**PHP7**

**TREND COMPARISON OF THE COLOMBIAN MULTIDIMENSIONAL POVERTY INDEX, INEQUITIES IN MATERNITY MORTALITY, NEONATAL MORTALITY AND GINI COEFFICIENTS: 1997-2011**

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**OBJECTIVES:** To describe trends of the Colombian multidimensional poverty index (MPI)’s against Gini coefficient (GC) and inequities in maternal mortality and neonatal mortality since 1997 to 2011. **METHODS:** An ecological study was performed. MPI and Gini coefficient were obtained from National Statistics Department (DANE)’s databases. The Maternal Mortality Rate and Neonatal Mortality Rate were estimated and standardized by age and sex respectively. The Attributable Fraction (AF) was estimated as the inequity indicator for these two variables. To analyze the trends of risk by geographical expansion and Punishment and behavior among MPI’s Colombian version and health inequities and disparities indicators over time from 1997 until 2011. **RESULTS:** A substantial change was evident in the MPI 51% decrease (1997-2011) and 40%, (2003-2011) decreasing from 0.6 to 0.3, with a 0.9 decrease from 1997-2000 and a 3% increase, rising from 83.4% to 86.2% (2000-2008), and a slight reduction for Neonatal Mortality attributable fraction (NMAF) 1.6% (2000-2008) decreasing from 88.9% to 88.4%. At the same time, GC evidenced a 1% decrease between 2000-2011 decreasing from 0.57 to 0.54. **CONCLUSIONS:** The established MPI for Colombia in the last decade had a descending trend and did not resemble the stationary behavior of the major inequity indicators calculated for the country in the same time span. Consequently, there was an undervalued perception over the issues where affected population were not target of requested interventions. It is therefore important to question the validity of measures used to quantify the poverty MPI’s Colombian version against the environment. A better understanding of health inequity is an important referent to create control and intervention measures.

**PHP7**

**NURSES VERSUS OTHER HEALTH PROFESSIONALS PERCEPTIONS ON QUALITY AND SAFETY CULTURE ELEMENTS IN GREEK HOSPITALS**

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**PHP7**

**PHARMACEUTICAL MARKET ACCESS IN EMERGING MARKETS THROUGH INNOVATIVE PATIENT ACCESS SCHEMES**

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**OBJECTIVES:** Emerging markets are a major priority for pharmaceutical manufacturers, and continue to grow as areas of interest for many firms. However, coverage from 3rd party payers, whether public or private, is often limited, and as a result the patient is the primary payer. Pharmaceutical companies must devise innovative strategies in order to provide access to patients while driving sales. In this study, we aimed to better understand the R&D company thinking on access to care and patient assistance in emerging markets. **METHODS:** We undertook a secondary research horizon scan utilizing public resources to examine a variety of strategies, including innovative patient access schemes in emerging markets. **RESULTS:** Chief among these was the recognition that pharmaceutical companies must take a total strategy, and account a host of factors including country level dynamics, company assets and strategy, and particulars of scheme design.

**PHP7**

**PATIENT ENVOLVEMENT IN REIMBURSEMENT OF DRUGS IN SLOVAKIA**

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**OBJECTIVES:** To define the possible ways of participation of patients in the decision-making processes in order to analyze the current situation in the reimbursement process in Slovakia and to define barriers to the participation. **METHODS:** To identify the relevant literature, a survey was carried out using a search engine to the literature in PubMed 2000-2013. The survey was carried out in the last two years. We obtained 113 articles. **RESULTS:** In total, there were 261 articles, from that 140 were from public, 26 from American, 36 from European and 29 from the other countries. **CONCLUSIONS:** The whole process is too time-consuming and involves participation of the patients (e.g. patient representatives) in the process declined since the last change of legislation from 1.12.2011. Due to the introduction of WTP threshold for ICBR/QALY is also the introduction of innovative drugs more restrictive as before, what makes the possibilities of patient participation in reimbursement process even more important.

**PHP7**

**ADVANTAGES OF EXTEMORPANEOUS DOSAGE FORMS IN UKRAINE**

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**OBJECTIVES:** To describe and to compare the Colombian multidimensional poverty index, inequities in maternal mortality and neonatal mortality since 1997 to 2011. **METHODS:** In 2014, the Irish Department of Health and Children (DoHC) published a report on access to medicines and the role of National Health Service in Ireland. **RESULTS:** Actually the patients can (as the whole public) only view all documents relevant to reimbursement, since they are not a “registered” participant of the process. They are 3 possibilities to comment the process according to relevant legislation: send a written complaint to the MoH, draw up a petition or file a complaint. In the period 2010 – 2011, before the legislation change, the MoH received 318 comments, from that 140 were from public. **CONCLUSIONS:** The whole process is too time-consuming and involves participation of the patients (e.g. patient representatives) in the process declined since the last change of legislation from 1.12.2011. Due to the introduction of WTP threshold for ICBR/QALY is also the introduction of innovative drugs more restrictive as before, what makes the possibilities of patient participation in reimbursement process even more important.

