demographic characteristics, total health care utilization and cost burden were higher for patients who suffered a TIA after an NFV diagnosis, relative to patients who did not.

PCV48

CLINICAL OUTCOMES AND COSTS ASSOCIATED WITH STROKE IN PATIENTS WITH NON-VAULTAR ATRIAL FIBRILLATION

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OBJECTIVES: To compare clinical outcomes and cost burden of patients who suffered a stroke during the 180 days after diagnosis of non-valvular atrial fibrillation (NFVAF) with patients who did not. METHODS: Based on 2005-2007 Medicare insurance claim files, patients aged 65 years and older who had two or more primary diagnoses of NFVAF, occurring within 30 days of one another, were selected. The 180-day follow-up mortality rate, health care facility use and costs for patients with and without NFVAF was calculated. Risk adjusted analysis was performed using the propensity score matching (PSM) method with the PropChoice™ algorithm. RESULTS: Out of patients who were identified with and without NFVAF pre-stroke (n=18,195), 541 (2.97%) suffered a stroke during the 180 days after the NFVAF diagnosis. After PSM risk-adjustment for pre-specified covariates, mortality (7.39% vs. 1.07% p<0.0001), outpatient emergency room (ER) visits (80.59% vs. 48.11% p<0.0001), readmission rates (1.85% vs. 0.40%, p<0.0001), transient ischemic attacks (44% vs. 88/100 person years), and intracranial hemorrhage rates (71 vs. 7/100 person years) were all higher for patients who suffered a stroke compared to those who did not. Significant adjusted ER costs and office visits did not differ significantly between the two groups, patients who suffered a stroke had significantly higher inpatient ($24,231 vs. $15,137, p<0.0001) and total ($33,439 vs. $13,782, p<0.0001) expenditures. CONCLUSIONS: Most of the adverse events analyzed were higher for patients who suffered a stroke after an NFVAF diagnosis, relative to patients who did not. Total health care utilizations and health care costs were also significantly increased.

PCV49

EVALUATING THE MANAGEMENT OF THE REHABILITATION UNIT IN A TERTIARY REFERRAL HOSPITAL IN SPAIN: A COST-ANALYSIS STUDY

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OBJECTIVES: To ascertain the direct costs related to hospitalization in the Physical Medicine Service and Rehabilitation of a tertiary referral hospital during the year 2009. METHODS: Prospective, observational and retrospective study carried out in the Central University Hospital of Asturias –HUCA, Spain. All patients admitted to the Rehabilitation Unit (RU) and suffering from a cerebrovascular disease (CVD), brain injury (BI), spinal cord injury (SCI) or amputations were included. RU services was acting as secondary referral level. SRL- in case of BI and CVD. In contrast, SCI and amputations were attended in the same RU as tertiary referral level-TRL. A cost-analysis following hospital perspective was performed recording all health resources at patient level. Next, direct costs were calculated attaching a unitary cost to each resource. Socio-demographic and clinical variables were registered to describe the sample and to facilitate external comparisons. Mean costs per patient were calculated considering each of the pathologies and comparing SRL and TRL. Costs were defined in 2009 Euros. Chuz test was used to compare socio-demographic and clinical variables in groups. Next, parametric (t-test and ANOVA) and non parametric analysis (bootstrapping) were applied to estimate economic differences between groups. RESULTS: A total of 243 patients admitted to RU were assessed. Mean age (SD) was 59.62 years (13.41) and 59.75 years (12.17) for patients per (SD) BI: t<0.5, 28,837.87(23,958.80); CVD (n= 116), 31,751.05(19,151.26); SCI (n= 10), 7.63,655.39(8,565.55); amputations (n= 7), 24,342.86(5,426.48). Mean SRL cost was significantly higher than TRL: A total of 14,955 patients experienced at total of 16,815 events in 2009 and 40% of these. This resulted in 19,064 hospital stays with an average length of stay in acute care of 8.9 days per patient. Total direct costs amounted to 690 Mio Swiss Francs (CHF) for the society and 523 Mio CHF for health insurers. Forty-four percent belong to inpatient and 56% to outpatient services. Production losses were 515 Mio CHF and intangible costs resulted in 37,457 QALYs lost. Average total direct costs and production losses per patient were 80,873 CHF. Results appear robust in sensitivity analysis. CONCLUSIONS: ACS causes considerable costs in terms of direct medical care expenses, lost production and premature death, even without taking into account costs for its chronic consequences such as congestive heart failure.

