

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 across racial/ethnic groups. This study highlights the need for professional counseling and other forms of psychosocial care for TC survivors, especially among those most likely to lack strong support systems via spirituality or a close-knit family structure.

PHS96

INFANT MORTALITY FROM ACUTE RESPIRATORY INFECTIONS AND ARMED CONFLICT: AN EXPLORATORY ANALYSIS

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OBJECTIVES: Considering the consequences generated by armed conflict in terms of public health, especially those related to communicable diseases, we aimed to explore infant mortality from acute respiratory infections (ARI) and its relationship with the armed conflict in Colombia. **METHODS:** We retrospectively conducted a descriptive analysis. Mortality data were extracted from death certificates of the National Administrative Department of Statistics, using ICD-10 codes related to ARI. We estimated municipality mortality rates related to IRA (MR-IRA) by sex, in children under-five. Also, we calculated for 1998-2003, 2004-2009 and 2010-2015 the average annual mortality rate by quintiles of armed conflict intensity (ACI) at municipal level, following the ACI index built by the National Institute of Health of Colombia. Rate ratios were estimated to evaluate relative gaps between the MR-ARI of quintiles with greater ACI index and the MR-ARI of those ones with less intensity. **RESULTS:** MR-ARI in children under-five were higher in boys than in girls, for all the analyzed periods. Excluding the first ACI quintile (because this one showed a paradoxical relationship between ACI and MR-ARI), we observed a gradient pattern between the ACI quintiles and the MR-ARI, with higher mortality rates in the quintiles with the greatest impact due to the conflict. For 1998-2003, in boys, the MR-ARI related to the quintile with the highest ACI was 1.34 times greater than the rate of quintile 2. For 2010-2015, this gap increased to 1.5 times. In girls, for 1998-2003 the relative difference was 1.36 and for 2010-2015 there was no change in this gap. **CONCLUSIONS:** Our estimations suggest that, with exception of quintile 1, the MR-ARI was higher in the quintiles with greater armed conflict, as we can expect. Additionally, relative gaps by sex increased in boys and remained constant in girls.

PHS97

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

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OBJECTIVES: The West London (WL) Clinical Commissioning Group (CCG) is developing an integrated community team (ICT) plan to address care at the organization, staff, and patient levels. Further understanding is needed of WL CCG performance and how to drive effective use of function and resources. **METHODS:** System, clinical, and socioeconomic performance parameters in WL CCG were compared with those for all England and similar CCGs (RightCare comparators [RCCs]), revealing five health-care areas where WL CCG underperforms against RCCs. Further analyses were performed for genitourinary and respiratory conditions at the CCG and locality levels. **RESULTS:** In 2016/17, age-corrected acute admissions per 100,000 for genitourinary disorders were similar for WL CCG, all England, and RCCs, at 1,185, 1,328, and 1,120, respectively, but incurred notably higher costs per patient in WL CCG than all England (£3,609 vs £2,924, difference 23%) and RCCs (£3,416, difference 5%). Age-adjusted total expenditure was 10-12% higher in WL CCG (£4,276,419 vs £3,883,535 and £3,827,297). For respiratory disease, age-corrected acute admissions per 100,000 numbered 792 for WL CCG, 975 for all England, and 737 for RCCs. Again, costs were higher in WL CCG than all England and RCCs per patient (£5,222 vs £3,707, difference 40% and £4,718, difference 11%) and for age-adjusted total expenditure (£4,133,866 vs £3,614,496, difference 14% and £3,478,428, difference 19%). Within WL CCG, consistently higher per-patient and total expenditure were found in northern localities (low socioeconomic status and high population) than in the southern localities (high socioeconomic status and low population), but an inverse relationship in the number of admissions. **CONCLUSIONS:** To provide adequate care, we calculate that the ICT would require almost 300 full-time-equivalent staff. Workforce allocation by population alone is likely to be over-simplistic, and should be based on combined population characteristics (density, age, etc), activity, cost, and outcomes.

PHS98

COST ESTIMATION OF PHARMACY SERVICES AND THE RECOMMENDATION OF NEW CHARGE ITEMS IN HOSPITALS OF SOUTHWEST CHINA

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OBJECTIVES: To calculate the cost of pharmacy services and recommend the new charge items in hospitals of southwest china. **METHODS:** 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 IBM SPSS v.22. The cost of pharmacy service includes 6 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 profits of the 16 hospitals investigated in 2015 were ¥913 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 labor cost accounted for the largest share of pharmacy services costs for three years, 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 labor cost of the pharmacy department and the workload statistics of 16 hospitals in 2015, the recommendation for new prescription audit fee was ¥2.85 per prescription. **CONCLUSIONS:** The biggest pressure on public hospitals in China is to pay the extra cost of labor for pharmaceutical personnel after completely abolishing Drug Price Addition Policy in 2017. This recommendation can basically solve 60-70% of labor costs of pharmacy department. Considering that the scale of different hospitals are of difference, it is recommended that the standard of prescription audit fees and the other pharmacy services fees be formulated according to the nature and level of hospitals.

PHS99

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

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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 is the first comprehensive study on the direct and indirect costs of all NCDs 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. **METHODS:** In order to estimate the direct medical costs of disorders and for some selected disorders the costs of their complications, data from the National Health Fund were used with related etiological fraction calculus. This data includes the costs of outpatient consultation, hospitalization, rehabilitation, and drugs. Indirect 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 upon Social Insurance Institution and Central Statistic Office datasets using human capital method. **RESULTS:** The total cost of NCDs in Poland amount to USD 23.4 billion, of which 69% (USD 16.1 billion) is the cost of lost productivity (indirect), and 31% (USD 7.3 billion) is the cost of health-care services (direct). Analysis of costs of diabetes and their complications indicates that costs of disease-related complications are much higher than disease itself (total costs of diabetes – USD 452.2 million, total costs of diabetes-related complications – USD 862.8 million). **CONCLUSIONS:** NCDs constitute a significant burden for the Polish economy. Total cost of NCDs constitutes 4.3% of the GDP in Poland. The results of this study show that costs of treatment of patients with complications are higher than those related to the patient with well-controlled diseases (without complications). Moreover the conducted analysis indicates that indirect costs cannot be ignored in health care decision-making processes as they can be higher than direct costs.

PHS100

HEALTHCARE RESOURCE UTILIZATION AMONG PATIENTS WITH ANGELMAN SYNDROME STRATIFIED BY AGE

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OBJECTIVES: Angelman Syndrome (AS) is a rare neurodevelopmental disorder with a prevalence of ~1/15000. AS individuals suffer from significant global developmental delays and severe intellectual disability including, but not limited to 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 hospitalization over time among individuals with AS. **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 (43%) 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 infections as the main drivers.

PHS101

COST ANALYSIS OF MEDICATION THERAPY MANAGEMENT - USING PROPENSITY SCORE MATCHING METHOD

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OBJECTIVES: To compare total health care costs for a cohort of patients who received MTM (Medication therapy management) with controls among an eligible Medicaid managed care population. **METHODS:** A post-hoc analysis of a retrospective observational cohort study comparing MTM to usual care. The intervention population included patients aged 18-65 who opted-in to receive MTM services (n=1,007) compared with control patients who opted-out of MTM (n=13,614). All patients were