uate higher their satisfaction from price adequacy. CONCLU-
SIONS: The evaluation of users’ satisfaction from medication as well as the determination of the factors affecting it should be incorporated into the third party payers, the pharmaceutical industry and the Greek government decision making.

THE IMPACT OF MEDICARE MANAGED CARE ON USE OF VA PHARMACY SERVICES
Morgan RO1, Hasche J1, Osemene N2, Byrne M1, Sundararavanad R1, Wei L1, Petersen L1, Johnson M1
1Houston Center for Quality of Care and Utilization Studies, Houston, TX, USA; 2Texas Southern University, Houston, TX, USA; 3University of Miami Miller School of Medicine, Miami, FL, USA
OBJECTIVE: Many Medicare enrolled veterans view the Department of Veterans Affairs (VA) as a preferred source of pharmacy services, even when they have access to pharmacy coverage elsewhere. With the implementation of the Medicare pharmacy benefit imminent, the objective of these analyses was to examine how one alternative source of pharmacy service, Medicare managed care (HMO) enrollment, affects the use of VA pharmacy services. METHODS: We combined national calendar year (CY) 2002 Medicare enrollment data for Medicare-enrolled VA users with pharmacy cost records from the VA's national Decision Support System (DSS) files. VA users were identified as a Medicare HMO enrollee if they were enrolled in a Medicare HMO at any time during CY 2002. RESULTS: In CY 2002, 2.3 million Medicare enrolled veterans (5.4% of all Medicare beneficiaries) received medications from the VA, at a total cost of $2.4 billion (68% of all VA pharmacy costs). Across the 127 individual VA medical centers (VAMCs) there was wide variation in the percentage of HMO enrollees among Medicare enrolled pharmacy users (from <1% to >49%) and in the percentage of pharmacy costs associated with their use (from <1% to >41%). HMO enrollees were just as likely as non-enrollees to use VA pharmacy care, although the average annual cost of their care was lower—$847 per year (sd = $1969) versus $1101 ($2794) for non-enrollees (p ≤ 0.0001). CONCLUSIONS: VA users who are enrolled in Medicare HMOs continue to use VA pharmacy services, even through the large majority of them have access to pharmacy coverage through their HMO plans. Although the implementation of the Medicare prescription drug benefit in 2006 is expected to increase access to prescription drugs for Medicare beneficiaries, the VA will likely remain a significant pharmacy provider for Medicare enrolled veterans.

AN INTRODUCTION TO HEALTH TOURISM AND MEDICAL TOURISM
Carrera P, Bridges FP
University of Heidelberg, Heidelberg, Germany
OBJECTIVES: To provide a comprehensive and systematic review of the literature on medical tourism and health tourism, to present a grounded conceptual model for the constructs and to understand their nature and context of use in the field. METHODS: The Medline search for “medical tourism” generated only nine results while the term “health tourism” produced 15 results. The term “tourism” produced 445 entries 177 of which were non-English; all languages were considered in the abstract review. Of the 445 entries, 38 types of tourism and four categories were generated with “well-being” as main reference for the grounded conceptual model. Analysis of the results revealed that an explicit definition for either term is the exception rather than the rule and that the two terms are treated as similar concepts. CONCLUSION: The review of the literature underlined the problem of a severely limited literature and the lack of consensus on definitions and clarity on the conceptual framework. This paper defined health tourism as travel outside one’s local environment for the maintenance, improvement or restoration of the individual’s well-being in mind and body while medical tourism, a subset of the health tourism is travel outside one’s natural health care jurisdiction for the improvement or restoration of the individual’s well-being in mind and body. This overview has presented that as a matter of history, the concept of health tourism and medical tourism is not new.

PRICING POLICIES FOR THE PHARMACEUTICAL MARKET—AN INTERNATIONAL PERSPECTIVE
Ilgin Y, Eisen R
Johann Wolfgang Goethe University, Frankfurt am Main, Germany
OBJECTIVES: Governmental price regulation of drugs has become a popular measure to contain health care spending. The aim is to evaluate the effectiveness of selected demand and supply side measures, keeping in mind crucial factors in this market, for instance the free rider problem and moral hazard. METHODS: To analyze reference price limits on reimbursement a static two class product model is introduced. Besides this measure additionally patents, parallel imports as supply side price regulation and drug budget for physicians and generic drugs as demand side price regulation will be reviewed. RESULTS: By using a sequential price-setting process within the model it can be shown that applying marginal cost pricing for drugs clustered within Phase 1, welfare can be increased. If government sets the reference price equal to the marginal costs welfare can be increased without free riding on the sunk R&D costs of researching pharmaceutical firms because the patent protection has expired. To give a comprehensive evaluation of the other pricing policies the interactions between regulative measures are taken into account. CONCLUSIONS: In the past too many regulative measures to contain health care expenditures have been targeted primarily to supply side measures or to demand side measures. But, regulation that only applies on one side does little to control the rising expenditures. Without simultaneous use of demand side incentives and volume controls, pharmaceutical expenditures probably can not be reduced effectively.

MULTIPLE APPRAISAL OF DRUGS IN THE UK HEALTH CARE SYSTEM
Hutton J1, Pang F2
1United BioSource Corporation, London, UK; 2Abbott Laboratories Ltd, Maidenhead, Berkshire, UK
OBJECTIVES: To review the three national bodies responsible for health technology assessment in the UK: the National Institute for Health and Clinical Excellence (NICE), the Scottish Medicines Consortium (SMC) and the All Wales Medicines Strategy Group (AWMSG); to judge their fitness for purpose; and to assess the value of a multi-layered system. METHODS: The working of the organisations was classified under four headings: objectives and scope; assessment of technologies; the decision process; implementation. The main source of information was the documentation produced by these bodies on their rules,