number of outpatient visits was 4,423,451 before and 4,258,894 after the withdrawal of visit fee. Both represent a 3.7% decrease in the number of outpatient visits. CONCLUSIONS: The withdrawal of visit fee in the Hungarian outpatient care resulted in a significant decrease of outpatient visits on a short term. The reason of this contradictory result can be that other elements of the health care reforms could also influenced the number of outpatient visits. For example the scare health care budget can be another limitation towards patient visits. Further investigation is needed to clarify the long-term effect of visit fee withdrawal.

HEALTH CARE USE & POLICY STUDIES – Formulary Development

EVALUATING COST/EQUITY IN THE COLOMBIAN HEALTH SYSTEM, 1998–2005
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OBJECTIVES: An economic analysis of cost-equity (from society’s viewpoint) for evaluating the impact of Law 100/93 in Colombia between 1998 and 2005. METHODS: An economic analysis compared costs and equity in health in Colombia between 1998 and 2003. Data was taken from the Colombian Statistics Administrations on Department (Departamento Administrativo Nacional de Estadística – DANE) and from national demographic and health surveys carried out in 2000 and 2005. Information regarding costs was taken from the National Health Accounts System. Inequity in Health was considered in line with the Inequity in Health Index (IHII). Incremental and average cost-effectiveness analysis covered three time periods: 1998–1999 (during which time per capita gross internal product became reduced in Colombia), 2000–2001 (during which time total health expense became reduced) and 2001–2005. RESULTS: An unstable tendency for inequity in health becoming reduced during the period was revealed. Total and inverse relationship between IHII and public health equity and a direct relationship between out-of-pocket spending on health and equity in health (Spearman, p < 0.05). The second period had the best incremental cost-equity ratio. CONCLUSIONS: Fluctuations in IHII and marginal cost-equity during the periods being analysed suggested that health spending and equity in health in Colombia were related during the period being studied.

POCKET EXPENSES IN HEALTH IN COLOMBIA PER INCOME, 1997–2003
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OBJECTIVES: To describe pocket expenditures in health trends in people with different socioeconomic positions, in Colombia, in 1997 and 2003. METHODS: Data about total pocket expenditures in the period were taken from Health National Accounts. Data about pocket expenditures were taken from Household Survey, 1997 and Quality of Life Survey, 2003. A description of proportion of households with pocket expenditures in health overstate by income and the highest pocket expenditures in health in households from the highest socioeconomic households, to pay hospitalization and vaccines. As a proportion of their incomes, households from the lowest stratum pay more than households from the highest stratum for getting drugs, medical and dentistry consultation, expenditure that fluctuates between 0.9% and 7.7% of their incomes related with the kind of attention paid. In 2003, individuals from the first incomes decile spent 24% of their incomes whilst individuals from the 10th decile spent 7% of their incomes, to get all kind of specific attentions in health. The pocket expenditure as a proportion of their incomes, was 5 times higher for 1st decile individuals than for 10th decile’s, in the four main metropolitan areas. CONCLUSIONS: Pocket expenditure differences are evident between people categorised by socioeconomic position, being higher for the poorest people. Health Reforms’ impact on Pocket expenditures in health in Colombia hasn’t been the same for all people, and probably it has benefitted more to subjects with better socioeconomic position.

WILLINGNESS TO PAY FOR PHARMACIST’S DISPENSING SERVICE: A CROSS SECTIONAL PILOT STUDY IN THE STATE OF PENANG, MALAYSIA
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OBJECTIVES: Dispensing is an important pharmacist’s role but in some countries the role is still played by physician. The perceived negative society benefit is seen as the main reason for the government reluctance in implementing the separation in Malaysia. This pilot study aims to assess the society value of pharmacist dispensing service using the contingent valuation technique in the State of Penang, Malaysia. METHODS: Participants were conveniently sampled from malls and were given a self completed questionnaire that collects patients demographic information, and knowledge about pharmacies dispensing service. Then, they were presented with a description of the pharmacist’s dispensing service, the risk of medication error in prescription and its consequences, and the risk reduction of medication error associated with pharmacist intervention. Their willingness to pay (WTP) was later assessed using a contingent valuation interview which asked their likelihood and maximum WTP amount. RESULTS: One hundred members of the public participated, with mean age of 33.86 years (SD = 8.79). Fifty-one percent were women and 46% earned more than MYR1000 per month. Eight percent of the participants have never visited a community pharmacy. Sixty-seven percent of the participants were WTP for pharmacist dispensing service and the median (IQR) amount that participants were WTP for community pharmacist’s dispensing service was MYR10 (8, 16). The amount of WTP was moderately correlated with their knowledge towards community pharmacist’s dispensing services (r = 0.377, p = 0.02). CONCLUSIONS: Generally, the public satisfaction with community pharmacist’s dispensing service can be further improved by educating the public on the role of the pharmacist.