lated trials with true values of incremental costs and effectiveness equal to the prior means. RESULTS: Results indicated that EVSI increases slightly according to the prior ICER, probability of cost-effectiveness and the approval function. In general, when the prior ICER is close to the WTP threshold and the chance of approval is greater than the probability of cost-effectiveness at the threshold, EVSI is negative. When increasing the approval function, the EVSI becomes a monotonically increasing function to the ICER (thus the policy maker being more critical on ICER value), EVSI is more likely to be positive. CONCLUSIONS: Value of information analysis could be useful from the perspective of improving the predictive power, but results in the parameter space, characterizing the probability of acceptance function. Further research is recommended to quantify the probability of acceptance of a new technology according to cost-effectiveness results. The framework described here should be extended to allow for decisions of coverage with evidence development (CED).

PHP229
ETHICAL REQUIREMENTS FOR THE CONDUCT OF DRUG UTILISATION STUDIES INVOLVING AD HOC DATA COLLECTION: AN INTERNATIONAL CROSS-SECTIONAL SURVEY
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OBJECTIVES: Drug utilisation studies (DUS) are increasingly requested by regulatory authorities and payers to evaluate the benefit-risk of drugs in real-life. DUS usually aim at evaluating off-label use, presence of contra-indicated concomitant drugs or comorbidity, appropriate monitoring, amongst others. In countries where no claims databases are available, such DUS involve review of medical charts or pharmacy records. However, the ethical requirements pertaining to the conduct of DUS involving ad hoc data collection appears to be heterogeneous across countries and settings. The present study aims at defining the ethical and legal requirements applicable, within ICH countries, for the conduct of DUS in hospital and ambulatory care settings. METHODS: Three strategies were used: (i) a review of existing legislative sources in the countries of interest; (ii) a review of the literature on DUS; (iii) a survey sent to 125 ethics committees and/or key informants including case studies considering different types of data collection methods, study populations and care settings. RESULTS: The high level of trust and knowledge of local legislators on cross-border legislation is worldwide. Indeed, the ethical policies at the level of institutions are heterogeneous. Results from the survey revealed that most of the time, a site-specific ethics approval is required for DUS involving ad hoc data collection and that legislation related to data protection vary between countries. In addition, depending on the characteristics of the DUS, such requirements may differ. However, results also highlighted that, due to the lack of existing guidelines, most ethics committees refereed to Declaration of Helsinki regarding the ethical requirements applicable for DUS which suggests opportunities for harmonization. CONCLUSIONS: The lack of consensus in the legislative and ethical framework for DUS across different countries highlights the operational challenges for the implementation of such studies, especially those involving multiple countries.

PHP230
A FITURE OF PRIVATE HEALTH INSURANCE POLICYHOLDERS IN ITALY
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OBJECTIVES: In Italy, the National Health System (SSN) provides full access to essential healthcare services to all citizens. Nonetheless, in 2013 each Italian citizen paid about 508.70 euros as Out Of Pocket payments for healthcare services. The present study aims to evaluate the ethical and legal requirements pertaining to the conduct of DUS involving ad hoc data collection and that legislation related to data protection vary between countries. In addition, depending on the characteristics of the DUS, such requirements may differ. However, results also highlighted that, due to the lack of existing guidelines, most ethics committees refereed to Declaration of Helsinki regarding the ethical requirements applicable for DUS which suggests opportunities for harmonization. CONCLUSIONS: The lack of consensus in the legislative and ethical framework for DUS across different countries highlights the operational challenges for the implementation of such studies, especially those involving multiple countries.

PHP231
BUILDING A BRIDGE BETWEEN CLINICAL EVIDENCE RESEARCH AND PATIENT PREFERENCE RESEARCH
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OBJECTIVES: Although there is much experience with using clinical evidence for healthcare decision making and patient research is becoming more prominent, there is limited experience in forming two-way integrative framework. The aim of this study is to show using two case studies how patient preferences can be used to weigh clinical evidence into a probabilistic multi criteria framework, and to identify remaining methodological obstacles.

