no racial/ethnic differences were found in physical health-related QoL, however, minorities reported significantly higher mental health-related QoL compared to NHWs. Considering the findings of this study, we posit that mental health-related QoL is increased among minorities only when a cancer diagnosis is present; a phenomenon that may be explained by differentials in social support and social connectedness to cultural/ethnic groups.

METHODS: To calculate the cost of pharmacy services and recommend the new charge items in hospitals of southwest China.

RESULTS: The cost statistics of pharmacy service and the workload were collected from department of Pharmacy in hospitals of chengdu, the biggest southwest city in China and analysis were performed using SPSS v. 23. The cost components which are labor costs, training expenses, depreciation of fixed assets, material costs, loss-related expenses and other costs. RESULTS: The cost of Pharmacy department in 23 hospitals were investigated from 2013 to 2015 and the effective statistics of 16 hospitals were obtained. The total pharmaceutical costs of the 16 hospitals investigated in 2015 were ¥319 million, and the cost of pharmacy services was ¥239 million, of which the labor cost accounted for the largest about ¥180 million, accounting for 19.70% of the total profit of pharmaceutical profits. The share of pharmacy service was about 20%. Among these, the average of which was about 73.23%, while the other five types of cost accounted for only 26.76% of total cost. According to total pharmaceutical profits, the cost of pharmacy services costs for 16 hospitals in 2015, the recommendation for new prescription audit fee was ¥2.85 per prescription.

PHS97

ANALYSIS OF PERFORMANCE TO MAXIMIZE EFFECTIVENESS OF RESOURCE ALLOCATION IN AN INTEGRATED CARE TEAM PLAN

Orlowski A1, Belsey J2, Ashton R1

1Department of Medical Physics, University Hospitals of Leicester, UK, 27M Medical Ltd, Sudbury, UK

OBJECTIVES: To calculate the cost of pharmacy services and recommend the new charge items in hospitals of southwest China.

RESULTS: The cost statistics of pharmacy service and the workload were collected from department of Pharmacy in hospitals of chengdu, the biggest southwest city in China and analysis were performed using SPSS v. 23. The cost components which are labor costs, training expenses, depreciation of fixed assets, material costs, loss-related expenses and other costs. RESULTS: The cost of Pharmacy department in 23 hospitals were investigated from 2013 to 2015 and the effective statistics of 16 hospitals were obtained. The total pharmaceutical costs of the 16 hospitals investigated in 2015 were ¥319 million, and the cost of pharmacy services was ¥239 million, of which the labor cost accounted for the largest about ¥180 million, accounting for 19.70% of the total profit of pharmaceutical profits. The share of pharmacy service was about 20%. Among these, the average of which was about 73.23%, while the other five types of cost accounted for only 26.76% of total cost. According to total pharmaceutical profits, the cost of pharmacy services costs for 16 hospitals in 2015, the recommendation for new prescription audit fee was ¥2.85 per prescription.

PHS89

ECONOMIC BURDEN OF NON-COMMUNICABLE DISEASES (NCDs) IN POLAND

Kozinski University, Warsaw, Poland

OBJECTIVES: NCDs impose large economic burden on the national health care system and economy. We examined the economic burden of NCDs in Poland. This study examines the comprehensive burden of NCDs in Poland and for some selected disorders their related complications, in Poland. Complications of the following diseases have been analysed: diabetes mellitus type 1 and type 2, ischemic heart disease, chronic lung disease, stroke, cancer, and dementia.

RESULTS: We non-parametrically compared various socio-economic indicators for the largest share of pharmacies and for some selected disorders the costs of their complications, data from the National Health Fund were used with related etiological fraction calculation. This data includes the costs of outpatient consultation, hospitalization, rehabilitation, and drugs. Indirect costs (costs embraced costs of lost productivity due to absenteeism and inability to work (handicap) caused by these diseases, and costs of lost productivity due to the premature mortality. They were calculated using Social Insurance Institution and Central Register of Social Insurance database. National Health Fund database:

PHS100

HEALTHCARE RESOURCE UTILIZATION AMONG PATIENTS WITH ANGELMAN SYNDROME STRATIFIED BY AGE

Oud Therapeutics, New York, NY, USA

OBJECTIVES: Angelman Syndrome (AS) is a rare neurodevelopmental disorder with a prevalence of ~1/15,000. AS individuals suffer from significant global developmental and severe intellectual disability including sleep fragmentation, speech difficulties, motor function, and seizures; however, there is limited information of its impact on healthcare burden overtime. The primary objective of this study is to describe utilization over time among AS individuals. METHODS: The data for this study come from the AS-Natural History study. Data were collected from AS patient’s caregivers on healthcare resource use at baseline and at yearly follow-up visits. For this analysis, information on incidence of hospitalization, date, reasons, and length of stay (LOS) was used. RESULTS: Data were available for 302 patients. Mean follow-up was 3.3 years (min-max: 1-9). Mean age at baseline visit was 5.5 years (SD: 5.9). Approximately 52% of the patients were female. Seventy-seven percent of patients had at least one hospitalization since birth to end of follow-up period. Mean number of hospitalizations was 1.5 (SD: 0.9) and average LOS was 4.4 days (SD: 6.3). Incidence of hospitalization was highest among patients ≤ 1 year of age (48%) and decreased over time (e.g. 10% by age 12). Mean number of hospitalizations remained stable but LOS was highest at ≤ 1 year of age (6.42 days [SD: 8.9]) and decreased thereafter. Seizures were the most common reason for hospitalization at age 2 (11.3% of patients), age 3 (10% of patients), and ≤ 1 year (9% of patients). This was followed by respiratory infection which was next highest among patients at age ≤ 1 (10%) and age 2 (5%). CONCLUSIONS: Longitudinal data from the AS-NHS study suggest that hospitalization burden is greatest among infants and toddlers, with seizure and lower respiratory infection as the major drivers.