Objectives: The objective of this paper was to examine the performance of 90 public general hospitals of the Greek National Health System (GNHS) in 2010, rank hospitals according to their efficiency and identify potentials for input reductions. Additionally, the aim of the study was to identify best practices regarding procurement policies for pharmaceuticals and other medical goods used by the most efficient hospitals. Methods: Data Envelopment Analysis (DEA) was used for the estimation of efficiency scores. The number of beds, doctors, management and nursing personnel and total hospital expenditures were used as inputs and number of patient admissions, patient days, outpatient visits and surgical interventions as outputs. In order to identify best practices regarding the efficient performance of the leading hospitals, a panel of academic experts and executives of the three top performing hospitals, was used. Results: The results show that only 31% of Greek hospitals are efficient, with a mean efficiency score of 85.5%. Among hospitals with the best efficiency scores (87.2%) there were 39 hospitals that had a public pharmaceutical expenditure. One of the most important key sectors producing public pharmaceutical expenditure. One of the most important key sectors resulting in low penetration in the market. An important strongly emphasized was the introduction of stricter audit and quality control mechanisms. Regarding INN prescribing, stakeholders appeared to be skeptical for both its effectiveness and its viability, as concerns focusing on the maturity of the system, on the consequences for the price of the pharmaceuticals and on the lack of monitoring mechanisms, cannot guarantee its effective implementation. Conclusions: There is general agreement that a generics policy in Greece should aim at lowering prices and higher generic penetration in the market, by introducing incentives for all stakeholders as well as ensuring the quality and variety of generics. The introduction of INN was not clearly deemed as a measure that can assist to achieve the goal of containing pharmaceutical expenditure. The pricing system of generics has now been reformed, leading to lower prices. Further policy measures are needed in the framework of a comprehensive generics policy in order to increase generics consumption.

PHP93 DEVELOPMENT OF BIOSIMILAR MARK IN EU-5 AND USA

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Objectives: Identify differences of biosimilar uptake across the EU big five, France, Italy, Germany, UK, Spain, and USA. Methods: We identified policies and biosimilars market share in volume and value in EU big five: France, Italy, Germany, UK, Spain and USA. We browse websites of EU and national (when applicable) drug agencies, ministries of health, HTA bodies, payers, manufacturers unions etc. We completed our research with literature search and grey reports, as well as Datamonitor reports, IMS data and proprietary pharmaceutic databases. Results: Contrary to EMA, WHO has defined a regulatory pathway for biosimilars. However, when the US Patent Protection and Affordable Care Act 2010 enters into force in 2014, the biosimilars market will be boosted. Today 80% of this market is in EU. While uptake in Spain and UK have started to increase, Germany and France account for 70% of the biosimilars market by value in EU with a 36% and 19% share respectively. In UK, biosimilars have had low penetration, and in Italy the market is far behind other countries. Other countries with apparently high sales of biosimilars like Greece are source countries for parallel market. Obviously there is a great demand for the biosimilars market size and the biosimilars ones. The slow uptake versus generics can be explained by the low discount of biosimilar price versus branded products and the uncertainty about the clinical effect. Conclusions: The lack of regulatory pathway in USA makes difficult the launch of biosimilars. However, EU is the experimental field where companies develop their ability to capture this market. Small molecule generics continue representing the main source of cost savings in Europe. Biosimilars represent a huge opportunity for many, UK, Spain and USA. We browsed websites of EU and national (when applicable) drug agencies, ministries of health, HTA bodies, payers, manufacturers unions etc. We completed our research with literature search and grey reports, as well as Datamonitor reports, IMS data and proprietary pharmaceutic databases.

PHP94 DETERMINANTS OF DRUG THERAPY PROBLEMS AMONG MEDICARE PATIENTS RECEIVING PHARMACY SERVICES FROM THE TELEPHONIC MEDICATION THERAPY MANAGEMENT PROGRAM

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Objectives: To examine predictors of drug therapy problems (DTP) among patients who received a telephonic medication therapy management (MTM) program. Methods: Retrospective data was collected from 712 Medicaid patients who received an initial medication therapy review (MTTR) as part of a statewide telephonic MTM program during an 18-month period. Data was extracted from administrative claims files for health care utilization and prescription dispensing information and one medical record file for MTM program information. For analyses, the main outcome variable was the number of pharmacist-identified DTPs during the initial MTTR. Descriptive and multivariate models examined the variables of age, sex, co-morbid conditions, number of inpatient, outpatient, and emergency department (ED) visits, number of total, chronic, and narrow therapeutic index drugs, total medication doses per day, and the number of prescribers and dispensing pharmacies for their relationship with the main outcome. For all medication and service utilization variables, only data from the three months prior to the MTR were included. Results: At least one DTP was identified in 61.1% of patients (per patient mean = 22.1/25) Univariate analyses found that female sex, diagnosis of hyperlipidemia, number of ED visits, number of total and chronic medications, total medication doses per day, and the number of pharmacies where patients had prescriptions filled were significantly (p < 0.05) associated with having more DTPs. In multivariate analyses, female sex, diagnosis of hyperlipidemia, number of ED visits, and number of total and chronic medications remained as significant predictors (p < 0.05) of DTPs. In sensitivity analyses for 10, 20, and 30 DTPs per patient, these variables remained significant predictors in the models except for number of chronic medications. Conclusions: Providers and policymakers planning the implementation of MTM services, particularly for Medicare patients, may benefit from considering these findings in defining targeted populations for service delivery.

PHP95 EFFICIENCY OF GREEK HOSPITALS: BEST PRACTICES OF THREE TOP PERFORMING HOSPITALS

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Objectives: The objective of this paper was to examine the performance of 90 public general hospitals of the Greek National Health System (GNHS) in 2010, rank hospitals according to their efficiency and identify potentials for input reductions. Additionally, the aim of the study was to identify best practices regarding procurement policies for pharmaceuticals and other medical goods used by the most efficient hospitals. Methods: Data Envelopment Analysis (DEA) was used for the estimation of efficiency scores. The number of beds, doctors, management and nursing personnel and total hospital expenditures were used as inputs and number of patient admissions, patient days, outpatient visits and surgical interventions as outputs. In order to identify best practices regarding the efficient performance of the leading hospitals, a panel of academic experts and executives of the three top performing hospitals, was used. Results: The results show that only 31% of Greek hospitals are efficient, with a mean efficiency score of 85.5%. Among hospitals with the best efficiency scores (88.5%) there were 39 hospitals that had a public pharmaceutical expenditure. One of the most important key sectors producing public pharmaceutical expenditure. One of the most important key sectors result in low penetration in the market. An important strongly emphasized was the introduction of stricter audit and quality control mechanisms. Regarding INN prescribing, stakeholders appeared to be skeptical for both its effectiveness and its viability, as concerns focusing on the maturity of the system, on the consequences for the price of the pharmaceuticals and on the lack of monitoring mechanisms, cannot guarantee its effective implementation. Conclusions: There is general agreement that a generics policy in Greece should aim at lowering prices and higher generic penetration in the market, by introducing incentives for all stakeholders as well as ensuring the quality and variety of generics. The introduction of INN was not clearly deemed as a measure that can assist to achieve the goal of containing pharmaceutical expenditure. The pricing system of generics has now been reformed, leading to lower prices. Further policy measures are needed in the framework of a comprehensive generics policy in order to increase generics consumption.