ischemic stroke costs were estimated at $1,295, $1,818, $4,910, and $2,829 for mild, moderate, severe, and fatal event, respectively. Systemic embolism and myocardial infarction were estimated to cost $1,707 and $1,703 respectively. CONCLUSIONS: For AF patients within EsSalud, hemorrhagic stroke costs are higher than those estimated in the literature. As expected, costs increase as the severity of the event increase. These cost estimates can be used as patient-level costs inputs for economic model analysis of AF and its complications, from the perspective of EsSalud in Peru.

PHS30 STROKE EVENTS COSTS IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION IN PERU

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OBJECTIVES: To calculate the cost of care using unitary cost published by the Institution according to each service. METHODS: During 2011 using registries of the main Social Security Institution in the country called Instituto Mexicano del Seguro Social (IMSS). RESULTS: Hemorrhagic stroke costs are estimated to $1,707 and $1,703 respectively. The majority of costs were attributable to medical services ($7,977-$11,212 and $232-$326, respectively). The majority of costs were attributable to medical services ($7,977-$11,212 and $232-$326, respectively).

PHS29 INCIDENTAL HEALTH CARE RESOURCE UTILIZATION ASSOCIATED WITH AVOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE BY END-STAGE RENAL DISEASE STATUS

Iyer NN1, Vendetti NP2, Levy DH3, Mardekian J4, Mychaskiw MA2, Thomas III J1
1Pfizer Inc., Collegeville, PA, USA, Pfizer, Inc., New York, NY, USA
OBJECTIVES: To estimate direct medical costs of selected acute complications in patients with non-valvular atrial fibrillation (NVAF) at the Social Security (EsSalud) in Peru. METHODS: The electronic database of EsSalud’s reference hospital: Hospital Nacional Guillermo Almenara Irgoyen (HNGAI) was used to identify the study population. International Classification of Diseases (ICD) 10 codes were used to identify patients with NVAF and select complications of AF. Complications of interest are: ischemic stroke, hemorrhagic stroke, systemic embolic and myocardial infarction. Medicare Stroke events were classified by severity as mild, moderate, severe or fatal. All cases from 2011 - 2012 meeting the inclusion criteria were reviewed. Patient level data from clinical records was collected to estimate resources used per patient. Costs were estimated using EsSalud’s 2013 tariffs manual and expressed per patient in 2013 USD. RESULTS: Ischemic stroke costs were estimated at $1,295, $1,818, $4,910, and $2,829 for mild, moderate, severe, and fatal event, respectively. Systemic embolism and myocardial infarction were estimated to cost $1,707 and $1,703 respectively. CONCLUSIONS: For AF patients within EsSalud, hemorrhagic stroke costs are higher than those estimated in the literature. As expected, costs increase as the severity of the event increase. These cost estimates can be used as patient-level costs inputs for economic model analysis of AF and its complications, from the perspective of EsSalud in Peru.