evaluate options for care, including laboratory testing. Patients today demand the broader and older, experiences of quality and transparent billing. Bridging the trend of healthcare consumerism into the laboratory test setting will not be easy, requiring laboratory companies to view patients as their consumers and recognize the potential impact of increasing information transparency on consumer decision-making to their business’ future. METHODS: This retrospective study used data from a cross-sectional survey conducted between April 28-30, 2017 utilizing GfK’s Knowledge Panel®8, an online probability panel comprised of 1,000 adults ages 18 years and older, representative of the US general population and geographic variables. The 10 question survey asked respondents about their laboratory testing experience within the last year, including cost awareness and perception, past testing decision involvement and intended future involvement. RESULTS: One thousand adults completed the survey of which 58% had laboratory testing costs within the last year and only 24% of patients, known as the involved consumer, were given a choice of which laboratory to use by their healthcare provider. Despite participating in the choice, the involved consumer had limited choice of laboratory test costs prior to their ordering and is significantly more surprised by the cost of their lab bill compared to the average lab consumer. The involved consumer is more interested than the average lab consumer in learning more about laboratory testing; however, the involved lab consumer, the involved lab consumer intends to remain involved in their future laboratory testing decision-making.

PHS65 EXPERIENCES OF HEALTH AND SOCIAL INEQUITIES IN AFRICAN ASYLUM SEEKERS AND REFUGEES IN MANCHESTER, UK: A THEMATIC ANALYSIS


OBJECTIVES: Asylum and refugee issues continue to be significant focus for public health discussions as well as a political debate. Africa is a major source of asylum-seekers and refugees in the UK. To date, the experiences of African asylum-seekers and refugees in the UK are not clearly known. This study explored the health and social experiences of African asylum-seekers and refugees in Manchester, UK. METHODS: Six African asylum-seekers and refugees attending a drop-in centre in Manchester UK participated in the study. An ethnographic approach consisting of semi-structured interview was used. Data was collected using a semi-structured questionnaire and if the participant wished, they could provide written answers. Data was coded using thematic analysis (Bryman 2004). The identifying pattern meaning across data was collected and responses from participants were coded. RESULTS: Findings showed that African asylum-seekers and refugees left their home countries because of political, overwhelming insecurities and came to the UK for a better life, however, they are experiencing difficult times in the UK. It was also found that they experienced problems such as communication, financial hardship, social isolation, accommodation, unemployment, lack of access to education, health issues. They also had health issues such as mental health disorders, and inequalities of access to health and social care services. CONCLUSIONS: The study showed that African asylum-seekers and refugees have complex health issues such as mental health disorders, and they have limited access to health and social care services. Understanding their experiences may help to facilitate resource allocation in health and social care and put in place appropriate strategies to improve health outcomes of these people. These may be broadened by the inequalities and gaps in access to employment, education and health and social care services. Future studies are required to examine in detail the health outcomes (clinical and economic outcomes) of asylum-seekers and refugees in the UK.

PHS66 COSTS AND EFFECTIVENESS OF A SCREENING ALGORITHM FOR THE DIAGNOSIS OF RHEUMATOID ARTHRITIS

Santos-Moreno P1, Buitrago-Garcia D2, Villarreal L1, Alvis-Zakzuk N3, Carraquilla M4, Alvis-Guzman N5

1Biomab, Bogota, Colombia; 2STIES investigation and research, Colombia, Bogota, Colombia; 3Biomab, center for rheumatoid arthritis, Bogota, Colombia; 4Alzak Foundation, Cartagena, Colombia; 5ALZAK Foundation- Universidad De La Costa, Baranquilla, Colombia

OBJECTIVES: Rheumatoid arthritis (RA) is a chronic, progressive autoimmune systemic disease affecting roughly 0.7% of the global population. According to direct medical costs, RA has an important economic burden worldwide. We aimed to describe the proportion of patients with a correct or wrong diagnosis of RA when an algorithm of disease diagnosis was applied. Also, we estimated the costs-savings associated with the correct diagnosis of the disease. METHODS: We performed a descriptive analysis of patients who were referred from primary care centers to a RA specialized one with presumptive diagnosis of RA. Each patient was evaluated to confirm or rule-out diagnosis of RA as follows: a rheumatologist fulfilled a complete musculoskeletal examination, it was assessed rheumatoid factor, anti-citrullinated antibodies and other laboratories depending on each case. Also, x-rays of hands/feet were made, and in cases of persistent doubt about the diagnosis, MRI of hands/feet, and/or ultrasound of hands/feet were requested. Descriptive epidemiology was done. We assessed the overall drug expenses related to costs using a cost-utility analysis. Costs were presented as per patient per year and as a percentage of the total costs of exchange for December 2017. RESULTS: Results: 1415 patients were evaluated during a 12-month period. After applying the diagnosis algorithm 45% of patients had confirmed RA, while 55% had other diagnosis mainly osteoarthritis. When we calculated the cost-savings related to the adequate diagnosis of RA we saved USD 130,000 per patient/year regarding to the following cost items: drugs, medical services and diagnostic control tests. For all diagnosed patients (765) we saved USD $994,500 in twelve months. The intervention was highly effective in reducing costs. Conclusions: Patients with presumptive diagnosis of RA lead to significant diagnostic errors, but at the same time it saves a large amount of money for the Colombian health system. Policy-makers should focus on implementing management routes for the adequate patient classification from primary care centers.