PHS51
DIRECT COSTS COMPARISON OF MEDICAL CARE BEFORE AND AFTER HEART FAILURE HOSPITALIZATION IN A MEDICARE POPULATION
Kileene M1, Patol H1, Sharma P1, Maya J1, Kielhorn A2
1University of Alabama at Birmingham, Birmingham, AL, USA, 2Atem, Thousand Oaks, CA, USA
OBJECTIVES: Compare direct costs of medical care before and after heart failure (HF) hospitalization in a Medicare population. METHODS: A 5% (n=3,459,434) national sample of Medicare enrollees for the year 2013 was reported. All enrollees with at least 65 years of age at the date of hospital admission for HF, enrolled in Medicare Parts A and B and not enrolled in a Medicare Advantage plan. Total costs were summed (in constant 2012 dollars) for all services utilized by the hospitalized beneficiaries event month prior to the discharge and during observation the following month. The time periods were before, after and during which HF hospitalization were plotted. Costs of an HF episode were calculated as difference in total reimbursements in the six months preceding and after the month of hospitalization and the six months preceding the event. The incremental analysis allows individuals to serve as their own controls. RESULTS: There were 63,678 eligible episodes of HF hospitalizations. In the six months prior to the month of hospitalization total costs were $14,212 and in the six months following the discharge total costs were $2,436 (for all services utilized) during the month of hospitalization was $14,967. CONCLUSIONS: The cost of care in the six months following a HF hospital discharge was more than the cost of the hospitalization event month. The six months of post hospitalization and six months were associated with costs and during the six months following the hospitalization.

PHS52
COST OF A PHARMACIST-LED PNEUMONIA EDUCATION AND IMMUNIZATION PROGRAM FOR OLDER PHILIPPINHANS
Alcudra MJ1, Cannon-Dang E1, Steele D1, Schaefer JJ1, Delismonde JR JA, Pirz LT2
1Thomas Jefferson University, Philadelphia, PA, USA
OBJECTIVES: To assess the intervention costs of the Pharmacists’ Pneumonia Prevention Project (PPPP), a community-based pneumonia education and vaccination program administered to older Philippihans in 2014. METHODS: PPPP involved a pharmacist informational presentation, a live skit, small-group breakout, and optional vaccination. Attendees could consent to participate in program assessments if they were aged 65+, cognitively intact, and English speaking. Recruitment and program coordination were completed through partnerships with churches and senior centers. The total cost from a health system perspective was the sum of time costs (pharmacy, community health workers, CHWs for travel, training, supervision and planning), supplies (vaccine, medical, and office supplies), actor and site fees. Time requirements for each program date were recorded using a staff log. Wages were applied to time using U.S. Bureau of Labor Statistics rates plus fringe benefits applicable to each simulating partner Institution. Volunteer pharmacy students were assigned zero time costs. RESULTS: Among 276 individuals who attended PPPP, 203 consented to program assessments and were mostly female (74.9%), black (80.4%), and the mean age was 74. PPPP was offered on 8 dates at 4 community locations. Mean staff requirements for each date were 5.5 students, 3.6 pharmacists, and 2 CHWs. The total program costs was $32,513 (per-attendee cost – $118). Time costs associated with planning ($123,597), program delivery ($8,659), and non-volunteer travel ($2,257) represented 70.3% of the total cost. Time and expenses for vaccination ($7,861) also contributed substantially to PPPP costs (24.2%), while actors’ fees ($1,750) represented 5.4%. Indirect material costs and actor costs would yield per-attendee costs of $89.32 and $82.98, respectively. CONCLUSIONS: Resources requirements for PPPP are high, but will be further evaluated in terms of outcomes (knowledge gains, vaccination rate). Costs could be offset by reimbursement for vaccination, omitting this component, and/or using a video skit rather than live actors.

