2 were the largest (range of the means: 36.2-40.0 for the public vs. 34.5-41.5 for professionals; between 2 and 3, 15.4-17.0 vs. 15.7-19.3; between 3 and 4, 16.4-17.9 vs. 16.8-19.9; between 4 and 5, 27.2-30.0 vs. 25.5-28.9). ***Conclusions:*** Most partial value functions displayed non-linearities and were similar in shape, indicating that the scoring scale of the EVIDEM should not automatically be used as interval scales. Scores need to be adjusted by their partial value functions before calculating the aggregate score.

PNS188
ANALYSIS OF MARKET ACCESS AGREEMENTS IN TURKEY

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Objectives: Reimbursement agencies are increasingly adopting innovative reimbursement approaches for new and expensive technologies. Social Security Institution(SGK), Turkey`s reimbursement agency has been established the Alternative Reimbursement Commission(AGOK) on 10 February 2016. After the implementationt, SGK announced several market access agreements decisions. The aim of study is to understand implementations of market access agreements for recent years in Turkey. ***Methods:*** Decisions of the Health Services Pricing Commision published in the Official Gazette between 10.02.2016 - 01.02.2019, Turkey Pharmaceuticals and Medical Devices Agency dated 01.02.2019 Abroad Drug List, Health Implementation Communique published by Social Security Institution with additional lists Annex-4A List of Reimbursed Medicines and Annex-4C Abroad Drug Price List were used. Data has been transferred to Windows Office Excel and conducted descriptive analysis which was evaluated by 2 market access experts. ***Results:*** There are 57 drugs included in the coverage of reimbursement with Alternative Reimbursement since the application was started from February 2016 up to February 2019 in Turkey. 35 and 22 of them were added to the Annex-4A and Annex-4C, respectively. 45.6% of the drugs have ATC code of L-Antineoplastic and Immunomodulating Agents, 28% are orphan drugs. 44% have confidential discount rate. In additional, financial-based agreement models are preferred nearly for all agreements. ***Conclusions:*** Turkey has been implemented market access agreements in beginning of 2016. In the past 3 years, 57 drugs have been covered reimbursement under the new implementation. It is needed to conduct further analysis for understanding the decision making process of market access agreements in Turkey.

NO Specific Disease - Health Service Delivery & Process of Care

PNS190
BUSINESS MODELS SUPPORTING THE INTEGRATION OF POINT-OF-CARE TESTING AT THE GENERAL PRACTICE: A COMPARISON OF ENGLAND AND THE NETHERLANDS

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Objectives: To comprehend what is necessary for the integration of point-of-care tests (POCTs) in primary care, an overview of the actors involved in the core aspects of healthcare operations, , is required. Such an overview, or business model (BM), has been published for the Netherlands, where POCTs are frequently used. However, a BM is currently lacking for England, where POCT use is limited. This paper therefore aims to identify the BM applying to POCT integration at general practices (GPs) in England, and to compare it with the existing Dutch BM. ***Methods:*** A literature review was performed to describe the BM, including the key actors involved in the daily management of general practices as well as all stakeholders involved in promoting and supporting the integration and use of these POCTs. Interviews with stakeholders will be conducted to map the current care delivery process in general practices in England. After each interview, the BM will be updated based on the individual participant's responses. Follow-up interviews with all participating stakeholders will be conducted for in-depth validation. ***Results:*** The process of POCT integration in England can be considered complex owing to the large number of different stakeholders involved in POCT as compared with the Dutch healthcare system. This complexity may contribute to the lack of understanding amongst stakeholders of who is responsible for the integration of innovation, and thereby explain the limited integration of POCTs. It is anticipated that more about these barriers will be learned during the validation interviews. ***Conclusions:*** The successful integration of POCTs demands transformation of diagnostic services across healthcare organizations. The identification of England's BM will potentially help with improving POCT integration by providing an overview of the organizations that play a role in this integration and those that could be affected by it. Validation of the BM using interviews with stakeholders is required.

