Embase databases, we identified published reports of direct health care costs in ACS patients. A total of 16 studies were identified that met all selection criteria. For persons with private health insurance coverage, the estimated per year was $27,711.10. The cost of ACS-related admissions ranged from $65,014 to $104,098. For Medicare beneficiaries, cost per event was lowest for other cardiovascular events ($5492 - $14,360) and highest for MI ($10,082 - $11,347); the cost of ACS-related admissions was $13,683. Mean total health care costs for patients with stroke within the group ranged from $28,128 (PCV64, Curr Med Res Opin) to $16,153 (PCV60, JAMA) to $14,161 (PCV63, JAMA). The overall cost of patients without hypertension but of the same age, region, gender and index year of stroke in 2012 was $1,925 (PCV63, JAMA). The index date for the comparator group was randomly chosen to reduce selection bias. Patients in both groups were required to be at least 18 years old, and have continuous medical and pharmacy benefits 1 year pre- and 1 year post-index date. Study outcomes, including health care costs and utilization, were compared between the disease and comparator groups using 1:1 propensity score matching. RESULTS: A total of 2,422,810 patients were included in the hypertension and comparison cohorts. After 1:1 matching, a total of 748,857 patients were matched from each group, and baseline characteristics were well-balanced. Patients diagnosed with hypertension incurred significantly higher health care costs and utilizations compared to those without.

PCV63 THE COSTS OF SURGICAL AORTIC VALVE REPLACEMENT IN FRANCE

OBJECTIVES: Current studies on aortic valve replacement (AVR) do not compare costs between centers in France. The purpose of this study was to provide new information on the financial impact of AVR in France.

Methods: This was a retrospective study based on French national health insurance database. Costs were calculated using the French health care system perspective. The study included 2,290 patients who underwent AVR for aortic regurgitation in French hospitals between 2007 and 2010. Costs were calculated from the hospital discharge summaries. RESULTS: Direct healthcare costs for patients with AVR included hospitalization ($229,010 vs. $129,865), stenting ($21,000 vs. $19,810), and oxygen ($2,020 vs. $2,810). The total direct healthcare costs were significantly higher for patients with AF ($23,789 vs. $10,623). The adjusted cost of patients who died prior to discharge was $13,949 vs. $10,949.

PCV62 A COMPARISON OF THE ECONOMIC BURDEN AND HEALTH CARE UTILIZATIONS OF VETERAN PATIENTS DIAGNOSED WITH HYPERTENSION IN THE UNITED STATES

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OBJECTIVES: To compare the economic burden and health care utilization of U.S. veterans diagnosed with hypertension. METHODS: A retrospective database analysis was performed using the Veterans Health Administration Medical SAS datasets from October 1, 2008 to September 30, 2012. Patients diagnosed with hypertension were identified using International Classification of Disease 9th Revision Clinical Modification (ICD-9-CM) diagnosis codes 401.x, 402.x, 403.x, and 404.x, with the first diagnosis date designated as the index date. A comparison group of patients without hypertension but of the same age, region, gender and index year of stroke was matched from the database. RESULTS: The index date for the comparator group was randomly chosen to reduce selection bias. Patients in both groups were required to be at least 18 years old, and have continuous medical and pharmacy benefits 1 year pre- and 1 year post-index date. Study outcomes, including health care costs and utilizations, were compared between the disease and comparator groups using 1:1 propensity score matching. RESULTS: A total of 2,422,810 patients were included in the hypertension and comparison cohorts. After 1:1 matching, a total of 748,857 patients were matched from each group, and baseline characteristics were well-balanced. Patients diagnosed with hypertension incurred significantly higher health care costs and utilizations compared to those without.

PCV61 PATIENT-LEVEL COSTS OF CARDIOVASCULAR EVENTS AND PROCEDURES: HOW ROBUST IS THE EVIDENCE?


OBJECTIVES: Few studies have undertaken a global review of major cardiovascular conditions and events. This study summarizes the current literature for costs of major cardiovascular diseases/events (angina, myocardial infarction, heart failure, stroke, other cardiovascular events) and their impact on the healthcare system. RESULTS: A total of 167 articles reporting on patient-level costs were identified from the Medline and Embase databases, we identified published reports of direct health care costs in ACS patients. A total of 16 studies were identified that met all selection criteria. For persons with private health insurance coverage, the estimated per year was $27,711.10. The cost of ACS-related admissions ranged from $65,014 to $104,098. For Medicare beneficiaries, cost per event was lowest for other cardiovascular events ($5492 - $14,360) and highest for MI ($10,082 - $11,347); the cost of ACS-related admissions was $13,683. Mean total health care costs for patients with stroke within the group ranged from $28,128 (PCV64, Curr Med Res Opin) to $16,153 (PCV60, JAMA) to $14,161 (PCV63, JAMA). The overall cost of patients without hypertension but of the same age, region, gender and index year of stroke in 2012 was $1,925 (PCV63, JAMA). The index date for the comparator group was randomly chosen to reduce selection bias. Patients in both groups were required to be at least 18 years old, and have continuous medical and pharmacy benefits 1 year pre- and 1 year post-index date. Study outcomes, including health care costs and utilizations, were compared between the disease and comparator groups using 1:1 propensity score matching. RESULTS: A total of 2,422,810 patients were included in the hypertension and comparison cohorts. After 1:1 matching, a total of 748,857 patients were matched from each group, and baseline characteristics were well-balanced. Patients diagnosed with hypertension incurred significantly higher health care costs and utilizations compared to those without.