visits toward one or two specialties and otherwise. The medical expenditures, OPD (Rx) and emergency department (ED) visits in CMUH during baseline and implementation periods were examined. The computerized reminding and offered pluralistic IMC services, including integrated, geriatric and pharmaceutical total OPD visits in Taiwan toward CMUH during January 2008 to June 2009 (baseline period: 2006-2007; implementation period: 2008-2009) was of the most interest. The study was a cross-sectional and used responses of caregivers of 23,483 children (age ≤ 17 years) from the National Survey of Children’s Health, 2007. We created a hierarchy of chronic conditions to classify children from our analytic sample in 6 mutually exclusive groups: Autism Spectrum Disorder (ASD), Developmental delay/Learning disability, Attention deficit hyperactivity disorder/behavioral problems, Depres- sion/anxiety, Speech/hearing/vision problems, and Diabetes/asthma. We assessed caregiver well-being in three dimensions: physical health, mental health, and emo- tional stress. Healthcare experiences were measured in two domains: Access (health insurance adequacy and consistency, and unmet healthcare needs), Quality (primary care satisfaction, responses of caregivers to care seeking, and ICER submissions hereafter referred to as IMC) services, and effective care coordination (ECC). All analyses were adjusted for the for the complex survey design, to derive national estimates. Chi- square tests, logistic and multinomial logistic regressions were performed in SAS 9.2. RESULTS: Physical health of caregivers was negatively affected by access to care (unmet needs) and healthcare quality (lack of ECC); and effective care coordination (ECC). Similarly, caregivers reported that they needed more information. CONCLUSIONS: Higher knowl- edge leads to a positive attitude towards herbal medications among pharmacy students indicating that they may recommend such products to patients. Evaluating the role of such recommendations to improve patients health outcomes is the direct goal for the future.

**PHPB1**

**CAREGIVER WELL-BEING AND HEALTH CARE ACCESS AND QUALITY AMONG CHILDREN WITH CHRONIC PHYSICAL AND MENTAL CONDITIONS**

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**OBJECTIVES:** The well-being of caregivers of children with chronic conditions can be influenced by several aspects of their child’s care and their complex healthcare needs. The objective of this study is to examine well-being and experiences of caregivers of children with different chronic conditions. METHODS: The study was cross-sectional and used responses of caregivers of 23,483 children (age ≤ 17 years) from the National Survey of Children’s Health, 2007. We created a hierarchy of chronic conditions to classify children from our analytic sample in 6 mutually exclusive groups: Autism Spectrum Disorder (ASD), Developmental delay/Learning disability, Attention deficit hyperactivity disorder/behavioral problems, Depression/anxiety, Speech/hearing/vision problems, and Diabetes/asthma. We assessed caregiver well-being in three dimensions: physical health, mental health, and emotional stress. Healthcare experiences were measured in two domains: Access (health insurance adequacy and consistency, and unmet healthcare needs), Quality (primary care satisfaction, responses of caregivers to care seeking, and ICER submissions hereafter referred to as IMC) services, and effective care coordination (ECC). All analyses were adjusted for the for the complex survey design, to derive national estimates. Chi-square tests, logistic and multinomial logistic regressions were performed in SAS 9.2. RESULTS: Physical health of caregivers was negatively affected by access to care (unmet needs) and healthcare quality (lack of ECC); and effective care coordination (ECC). Similarly, caregivers reported that they needed more information. CONCLUSIONS: Higher knowledge leads to a positive attitude towards herbal medications among pharmacy students indicating that they may recommend such products to patients. Evaluating the role of such recommendations to improve patients health outcomes is the direct goal for the future.

**PHPB2**

**THE IMPACT OF INTEGRATED MEDICAL CARE SERVICES FOR LOYAL PATIENTS IN A 2000-BED MEDICAL CENTER UNDER TAIWAN’S UNIVERSAL HEALTH INSURANCE PROGRAM**