**PHP80**

**TOWARDS UNIVERSAL HEALTH CARE: A REVIEW OF THE BASIC BASKET OF SERVICES ASSOCIATED WITH UNIVERSAL HEALTH CARE DELIVERY MODELS**

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**OBJECTIVES:** In 2014, the Irish Department of Health and Children (DoHC) published a report on access to medicines and the role of National Health Service in Ireland. **METHODS:** Currently there are 27 countries were classified by health care delivery systems according to data available from...
each country’s department of health. Countries were reviewed under a range of headings including: current delivery models in place, institutions responsible for delivery and organisation of reimbursement system, incentive structures in place, basic bundle of health care covered, additional options for coverage, disease-specific resource use and health outcomes, government contribution to cost of health care and health insurance. OBJECTIVES: The purpose of this research was to compare the rare disease strategies across countries dependent upon the Universal delivery model in place. CONCLUSIONS: This review presents characteristics of Universal health care delivery systems across Europe. Basic bundles of health care provision and organisation of reimbursement across Europe have been outlined. This provides further clarity on the characteristics of and variation across Universal health care models.

**PHP81 NATIONAL RARE DISEASE STRATEGIES: THE CURRENT STATE FOR ORPHAN DRUG MARKET ACCESS IN EUROPEAN UNION (EU) MEMBER STATES**

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**OBJECTIVES:** By 2013 all European Union (EU) member states were recommended to elaborate and adopt a national strategy for rare diseases. This study provides insights into the national rare disease strategies, in particular about the status of the programmes, recent developments, and the congruencies and differences between the programmes regarding market access. METHODS: A literature and internet search was performed to identify national strategies for rare diseases published by EU member states and recent orphan drug introductions have been analysed to compare the rare disease strategies. RESULTS: All member states had a variety of approaches already in place before developing a national strategy. France is the only country implementing multiple rare disease policies as the member state with the highest number of marketed orphan drugs. Over the past five years, the majority of member states finalised their national plans with a peak in publications late 2013 and early 2014. A consensus on methods on orphan drug pricing policies is yet to be developed. As member states such as France are introducing restrictive PA policies are yet to be developed. As member states such as France are introducing restrictive PA policies are yet to be developed. As member states such as France are introducing restrictive PA policies are yet to be developed.

**PHP82 MEASURING THE EFFICIENCY OF HUNGARIAN HOSPITALS BY DATA ENVELOPMENT ANALYSIS**

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**OBJECTIVES:** Hospitals are important cost elements of the Hungarian health care system. In the last decade, several hospitals were transformed into hospital bed in Hungary. The aim of our research is to analyse the efficiency of the Hungarian acute inpatient-care system. METHODS: Data derived from the Hungarian nationwide health insurance database was analysed by technical (TE) and scale efficiency (SE) of the Hungarian acute inpatient-care system (2003, 2006, 2010). The number of hospitals included into the study was 133 in 2003, 125 in 2006 and 93 in 2010. We chose four inputs and two outputs: the number of active hospital beds, the number of discharged patients, the number of one- day cases, completed days of nursing (inputs), average length of stay, DRG cost weights (outputs). The method we used for our calculations was Data Envelopment Analysis. RESULTS: In 2003 both the technical and scale efficiency were high (TE: 96.9%, SE: 92.9%). To 2006 the situation deteriorated by some degree (TE: 96.6%, SE: 80.3%). By 2010 technical efficiency still did not show improvement (TE: 94.0%), but scale efficiency increased (SE: 88.2%). Usually the hospitals with higher number of beds are more efficient than the smaller units. CONCLUSIONS: The effects of the performance volume limit did not improve the two values; however, the capacity decrease of 2007 did improved the scale efficiency to some extent. The Hungarian health care system needs to reduce the numbers of hospitals and rethink their functions, but needs to improve the size of them.