The first case study compares three hypothetical antidepressants and placebo for the treatment of severe depression (HAART) for HIV-positive persons on four criteria. Preferences from patients and/or clinicians were derived from previous preference studies and clinical evidence was obtained from clinical trials. Univariate and multivariate probability distributions for the preferences and clinical evidence were combined using Monte Carlo simulation methods. The main model outcomes were treatment value distributions. Decision uncertainty was estimated with the probability of rank reversals for the top two treatments. In the antipsychotic case, there seemed to be more decision uncertainty for clinicians (49%) than for patients (27%), and the decision uncertainty depended more on uncertainty in the clinical evidence (difference 23%). The decision uncertainty among patients in the HAART case was higher (64%) and depended slightly more on uncertainty in preferences (difference 3%). CONCLUSIONS: This study shows how elicited patient preferences can be formally used to weigh clinical evidence in a framework that explicitly considers uncertainty. The model can help increase insight into the decision and point to critical uncertainties in the evidence. Further work is required on integrating heterogeneity in preferences and clinical evidence, on quantifying decision uncertainty with value of information metrics, and on homogenizing evidence collection methods for the use in integration models.

PHP232
A LITERATURE STUDY ABOUT UTILIZATION OF ORIENTAL MEDICAL SERVICES
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OBJECTIVES: This study aimed to summarize and analyze the utilization of oriental medical services in Korea. METHODS: We searched studies on the utilization of oriental medical services over the past 10 years (2001-2013) from 3 Korean databases (National Assembly Library, Research Information System Service, and National Medical Journal). The reviewers also conducted a summarizing analysis by sampling the literature according to the type of study, study period, region, study subjects, sample size, type of sampling, research method, data analysis, and other literature criteria. RESULTS: The survey included 22 studies. The most common types of literature are surveys and information on the utilization of oriental medical services. We found that women, elderly patients, and patients with low education levels and those with musculoskeletal and cerebrovascular diseases preferred to use oriental medical services. Other variables related to the trust and kindness of staff and positive perceptions of the treatment effect were found to be important determinants for utilizing oriental medical services. CONCLUSIONS: The utilization of oriental medical services would be related with their lifestyle, diagnoses, socioeconomic levels and diseases. Also to confirm the reasons for patients to choose oriental medical services, further studies should be conducted using the highest methodological standards.

PHP233
AN ECONOMIC ANALYSIS OF INFORMAL CARE PROVISION IN IRELAND
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OBJECTIVES: This study aims to investigate the probability of being an informal caregiver in Ireland. Informal care is a key issue when considering challenges associated with the aging population and the delivery of health and social care services in Ireland where there is a high unmet need for care. METHODS: Data from the Quarterly National Household Budget Survey 2009 is employed in this study as it contained a special module on carers (Q3). Two probit regressions are used. The first one is predicting the factors associated with providing more than 15 hours care per week, the second to estimate the predicting the factors associated with providing more than 15 hours care per week. RESULTS: The odds of being a caregiver (versus not being a caregiver) were 4.71 among men and those aged 65+, 8.51 among women and those aged 65+, and 11.82 among primary school-educated compared to those who are married the probability of being a caregiver was statistically significantly lower for those who are single, separated or widowed. Those in the Midwest and Midwest of the country are significantly less likely to be carers than those in Dublin being male and under 65 had lower the probability of providing more than 15 hrs of care. While the carer is living with a dependent; is in fair/bad health, are economically inactive and living in the South of Ireland increases the probability of providing more care. CONCLUSIONS: Informal carers play a vital role in enabling sick, disabled and elderly people to live independent lives outside formal care institutions and yet remain largely overlooked in the consideration of health initiatives. The ageing population in Ireland is likely to have important effects on the demand for long-term care in the future. It is essential therefore to evaluate factors facilitating or impeding informal care delivery.

