the year following index the same HSDD group incurred total health care costs that were $897 (p < 0.001) higher. Drivers of increased health care costs in the year prior to index diagnosis included inpatient services (21.1% of the cost difference), outpatient medical services (45.1% of the difference) and prescription medications (17.3%). During the year following index diagnosis, outpatient medical services accounted for 53.4% of the cost difference, while prescription medications accounted for 33.3%.

CONCLUSIONS: Women with HSDD utilize significantly more health care services and incur higher overall costs before and after diagnosis compared with women without a diagnosis of sexual dysfunction. While outpatient medical services were the largest component of overall health care costs for patients with HSDD, prescription medication costs were also significantly higher than matched controls.

PH22 ESTIMATING DIRECT COST OF VAGINITIS IN TURKEY
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OBJECTIVES: To determine the annual direct cost of treatment of vaginitis in Turkey.

METHODS: A consensus panel approach was implemented in order to define the vaginitis management pattern and relevant resource utilization. The panel consisted of 11 gynecologists, affiliated with the existing patterns of outpatient health care settings. Cost analysis was based on the estimation of 1 year direct cost of treatment based on 2008 fees and prices, expressed in dollars. RESULTS: Total cost of vaginitis treatment was found to be $81.6 per patient. This cost covered partner expenditures. The disbursement included outpatient clinic fees and pharmacotherapy. The laboratory tests were included in the outpatient clinic fees according to new Social Security Institution (SSI) regulations. CONCLUSIONS: Although the prevalence and causes of vaginitis are uncertain, in part because the condition is so often self-diagnosed and self-treated, women often seek medical care for vaginal complaints. SSI may have to reallocate the vaginitis treatment more than once for a woman in a year. Therefore, the SSI should know the cost of vaginitis treatment in order to make a budget plan among other treatments.

PH23 A SYSTEMATIC REVIEW OF THE COST OF FALLS IN OLDER ADULTS: AN INTERNATIONAL PERSPECTIVE
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OBJECTIVES: To compare international estimates for direct and indirect cost of falls among older adults. We compared the total cost of falls and the mean cost per individual. METHODS: We conducted a systematic review of peer-reviewed journal articles reporting estimates for the cost of falls in older adults. We searched for papers published between 1945 and July 2008 in MEDLINE, PUBMED, EMBASE, CINAHL, Cochrane Collaboration and NHS EED and identified papers that included a cost analysis of falls in older adults. We report cost of falls in the manuscripts’ currency and also in US dollars at 2008 prices, cost items measured, perspective, time horizon and sensitivity analysis. We assessed the quality of the studies using a selection of questions from Drummond’s Checklist. RESULTS: Twenty-two studies met our inclusion criteria and these included 11 studies from the United States, three from Australia, four from Europe, two from each of New Zealand and the UK. There were distinct variations across studies with respect to: viewpoint of the analysis, definition of falls, identification of all important and relevant cost items and time horizon. Our quality assessment indicated that only two studies reported a sensitivity analysis and only four studies used a time horizon of their economic analysis. A prospective cohort study indicated the total one-year cost of all fall related injuries in 1995 was US $88.36 billion (at 2008 prices). CONCLUSIONS: The cost of falls depended largely on the time horizon over which costs were collected, cost items collected and definition of falls. To accurately compare costs across countries, we need a consensus on definition of fall related outcome measures and cost items.

PH24 AN INVESTIGATION OF THE EFFECTS OF GENDER, RACE, AGE, AND OTHER DESCRIPTIVE VARIABLES ON THE LENGTH OF HOSPITALIZATION AND TOTAL HOSPITALIZATION CHARGES ACCRUED BY PEDIATRIC INPATIENTS AFFLICTED WITH PHARYNGITIS
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OBJECTIVES: Pharyngitis is a disease that commonly affects patients from various ages, genders, and ethnicities. This investigation will serve as an exploratory analysis of basic pediatric inpatient descriptors, and their relationships with respect to hospitalization charges, length of hospitalization, and the contraction of Pharyngitis.

METHODS: In this study, length of hospitalization and hospitalization charges are analyzed with respect to patient age, gender, and race. Logistic and linear regressions are included to show relationships among independent variables, descriptive variables, and the contraction of Pharyngitis. The Statistical Analysis Software (SAS), Enterprise Guide version 4.0, was utilized in the data analysis. The data are from the 2005 National Inpatient Sample and contained 4169 patients with Pharyngitis and a control group of 4200 patients.