**HEALTH CARE USE & POLICY STUDIES – Formulary Development**

**PHP83 EXPERIENCES WITH PRICE COMPETITION OF BIOSIMILAR DRUGS IN HUNGARY**

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**OBJECTIVES:** The aim of our study is to analyse the biosimilar bids of the Hungarian National Health Insurance Fund Administration in case of colony-stimulating factor and erythropoietin products. METHODS: Data derived from the nationwide pharmacovigilance database of Hungarian National Health Insurance Fund Administration. We analysed how the number of patients treated by colony-stimulating factor and erythropoietin products changed before (01.07.2011 - 30.06.2012) and after 01.07.2012 when the biosimilar bid period began in March 2012 in Hungary. RESULTS: In the 12 months before biosimilar bid 4167 patients received erythropoietin treatment, while in the first 12 months after the bid 3647 patients, representing a decline of a 12.5% decline. In the 12 months before biosimilar bid 1397 patients received colony-stimulating factor treatment, while in the first 12 months after the bid 13352 patients, resulting in a 4.5% decline. CONCLUSIONS: The analyses of the Hungarian price competition bid of biosimilar products showed a minimal decline in the use of erythropoietin, while colony-stimulating factor use was significantly decreased.

**PHP84 IMPACT OF PRIOR AUTHORIZATION RESTRICTIONS ON RESOURCE UTILIZATION AND COSTS IN US HEALTH PLANS: A REVIEW OF LITERATURE**

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**OBJECTIVE:** Prior authorization (PA) restrictions have been implemented by US health plans to encourage appropriate utilization and control costs. A review of published peer-reviewed literature was conducted to evaluate the impact of such PA restrictions on resource utilization and costs. METHODS: A targeted review of literature was conducted in Medline from 2009 onwards using relevant keywords, “impact”, “economic”. Review articles, non-English language studies, non-US studies, and studies evaluating the effectiveness of formulary policies of which PA may be a component were excluded. Impact of PA policies on health care utilization and costs was qualitatively assessed. RESULTS: Fourteen studies were identified which met our inclusion criteria. Majority (57%) of the studies were conducted on Medicaid plans (Medicaid: 8, commercial: 4, Medicare: 1, not clear: 3). Majority (57%) of studies evaluated the impact of mental health medications (anti-convulsants, anti-depressants, anti-psychotics, antipsychotics), two studies were conducted on anti-diabetics, one on a multiple sclerosis drug, one for a lipid-lowering drug, one on an anti-arrhythmic and one on a vaccine. Four studies were industry-sponsored. 12 studies were retrospective data analyses and only 2 studies were decision-analytic models. Overall, the trend showed that PA restrictions were effective in reducing pharmacy and health care use, but few studies also raised concerns on patient safety and quality of care outcomes due to PA policies.

**PHP85 DO NICE Decisions AFFECT Decisions IN OTHER COUNTRIES?**

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**OBJECTIVES:** The objective is to test the hypothesis whether NICE recommendations on the use of a new drug affect recommendations from other bodies in countries outside England and Wales. To our knowledge, this is the “use” attempt to approach this topic quantitatively. Therefore, a sub-objective is to determine the feasibility of gathering a high quality database with sufficient number of observations to test our hypothesis. METHODS: A basket of 29 drug/indication pairs and a group of 51 countries were included (Australia, Canada, Denmark, France, Italy, Korea, Netherlands, New Zealand, Portugal, Spain, Bosnia, Ecuador, Egypt and Ghana). Information regarding NICE HTA recommendations was extracted from NICE’s website. However, an online survey of opinion leaders was carried out to collect information regarding the HTA decision in 10 countries. For the remaining five countries, we used the information from their official webpages. A descriptive analysis was conducted, including an examination of the position of the decision of NICE in comparison with the HTA agencies in the timeline of decision making about the 29 medicines. RESULTS: There is a lack of comparability between the publically available information. The findings suggest that the position of the opinion leader of a NICE appraisal is higher of probability that the medicine is undertaken for the same drug in other countries. Furthermore, when NICE has published a negative decision, the tendency of not recommending the drug by another HTA body is much larger after than before NICE’s decision. CONCLUSIONS: Issues encountered in the collection of information made it difficult to quantify the effect of NICE recommendations on HTA decisions in other countries. The results suggest that the selected agencies are considering NICE decisions as a factor for rejecting or restricting the use of drugs in which in other case would be recommended or reimbursed.

**HEALTH CARE USE & POLICY STUDIES – Health Care Costs & Management**

**PHP87 COMPLICATIONS, COSTS AND RESOURCE UTILIZATION IN REAL-WORLD COMPLEX ABDOMINAL WALL RECONSTRUCTION PATIENTS**

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**OBJECTIVES:** Little information is available on complication-related resource utilization and costs in patients undergoing complex abdominal wall reconstructions. Under pay-for-performance requirements financial decision-makers need better information about related healthcare resource consumption and total costs. A targeted review of literature was conducted to evaluate the impact of such PA restrictions on resource utilization and costs. METHODS: A cohort of patients with complex abdominal wall reconstructions during inpatient stays between 1/2008 and 6/30/11 (index event) were followed for 12 months. Related complications, returns for facility-based care and related costs were evaluated for 30-60-90-365 days after discharge. Insurance claims from the Truven Health