son cohorts. After applying a 1:1 matching, a total of 123,356 patients were matched from 8,921,769 (56%) matched-patient episode cost of hospital and inpatient ($65$ per 100,000, 95% CI: $2.02-2.26) had higher health care utilization, including Medicare carrier (98.1% vs. 70.1%), Durable Medical Equipment (DME) (12% vs. 15%), and Home Health Agency (HHA) (17.2% vs. 4.6%), claim, outpatient visits (73.9% vs. 41.7%) and inpatient (32.5% vs. 6.8%), skilled nursing facilities (SNF) (10.0% vs. 2.2%), hospice admissions (1.0% vs. 0.6%), and prescription drug claims (5.3% vs. 49.9%), resulting in higher health care costs for Medicare carrier ($3,391 vs. $1,313), DME ($413 vs. $97), HHA ($923 vs. $228), outpatient ($10,110 vs. $5,514), and hospice ($5,985 vs. 1,056). The national estimates of cost of CAP in adults was $12.4 million. Employed patients comprise 12% and 18% among the inpatient and outpatient cases, respectively. The average reimbursement rate from each cohort, with well-balanced baseline characteristics. COPD patients had a higher proportion of controls than the matched patients. The cost of adult asthma in Turkey is very high and it significantly depends on asthma control level.

**OBJECTIVES:** The clinical pathway for asthma was determined according to payer perspective. The costs covered were physician visits, hospitalizations, diagnostic tests, medicine and comorbid disease.

**RESULTS:** The annual maintenance costs per patient were RR2,000 ($65) for controlled patient, 10% 11%, 10%, 43%, 26% for partially controlled patient and 50%, 11%, 14%, 21% for uncontrolled patient respectively.

**CONCLUSIONS:** The direct cost of asthma in Turkey increased depending the disease severity level among different spectrum of item distributions. To increase the utility and effectiveness of health care system, the findings of this evaluation may guide to construct future policies.

**PRS31**

**THE MEDICAL COSTS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN SOUTH KOREA**

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**OBJECTIVES:** The aim of this study is to investigate the medical costs of COPD patients in South Korea.

**METHODS:** We enrolled 300 COPD patients who had been treated and followed up for more than one year in the three hospitals from 2012 to 2013. The hospital electronic database was used to obtain medical costs and the medical records were reviewed by physicians (respiratory specialists) to assess clinical characteristics. We calculated annual maintenance costs per patient according to disease severity except the costs which were related to COPD exacerbation. The costs of COPD exacerbation per-case was calculated and divided into severe-exacerbation (hospitalization and emergency visit) costs and non-severe-exacerbation (outpatient visit) costs. Results: The annual maintenance costs per-patient were RR235,406, RR518,769, and RR781,737 for moderate-risk, moderate-risk, and high-risk patients; with 60%-80% of patients with CAP hospitalized and the estimated number of CAP patients of age 50 and older in Turkey was 3,448,423 (~$1.3 billion), the national estimates of cost of CAP in senior adults was $12.4 million. Employed patients comprise 12% and 18% among the inpatient and outpatient cases, respectively. The average reimbursement rate from each cohort, with well-balanced baseline characteristics. COPD patients had a higher proportion of controls than the matched patients. The cost of adult asthma in Turkey is very high and it significantly depends on asthma control level.

**RESULTS:** The clinical pathway for asthma was determined according to payer perspective. The costs covered were physician visits, hospitalizations, diagnostic tests, medicine and comorbid disease.

**RESULTS:** The annual maintenance costs per patient were RR2,000 ($65) for controlled patient, 10% 11%, 10%, 43%, 26% for partially controlled patient and 50%, 11%, 14%, 21% for uncontrolled patient respectively.

**CONCLUSIONS:** The severity of disease and exacerbation of COPD have a substantial impact on the medical costs of COPD patients. Improvement of lung function and reduction of occurrence of COPD exacerbation will be beneficial for the reduction of the health care expenditures.

**PRS32**

**THE DIRECT COST OF ASTHMA IN TURKEY**

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**OBJECTIVES:** Asthma is one of the most common chronic illnesses in Turkey, yet there are limited studies on cost of asthma in our country. In addition they were based on a central database and weight of data. The aim of this study was estimating the nationwide cost of managing asthma and examining its variability depending on asthma control level.

**METHODS:** The clinical pathway for asthma was determined from the literature. Part of the data was collected from the expert’s clinical view. To calculate the direct costs, the medical management of adult asthma was estimated using ‘cost-of-illness’ methodology for one year per patient. The objective of this study was to determine the cost and length of stay (LOS) of a PAH-related hospitalization likely related to disease worsening in Belgium. Methods: A retrospective chart review in a central Russian region of Tver for samples of 900 patients treated in inpatient and outpatient settings, and extrapolated data nationally. All patients were 50 years old and older in Tver 3,249, the annual cost of CAP to payer is RR53,448,423 (~$1.7 million); the cost of episode for low-risk patients was RR1737 ($55), and for moderate-risk RR2378 ($75) for all ages. Average reimbursement rate was RR2,000 ($65) for payment patient was RR6,885 ($217), and the annual cost of CAP in Russia was RR351,448,423 (~$1.2 billion). The national estimates of cost of CAP in senior adults was $12.4 million. Employed patients comprise 12% and 18% among the inpatient and outpatient cases, respectively. The average reimbursement rate from each cohort, with well-balanced baseline characteristics. COPD patients had a higher proportion of controls than the matched patients. The cost of adult asthma in Turkey is very high and it significantly depends on asthma control level.

**RESULTS:** The clinical pathway for asthma was determined according to payer perspective. The costs covered were physician visits, hospitalizations, diagnostic tests, medicine and comorbid disease.

**RESULTS:** The annual maintenance costs per patient were RR2,000 ($65) for controlled patient, 10% 11%, 10%, 43%, 26% for partially controlled patient and 50%, 11%, 14%, 21% for uncontrolled patient respectively.

**CONCLUSIONS:** The severity of disease and exacerbation of COPD have a substantial impact on the medical costs of COPD patients. Improvement of lung function and reduction of occurrence of COPD exacerbation will be beneficial for the reduction of the health care expenditures.

**PRS33**

**ECONOMIC BURDEN IN DIRECT COSTS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN RUSSIA**

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**OBJECTIVES:** COPD is one of the leading causes of morbidity and mortality worldwide and has a major burden on Russian’s health care system. It’s lead to frequent use of health care resources. The main aim of this study was to describe the direct costs of management of COPD patients with different disease severity.

**METHODS:** The methodology for cost of illness analysis was based on a previous Russian study (Arkseyeneva M.V. et al., 2010). One-year costs were identified by assigning unit costs to medical and non-medical care. Medical costs were adjusted to 2007. In this study were performed 2 variants of COPD costs. In 1st variant were used epidemiological data from 2007 and medical resources costs from 2014. In 2nd variant were used extrapolated epidemiological data and medical resources costs from 2014. Due to lack of actual data in this study was modeled situation – from 2007 to 2012 the overall incidence of adult increased by 12.5%. Medical resources included hospital stays, outpatient visits and ambulance service.

**RESULTS:** The mean annual overall direct health care cost for 1st variant was estimated to be $5.4 billion rubles ($0.1 billion). The