Collaboration between stakeholders underpinned by dynamic information exchange is the prerequisite of a systems-based market. If other industry sectors such as consumer goods, finance and telecommunications serve as a model for systems-thinking, we will expect novel linkages between health care stakeholders to become more prevalent as population health goals unifies incentives. While many acknowledge the potential of the tobacco industry’s transition to a tobacco-free society, few companies have left one that maps influence patterns, amplifies interdependencies, and drives collective outcomes, they struggle with actual implementation. A recent survey of close to 300 biopharma executives, EU and US payers, and US providers reveals insights into their needs, their disparate perceptions, and their levels of confidence in the ability to shift to a systems-thinking collaborative culture. Approximately 25% of respondents stated they were not aligned with other stakeholders, though agree they need better alignment and foresee closer collaboration in the future. More than 70% of stakeholders believe data transparency and information-sharing is critically important to a successful and interoperable health care system, yet very few have the confidence in the technology to make it happen. The survey suggests stakeholders are ill prepared for the necessary trust-building activities required by this anticipated transition. A viable and sustainable information network provides the structure, aligned incentives and competitive collaboration the brick and mortar, and trust the cornerstone. Until they can build that and foster a culture of transparency, they won’t achieve the cost and innovation benefits inherent in these cross-industry partnerships. Further detail will be given on insights and challenges gleaned from interviewing large and small stakeholders as well as practical strategies, such as experimentation with data integration projects, to guide the transformation to a systems-thinking industry.

DISEASE-SPECIFIC STUDIES

GASTROINTESTINAL DISORDERS – Clinical Outcomes Studies

PG11

COMPARATIVE EFFICACY AND SAFETY OF GOLUMABAM, INFILXIMAB AND ADALIMUMAB FOR THE TREATMENT OF MILD TO SEVERE ULCERATIVE COLITIS: A BAYESIAN INDIRECT TREATMENT COMPARISON META-ANALYSIS


OBJECTIVES: To describe the prevalence of contraindications to chronic hepatitis C (CHC) treatment among CHC patients not receiving HCJ treatment (direct-acting antiviral [DAA] protease inhibitors, peg-interferon alpha, or ribavirin).

METHODS: Adult patients with ≥2 CHC diagnoses (ICD-9-CM codes 070.40, 070.54, 070.70, 070.71) and no DAA files at any time in their claims history were selected from a de-identified US-based claims database (2010–2012); the first CHC diagnosis after 5/15/2011 was defined as the index date. Patients with CHC treatment 6 months before and 12 months after the index date were excluded. All patients were required to have continuous eligibility and no claims for hepatitis B during the 6-months before (baseline) and 12-months after their index dates. Contraindications (based on an American Liver Foundation/Organizations of People with Hepatitis C guideline) during the baseline period were identified based on ICD-9 codes and described for the overall cohort as well as stratified by age (18–39, 40–49, 50–59, 60–69, 70–79, ≥80).

RESULTS: There were 12,726 untreated patients identified, 9,792 (77.0%) had no age-stratified results showed increasing prevalence of contraindications with age, rates of contraindications increased from 44.2% among patients 18–39 to 76.65% among patients 80 years old and older. CONCLUSIONS: A high proportion of untreated CHC patients had diagnoses for contraindicated conditions, and the prevalence of these contraindications increased with age.

PG14

INFLUENCE OF LORNOXICAM INTRAVENOUS INJECTIONS ON MORTALITY IN PATIENTS WITH ACUTE PANCREATITIS: A PROPENSITY SCORE-MATCHED ANALYSIS


OBJECTIVES: Acute pancreatitis (AP) is associated with significant morbidity and mortality, representing a severe economic burden for health care systems. Numerous attempts were made to find medications able to inhibit secretion of pancreatic enzymes and to reduce inflammation, but all of them are associated with substantial risk of further destruction of pancreas. There exist some evidences demonstrating that a cyclooxygenase inhibitor loroxinacm may inhibit secretion of inflammatory cytokines. The objective of the study was to investigate the influence of loroxinacm during acute pancreatitis critically and economically beneficial in patients with AP.

METHODS: Patients with AP were admitted in a Moscow hospital in 2010–2011. All of them were treated according to existing Russian standards of AP treatment. Part of patients were administered with loroxinacm iv during the first 5 days of hospitalization (16–32 mg a day). The information on the patients was collected using electronic health records (EHR) and then analyzed. Due to differences in baseline characteristics of the groups of patients treated and not treated with loroxinacm, propensity scores matching technique was used. Logistic regression model was built to calculate propensity to be treated with loroxinacm for each patient. Then mortality rates were compared for the matched cohorts treated and not-treated with loroxinacm. Finally, the cost of one prevented death was calculated. RESULTS: Totally 264 patients were identified in EHR, loroxinacm was administered to 74 patients. Propensity scores adjusted mortality rate was 6.0% for loroxinacm group and 20.0% for control group (p=0.037). Thus, administration of loroxinacm might prevent mortality in 14% patients with AP. The cost of the 5-day course of loroxinacm was 2,602 RUB (78 USD). Therefore, the cost of one prevented death due to AP was 18,586 RUB (556 USD).

CONCLUSIONS: It was demonstrated that intravenous injections of loroxinacm in patients with AP was not only potentially life-saving, but also cost effective, giving the low cost of one prevented death.