PCV50

HOSPITAL COSTS ASSOCIATED WITH ATRIAL FIBRILLATION IN CANADA

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OBJECTIVES: Atrial fibrillation (AF) is a prevalent disease that often requires costly care and treatment. The objective of this study was to evaluate the burden of AF on health care costs and expenditures, lost production and intangible costs in terms of quality adjusted life years (QALYs) lost. METHODS: A bottom-up incidence approach was used. ACS-Patients with one or more ACS events were extracted from a national hospital database and from mortality statistics. Remaining years of life surviving patients were modelled on age, gender and life expectancy statistics. Inpatient costs include acute care and rehabilitation in 2008. Outpatient costs include costs for ambulances, visits to GP and cardiologist, outpatient diagnostics, medication and rehabilitation. Production losses were calculated according to the human capital approach, including AF, atrial arrhythmia, percutaneous coronary intervention, peripheral vascular disease, and end stage renal failure. Intangible costs were calculated based on literature data. Cost data are derived from official price lists, literature and experts. Validation of clinical data was conducted using the AMIS-PLUS registry. RESULTS: A total of 14,955 patients experienced at total of 16,815 events in 2009 and 40% of these. This resulted in 19,064 hospital stays with an average length of stay in acute care of 8.9 days per patient. Total direct costs amounted to 690 Mio Swiss Francs (CHF) for the society and 523 Mio CHF for health insurers. Forty-four percent belong to inpatient and 56% to outpatient services. Production losses were 515 Mio CHF and intangible costs resulted in 37,457 QALYs lost. Average total direct costs and production losses per patient were 80,873 CHF. Results appear robust in sensitivity analysis. CONCLUSIONS: ACS causes considerable costs in terms of direct medical care expenses, lost production and premature death, even without taking into account costs for its chronic consequences such as congestive heart failure.

PCV51

COST OF ACUTE CORONARY SYNDROME IN SWITZERLAND

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OBJECTIVES: Acute coronary syndrome (ACS) is the most important clinical consequence of coronary artery disease and a leading cause of death worldwide. This study aims to assess the costs of ACS from a social and health insurance perspective evaluating direct costs, production losses and intangible costs in terms of quality adjusted life years (QALYs) lost. METHODS: A bottom-up incidence approach was used. ACS-Patients with one or more ACS events were extracted from a national hospital database and from mortality statistics. Remaining years of life surviving patients were modelled on age, gender and life expectancy statistics. Inpatient costs include acute care and rehabilitation in 2008. Outpatient costs include costs for ambulances, visits to GP and cardiologist, outpatient diagnostics, medication and rehabilitation. Production losses were calculated according to the human capital approach, including AF, atrial arrhythmia, percutaneous coronary intervention, peripheral vascular disease, and end stage renal failure. Intangible costs were calculated based on literature data. Cost data are derived from official price lists, literature and experts. Validation of clinical data was conducted using the AMIS-PLUS registry. RESULTS: A total of 14,955 patients experienced at total of 16,815 events in 2009 and 40% of these. This resulted in 19,064 hospital stays with an average length of stay in acute care of 8.9 days per patient. Total direct costs amounted to 690 Mio Swiss Francs (CHF) for the society and 523 Mio CHF for health insurers. Forty-four percent belong to inpatient and 56% to outpatient services. Production losses were 515 Mio CHF and intangible costs resulted in 37,457 QALYs lost. Average total direct costs and production losses per patient were 80,873 CHF. Results appear robust in sensitivity analysis. CONCLUSIONS: ACS causes considerable costs in terms of direct medical care expenses, lost production and premature death, even without taking into account costs for its chronic consequences such as congestive heart failure.