PNS191
IMPLEMENTATION OF A NEW MODEL OF THE NURSING CARE MANAGEMENT IN THE REPUBLIC OF KAZAKHSTAN: POLICY BRIEF

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Objectives: Nurses play a key role in the health system. The total number of nurses in Kazakhstan is 105,441 people (January 1, 2019), which is over 40% of all health workers in the health system of Kazakhstan. The continuing problem of insufficiently effective nursing care (NC) in the country prompted us to develop policy options to increase the NC effectiveness . ***Methods:*** We formed an expert group and a steering committee from representatives of key stakeholders (Ministry, research centers and professional associations). Expert group identified the problem, assessed the effectiveness of previous steps taken to solve the problem, developed a problem tree. The next step was to conduct a search for evidence (the results of more than 60 sistematic reviews, meta-analysis) and their evaluation (using the AMSTAR tool and the SURE checklist). Then we identified policy options and assessed the possibility and barriers of their implementation based on a synthesis of the obtained evidences. ***Results:*** We were developed the Policy Brief on the issues of implementation of a new model of the NC management. As the key policy options, we proposed: 1. Improving the NC management in health organizations based on a revision of the role of nursing staff in the treatment and diagnostic process; 2. Improving the sectoral qualifications system of nursing specialists in accordance with European directives; 3. Ensuring the development of evidence-based nursing practices with the implementation of generally accepted international standards and models, the development of national guidelines and standards for NC. ***Conclusions:*** The proposed measures found support from the Ministry of Health and were included in the action plans. Each of these policy options contributes to increasing the effectiveness of NC in the health system of Kazakhstan, but these options provide more substantial achievement of the goal of enhancing the role and status of a nurse with their combined implementation.

PNS192
ASSESSING FACTORS ASSOCIATED WITH CATASTROPHIC HEALTH CARE PAYMENTS IN A WEST AFRICAN COUNTRY, CÔTE D'IVOIRE

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Objectives: Households experience catastrophic health expenditures (CHE) that threaten their well-being as a result of the use of health services due to high direct payments at the point of service in low- and middle-income countries. This study identifed the determinants of catastrophic health expenditure in household based in Côte d'Ivoire. ***Methods:*** Data are based on the cross-sectional survey on household living standards (ENV 2015) conducted from January 23 to March 25, 2015 by the *National Institute of Statistics of Côte d'Ivoire*. A total of 12,899 households and 47,635 individuals formed the sample. We considered households incurred CHE if their total out of pocket health cost exceeded 40% of their non-food expenditure. We use a logistic regression to identify the determinants of CHE. The final model was adopted following a top-down approach. The likelihood ratio helped to select the variables in the final model, and Hosmer and Lemshow's test validated the model. All analyses were conducted using Stata 12.0. ***Results:*** The occurrence of CHE in our sample was estimated at 1.4%. After covariate adjustment, factors increasing these CHE were the existence of chronic disease in the household (ORs: 1.95, $CI_{95\%}$: 1.33-2.86) and belonging to a poor household with people over 65 years of age (OR: 1.42, $CI_{95\%}$: 1.05-1.90). Households with more commodities (OR: 0.09, $CI_{95\%}$: 0.03-0.28 with at least three commodities) and those with health insurance (OR: 0.29, $CI_{95\%}$: 0.09-0.88) experienced fewer CHE. ***Conclusions:*** This study has highlighted predictors of CHE that could serve as a driving force for action against social inequalities of health access. The low incidence of catastrophic payments noted in our study suggests that people are not getting (and are not paying) for the care they need. The development of social policy targeting vulnerable groups may reduce the burden of CHE.

PNS196
EXPERIENCES WITH SUPPLEMENTARY HEALTH INSURANCE POLICIES IN HUNGARY AND OTHER EUROPEAN COUNTRIES

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Objectives: The basic financing problems of social security have been clearly observed since the beginning of the 2000s years. Although there have been and there are reform paths, because of the specialities of the social security system new approaches should be searched in order to supply all the strata of society on the basis of the principle of solidarity. The aim of our study is to reveal the way on which supplementary health insurances and welfare funds relieve the burdens of health care system, furthermore, whether the effects of operation of them can be detected in the budget of health care system. ***Methods:*** We obtained data through an online questionnaire survey applying total 189 assessable questionnaires in November and December 2018 in Hungary. Furthermore, we analysed national and international data registered by OECD, Eurostat, the Central Bank of Hungary and the Hungarian Central Statistical Office. ***Results:*** Supplementary health insurances keep gaining new segments in the fields of prevention and health care. It can be seen that the person who has a supplementary health insurance and makes use of preventive services will take medical examinations and hospital treatments financed by the health insurance funds less times (p=0.001). The fact of having a welfare fund