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**OBJECTIVES:** With very few restrictions on choosing physicians under National Health Insurance (NHI) program in Taiwan, patients could visit outpatient depart- ments (OPD) in a tertiary medical facility to seek the primary care other than secondary care. This study was to examine the impact of Integrated Medical Care (IMC) services in China Medical University Hospital (CMUH), a 2000-bed medical center, in Taiwan. METHODS: Those patients who made more than 50% of their total OPD visits in Taichung toward CMUH during January 2008 to June 2009 (baseline period) were recognized as CMUH loyal patients. They were invited to utilize the offered pluralistic IMC services, including integrated, geriatric and pharmaceutical care clinics, in addition to usual primary and specialty clinics, during December 2008 to December 2010 implementation periods. Those who used both or one of two specialties in CMUH were counted as one of the most interest. The computerized reminder and medication utilization evaluation (MUE) systems were established to facilitate the cooperative-physician-clinician pharmacist medication therapy management model. The medical and medication-related issues were reviewed by prescribers, clinical pharmacist, and the clinical MUE acting as an intermediary. Phar- maceutical expenditure reimbursed by NHI, OPD visits, number of prescribed medication (Rx) and emergency department (ED) visits in CMUH during baseline and implementation periods were examined. RESULTS: Of 11,902 loyal patients, 75% made visits toward one or two specialties and otherwise. The medical expenditures, OPD visits, ED visits reduced 2.4%, 4.8% and 6.3% per person per month, respectively, but the number of Rx increased 0.2%. The differences of the health resources utiliza- tion were reduced from the first to fourth quarter of implementation period. CONCLUSIONS: There were positive outcomes of offering pluralistic IMC services. However, the impact on health outcomes was more significant across time if the IMC services were emphasized more toward those who visited more than three specialists.

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**PHPB3**

**HTA DECISION DRIVERS FOR ACCEPTANCE OF HIGH ICER SUBMISSIONS AND REJECTION OF LOW ICER SUBMISSIONS**

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**OBJECTIVES:** The primary purpose of this study was to investigate how outcomes of high ICER (commonly assumed threshold above £30,000) and rejection of low ICER submissions (commonly assumed threshold below £10,000) were affected by health technology assessment (HTA) differently due to the structure of individual health systems. The study was set out to determine whether there were other notable distinctions between CER and HTA reports, however, were in their scope, breadth, and purpose. CONCLUSIONS: Where like-for-like comparisons were pos- sible, this research found more agreement than disagreement between AHRQ and NICE. The most notable distinctions noted related to the topics chosen for assessment by the agencies, which reflect their priorities in putting time to focus on the second systems.

**PHPB4**

**AHRQ VERSUS NICE: DO THE CONCLUSIONS IN CER REPORTS CORRESPOND TO THE COMPARATIVE EFFECTIVENESS ASSESSMENTS MADE IN HTA REPORTS?**

Almquick E

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**OBJECTIVES:** While non-US agencies such as NICE (National Institute for Health and Clinical Excellence) in the UK have been conducting Health Technology As- sessments (HTAs) for over ten years, Comparative Effectiveness Research (CER) as conducted in the US is relatively recent. The lack of economic considerations is one well-documented distinction between CER and HTA. The aim of this study is to compare CER publications from AHRQ (Agency for Healthcare Research and Quality) with HTA-related publications from NICE to determine whether there are other consistent, clear distinctions of note. METHODS: All 22 AHRQ CER publications published on the National Institutes of Health website were assessed. Conclusions relating to the comparative effectiveness of pharmaceuticals on major clinical out- comes were compiled. The NICE website was searched for corresponding HTA guidance, and conclusions and other features of the publications were compared. RESULTS: Of the 14 AHRQ/CER publications that assessed pharmaceuticals, for only one of these were there corresponding NICE HTAs. The CER publication on Rheu- matoid Arthritis and Psoriatic Arthritis corresponded to two NICE HTAs, which were both in general agreement with the CER report. In contrast, the conclusion from the CER publication on Lipid-Modifying Agents stated that there was insuffi- cient clinical evidence to guide decisions, whereas NICE was confident enough in the evidence to make a subsequent access decision. In its Clinical Guideline (CG) documents NICE also provided statements relevant to three other AHRQ/CER reports that were not included with the AHRQ report. This research has found most notable distinctions between CER and HTA reports, however, were in their scope, breadth, and purpose. CONCLUSIONS: Where like-for-like comparisons were pos- sible, this research found more agreement than disagreement between AHRQ and NICE. The most notable distinctions noted related to the topics chosen for assessment by the agencies, which reflect their priorities in putting time to focus on the second systems.

**PHPB5**

**APPLYING FUZZY MULTIPLE CRITERIA DECISION MAKING TO ESTABLISH A NEW HEALTH TECHNOLOGY ASSESSMENT SYSTEM WITH COVERAGE IMPLICATIONS IN TAIWAN NATIONAL HEALTH INSURANCE**

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**OBJECTIVES:** It became obvious that all countries consider health technology assessment (HTA) differently due to the structure of individual health systems. The objective of this study was to select and establish a new, proper HTA system in Taiwan National Health Insurance. METHODS: A systematic literature review was undertaken to identify relevant papers of each of short tandem polymorphism analysis, positrion emission tomography, photodynamic laser therapy and video-assisted thoracic surgery and then used focus group discussion to select category's