PHS53
AN ACCESSIBLE APPROACH TO ESTIMATE THE DIRECT MEDICAL COSTS OF TYPE 2 DIABETES MELLITUS FOR THE BRAZILIAN NATIONAL HEALTH SYSTEM
Aquino CM1, Lima RC2, Martino MG3, Sousa DM4, Cesne EA5, Bezerra AF6
1Federal University of Vale do Rio, Belo Horizonte, Brazil, 2Federal University of Uberlandia, Uberlandia, Brazil, 3Federal University of Pernambuco, RECIFE, Brazil, 4Osvaldo Cruz Foundation - Florianopolis, Santa Catarina, Brazil
OBJECTIVES: To study the cost related to the management of type 2 diabetes mellitus (T2DM) in public health care by standard approach as a means to assist in the evaluation of health services in Brazil. METHODS: A small municipality was con- sidered for this study, with less than 50,000 habitants, it is representative of 81% of the state’s municipalities and 89% of Brazil’s. The data sources used were obtained from the Municipal Health Office and public data systems online. Direct medical costs were selected according to standard care recommended by the Ministry of Health and Brazilian Associations of Cardiology and Diabetes, and lately divided into the categories of analysis: Health professional salary, Procedures and tests costs, and Medication costs, both for Primary Health Care (PHC) and Medium/High Complexity Care (MHCC). RESULTS: In 2011, the total expense in a year for a user with T2DM was R$ 491.04, regarding the individual without complication, attended in PHC, after developing chronic complications (either microvascular or macro-vascular), the patient continues to receive PHC, but also needs the attention of specialists, therefore costs for specific treatments in MHCC services were added to the PHC costs. The sum ranged from US $72.86 for nephropathy to US $182.59 for Acute Myocardial Infarction. In evaluation of each category of analysis, the invest- ment made by the National Health System in the management of T2DM showed uneven distribution, where a subcategory of Health professionals salary, the PHC’s was 62% for all three items and 50% for the same services costs exceed the case rates of PhilHealth for pneumonia. The case rates may not be adequate to cover the total costs of admission in a government tertiary hospital in the Philippines.

PHS55
IMPACT OF CLINICAL PHARMACIST INTERVENTIONS ON THE PRESCRIBING HABIT AND COST SAVING
Alkahd Al Ms
Dammam Medical Complex, Dammam, Saudi Arabia
OBJECTIVES: To assess the impact of clinical pharmacist intervention (CPI) on prescribing habit and cost saving. METHODS: To measure the cost associated with an acute coronary event through a retrospective analysis of 2943 patients with acute coronary event were identified into 10 IC-10-identified acute coronary syndrome, which were reported by each of the EPS to the Ministry of Health and Social Protection of Colombia. The first part of the study involved the characterization of the population by age group, gender, region and comorbidities. The second part includes an analysis of the use of resources in the management and attention of the event. In the third part the analysis included the average cost of interventions such as angioplasty, heart surgery and thrombolysis during the first six months after the acute coronary event were included. RESULTS: The male population has a higher incidence of acute coronary event at a younger age than that of the female population. The male population of the department of Antioquia recorded the most interventions received. The average cost per patient with acute coronary event during the first six months was 14,381,501 Colombian Pesos per patient during the sixth month. CONCLUSIONS: The first month represented the highest cost for acute coronary event with a total cost of 13,382,501 COP; which is 53.35% of the total cost per event.

PHS56
IMPACT OF CLINICAL PHARMACIST INTERVENTIONS ON THE PRESCRIBING HABIT AND COST SAVING
Alkahd Al Ms
Dammam Medical Complex, Dammam, Saudi Arabia
OBJECTIVES: To assess the impact of clinical pharmacist intervention (CPI) on prescribing habit and cost saving throughout 12 months duration for patients receiving some and the same medications included (Human Albumin 20% 50ml, Meropenem 500 mg and Ciprofloxacin 200 mg), this was via a comparison made between the Direct-CPI (observation only) and Direct-CPI phases, in term of the number of vials dispensed monthly. METHODS: It is an observational cohort study and it is divided into two phases; Phase-I: to evaluate prescribing habit of the prescribers throughout two months duration (30 days with NO-CPI and 30 days with Direct-CPI) for patient using Human Albumin. While phase-II: to assess the impact of Direct-CPI versus NO-CPI on cost saving throughout 10 months duration (5 months with NO-CPI and 5 months with Direct-CPI). The number of dispensed vials for each item was recorded by CPI. RESULTS: The study findings in phase-I showed that Direct-CPI lead to statis- tically significant (P < 0.0001) improvement of prescribing for human albumin 20%, especially in cases with albumin level > 3 g/dl; it was 36% with NO-CPI versus 1.6% with Direct-CPI, and in cases with albumin level < 2 g/dl, it was 6% with NO-CPI versus 42% with Direct-CPI. In phase-II, during 5-months of Direct-CPI compared with the same duration of NO-CPI, there was a remarkable monthly cost saving, and it was 54% for Human Albumin, 55% for Meropenem and 59% for Ciprofloxacin. This resulted in total cost saving for all three items equal to 123,735 US Dollar during the five months of Direct-CPI. CONCLUSIONS: Direct-CPI can significantly improve prescribing habit and lead to a substantial cost saving.

PHS57
WITHDRAWN