RESULTS: It was shown that on average, White, male, Pharyngitic patients 0–3 years old pay the least in hospitalization charges while white females patients of Asian/Pacific Islander descent 12–15 years old pay the most in hospitalization charges. White, female patients 0–7 years old have the shortest hospitalization periods while male patients of Native American descent 12–18 years old have the longest average hospital visits. In total, several variables, including specific procedures and diagnoses, such as Volume Depletion and Fever, are seen as statistically significant in determining the likelihood of a patient contracting Pharyngitis. Additional results were derived from a linear regression, which contains analysis specific to length of hospitalization and hospitalization charges. CONCLUSIONS: This investigation provides only a general overview of the statistical relationships contained within a data set of pediatric inpatients primarily afflicted with the disease, Pharyngitis. Because of the nature of the disease, it should be noted that further investigations should be conducted to verify any relationships found to be statistically significant.

PH25 DIRECT COST OF INFERTILITY TREATMENT IN TURKEY
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OBJECTIVES: Infertility is a vital problem for men and women in Turkey. It decreases the quality of life more than many chronic diseases. The infertility treatment is reimbursed by the government, only twice in a life-time and only if you are a woman younger than 39 years old. Infertility treatment can be considerably long, and many times, the couples need to try more than twice. The government reimburses $656 (1240 YTL) for each treatment. The objective of this study was to calculate the cost of infertility treatment at a University Hospital.

METHODS: An expert panel composed of obstetricians in Osman Gazi University developed an infertility clinical protocol for this particular university. This protocol was used to calculate the cost of infertility intervention. A third party payer perspective to estimate cost of this intervention was chosen. Therefore, to estimate the total cost of infertility intervention, the usual price lists established by the Social Security Organization was used.

RESULTS: Specialists developed three clinical pathways; antagonist protocol, short and long protocol. Total cost of the antagonist protocol was $1079 Euro, for the short protocol this was $1117, and the long protocol $1039. If the couple had to try all 3 methods, they had to pay $3257.50.

This meant that the couple had to pay $1945.

CONCLUSIONS: The Social Security Organization extended the prospective payment system (fixed prices for treatment) coverage for hospital services including fertility treatments, in 2003. We found out that, fixed prices determined by SSO do not reflect actual costs of the services. Due to the fact that the cost of services delivered in university hospitals are higher than other hospitals, university hospitals should develop cost saving strategies to provide fertility treatment services.

PH26 THE ECONOMIC IMPACT OF SINGLETON, TWINS AND MULTIPLE GESTATION PREGNANCIES IN ALBERTA
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OBJECTIVES: The increasing rate of multiple pregnancies, which are associated with greater health resource use, has been attributed to the broad availability and use of assistive reproductive technologies (ARTs). The advocate of publicly funding ARTs argues that, if publicly funded, the government could consider mandating the number of embryos transferred per IVF cycle so as to contain the health care cost. The study was to investigate the association between multiple gestations and low birth weight (LBW) infants and to explore the impact on health resource utilization and costs.

METHODS: The population cohort comprised mothers and infants born between April 1, 2004 and March 31, 2005 in Alberta, Canada. The study considered costs and resource utilization from birth to 1 year for infants and from pregnancy to 3 months post partum for mothers. Information related to hospital costs was collected from Alberta hospital inpatient database, while that related to physician services from the Alberta Health Care Insurance Plan. A logistic regression was employed to determine the likelihood that twins and higher order multiples (HOM) was born LBW, compared with singletons. Linear regressions were used to estimate the impact of multiple births and LBW on resource utilization and costs.

RESULTS: A cohort of 36,158 mothers and 36,767 infants were included in the study. The logistic regression indicated that, compared to singletons, twins and HOM were 43.8% and 90% more likely to be born LBW respectively. HOM were 46.2% more likely to be born LBW in comparison with twins. The mean total cost of LBW twins and HOM was respectively, 5.88 (P≤.001) and $2,425 and eight times ($19,435 vs. $2,425) greater than that of NBW singletons. CONCLUSIONS: This study suggested that multiple births were associated with higher likelihood of being born LBW and consequently resulted in more resource utilization.

PH27 INDIVIDUAL’S HEALTH – Patient-Reported Outcomes Studies

THE IMPACT ON ADHERENCE AND FORMULARY PERFORMANCE METRICS OF ALLOWING MEMBERS TO CHOOSE EITHER MAIL OR RETAIL PHARMACY FOR RECEIVING 90-DAY SUPPLY MAINTENANCE MEDICATIONS
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OBJECTIVES: To compare medication adherence for patients new to 90-day supply prescriptions under a new pharmacy benefit where pricing is equivalent, allowing