PG15

PREDICTION OF DEATH RATE OF HEPATITIS B AND C AMONG THE BARBARS AND THEIR REGULAR CLIENTS IN HYDERABAD, PAKISTAN

Khan S., Sultana A., Hussain S., Ahmed A.

OBJECTIVES: To determine the prevalence and risk factors of Hepatitis B & C among the Barbers and their regular shaving clients in the Hyderabad Barber Shops, Pakistan.

METHODS: The study was a cross-sectional study conducted to determine the sero-prevalence of Hepatitis-B virus (HBV) and Hepatitis-C virus (HCV) among barbers and their clients in Hyderabad Sindh Pakistan and to assess their knowledge, attitude and practices regarding these two viruses and their mode of transmission. Sampling was done by using a 2-stage sampling techniques. A close
ended and open ended multi-country questionnaire was designed to collect data from gastroenterologists and surgeons. Blood samples were withdrawn after obtaining an informed consent and were tested for HBV and HCV markers by Chromatography, enzyme-linked immunosorbent assay (ELISA) and polymerase chain reaction (PCR). RESULTS: The mean age was 28.4±9.7 years in both groups of babies (n=564) and clients (n=592). Among both groups, the sero-prevalence of HBV and HCV was 5.7% and 14.4%, respectively. Clients knew about hepatitis B and C viruses while barsbers were not quite aware. The knowledge about the role of transmission was poor among barbers and good among clients. Half of the respondents in both groups knew about hepatitis B vaccination and only 15% were vaccinated. Sixty percent of the barbers claimed disinfecting the instruments between clients and (88.9%) claimed using of new blades. During actual observation of practices, only 28% disinfectated instruments between clients and 62% used new blades for each client. CONCLUSIONS: There is some awareness among barbers and clients about hepatitis B and C viruses but poor knowledge about the modes of transmission. This warrants continued efforts to increase awareness about these two blood borne viruses and the risk factors associated with their transmission particularly at barbers' shop and to implement interventions to prevent spreading Hepatitis.

GASTROINTESTINAL DISORDERS – Cost Studies

PG16 AN ASSESSMENT OF THE ECONOMIC IMPACT OF MECHANICAL VERSUS HAND-SUTURED FIXATION OF INTRA-PERITONEAL ONLAY MESH (IPOM) IN OPEN VENTRAL HERNIA REPAIR

Institutions: 1Brigham and Women’s Hospital, Boston, MA, USA

Objective: To determine the impact of using intraperitoneal onlay mesh (IPOM) with hand-sutured and mechanical fixation on the cost of repair for open ventral hernia repair.

Methods: A prospective, randomized trial of 156 patients undergoing open ventral hernia repair with a standard 10 cm defect was conducted. Patients were randomized to undergo IPOM repair using hand-sutured or mechanical fixation. The primary outcome was the cost of repair. Cost was calculated using direct costs and indirect costs associated with patient hospital stays and postoperative complications.

Results: The mean hospital stay was 4.5 days for the hand-sutured group and 4.2 days for the mechanical fixation group (p=0.3). The mean cost of repair was $5,250 for the hand-sutured group and $4,900 for the mechanical fixation group (p=0.2). There were no significant differences in the incidence of complications or readmissions between the two groups.

Conclusion: The use of intraperitoneal onlay mesh with mechanical fixation resulted in a lower cost of repair compared to hand-sutured fixation. However, further studies are needed to determine if this difference is clinically significant.

PG17 COST OF TREATMENT OF HEPATITIS C PATIENTS – ARE PATIENTS UNDER 65 DIFFERENT?

Institutions: 1King’s College Hospital, London, UK, 2East of England iWell, Cambridge, UK

Objective: To compare the cost of treatment of Hepatitis C patients under 65 years old with those over 65 years old.

Methods: A retrospective analysis of patients treated for Hepatitis C at a single center was conducted. Patients were divided into two groups: under 65 years old and over 65 years old. Cost data were collected from patient records and included direct and indirect costs. Multiple regression analysis was performed to adjust for confounding variables.

Results: There were 202 patients in each group. The average cost of treatment was $75,000 for patients under 65 years old and $80,000 for patients over 65 years old (p=0.001). The difference was statistically significant.

Conclusion: Patients under 65 years old had a lower average cost of treatment compared to patients over 65 years old. This may be due to differences in treatment regimens or in the duration of treatment.

PG18 ESTIMATION OF HEPATITIS C COSTS IN TURKEY VIA EXPERT OPINION: DELPHI PANEL

Institutions: 1Trabzon State Hospital, Trabzon, Turkey, 2Istanbul University, Istanbul, Turkey

Objective: To estimate the cost of Hepatitis C in Turkey through a Delphi panel.

Methods: A Delphi panel of experts in Hepatitis C management was convened. Experts were asked to estimate the cost of treatment, including direct and indirect costs, for patients with Hepatitis C in Turkey. Multiple regression analysis was performed to adjust for confounding variables.

Results: The average cost of treatment for patients with Hepatitis C in Turkey was estimated to be $100,000. The cost varied significantly across regions, with the highest costs in major cities and the lowest costs in rural areas.

Conclusion: The cost of Hepatitis C treatment in Turkey is high and varies significantly across regions. Further research is needed to fully understand the cost of Hepatitis C in Turkey and to develop strategies to reduce these costs.