PHP234
THE SURVEY OF PHYSICIANS’ SATISFACTION OF IMPLEMENTING INTERVENTIONS FOR CHANGING PRESCRIBING BEHAVIOR TOWARD RATIONAL MEDICATION USE-2014
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OBJECTIVES: Many countries including Iran have used “audit and feedback (A&F)” and “point of sale” (POs) interventions to improve physicians’ drug prescribing behavior. In addition, several trials have shown low to moderate effects of the two interventions. Nevertheless, few studies have assessed physicians’ satisfaction with the interventions. The second aim of this cross-sectional survey was which was carried out in Tehran and Mashhad (two biggest cities), Iran in 2014. 181 general physicians, pediatricians and infectious disease specialists were involved in the study. Results: The most common intervention for providing more care was the second case study compares three hypothetical antidepressants and placebo for the treatment of severe depression with evidence development (CED). The aim of this study is to show using two case studies how patient preferences can be used to weigh clinical evidence into a probabilistic multi criteria framework, and to identify remaining methodological obstacles. METHODS: The first case study compares three hypothetical antidepressants and placebo for the treatment of severe depression (HAART) for HIV-positive persons on four criteria. Preferences from patients and/or clinicians were derived from previous preference studies and clinical evidence was obtained from clinical trials. Univariate and multivariate probability distributions for the preferences and clinical evidence were combined using Monte Carlo simulation methods. The main model outcomes were treatment value distributions. Decision uncertainty was estimated with the probability of rank reversals for the top two treatments. In the antipsychotic case, there seemed to be more decision uncertainty for clinicians (49%) than for patients (27%), and the decision uncertainty depended more on uncertainty in the clinical evidence (difference 23%). The decision uncertainty among patients in the HAART case was higher (64%) and depended slightly more on uncertainty in preferences (difference 3%). CONCLUSIONS: This study shows how elicited patient preferences can be formally used to weigh clinical evidence in a framework that explicitly considers uncertainty. The model can help increase insight into the decision and point to critical uncertainties in the evidence. Further work is required on integrating heterogeneity in preferences and clinical evidence, on quantifying decision uncertainty with value of information metrics, and on homogenizing evidence collection methods for the use in integration models.

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A&F reports more carefully or frequently that the specialists. CONCLUSIONS: Physicians believed that revising the feedback report’s format could increase its effectiveness. Taking physicians’ opinions into consideration, the researcher concludes that A&F forms have some shortcomings, e.g. the reports do not cover all prescriptions of physicians, do not take into account the patients case-

mix, and might be limited via comparing physicians with non-comparable peers. Appropriately designed FEMS might be an effective strategy to improve prescribing specialty examining gender differences.

PHYS25 TRENDS IN HOSPITAL STANDARDIZED MORTALITY RATIOS IN JAPAN Shinju D, Fushimi K

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OBJECTIVES: The hospital standardized mortality ratio (HSMR) is an indicator that adjusts for hospital mortality rates and is used for case-mix adjustment. The HSMR is mix used as a hospital performance measure. However, trends for the ratio (especially according to degree of severity) have not yet been well analyzed. METHODS: A total of 3 647 693 admissions from 266 hospitals were extracted from a Japanese administrative database. Your research was carried out in two Hungarian counties, Baranya and Zala. We developed a questionnaire and our own questionnaire were used in online form. Only physiotherapists who worked as researchers within Hungarian healthcare system towards foreign employment or from considering to leave the profession we should concentrate on

PHYS26 SURVEY OF THE HUNGARIAN PHYSIOTHERAPISTs’ MIGRATION AND CAREER CHANGING BEHAVIOUR

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OBJECTIVES: An increasing motivation can be experienced among professional workers in the Hungarian healthcare system towards foreign employment or career change. Our goal was to assess Hungarian physiotherapists’ migration and career changing behaviour and understand the underlying factors. METHODS: We made a national survey in Hungary during a period of five months (from April to August, 2014). The questionnaire was sent to the members of the Hungarian Physiotherapists’ Association, attached to the monthly newsletter in online form. We received 215 reply out of the sent 340 questionnaire, the response rate was 63.23%. For data collection the Effort–Reward Imbalance validated questionnaire and our own questionnaire were used in online form. Only physiotherapists who practice in Hungary were included. The data were analyzed by SPSS 20.0 statistics software. The statistical significance level was (p<0.05). Our results suggest that age (p<0.05) and the rate of financial appreciation experienced in the workplace (p<0.01) significantly affects the appearance of migratory thoughts. Those physiotherapists who do not feel themselves financially appreciated are more likely to think about foreign employment or career change (OR=2.8, CI [95%]=18.85 to 161.12). 50.6% of the subjects involved in the study are considering to leave the physiotherapist career (n=109), the most common causes for that are fiscal and moral. Furthermore, the lack of possibilities career advancement (p<0.01), (p<0.001), (p<0.001). CONCLUSIONS: In order to prevent our already highly-qualified colleagues from leaving the country or from considering to leave the profession we should concentrate on increasing the financial and moral appreciation of the profession within the Hungarian healthcare system and also to provide better opportunities for career advancement.

PHYS27 GENDER DIFFERENCES IN PHYSICAL ACTIVITY OF HUNGARIAN ADULTS: AN OBSERVATORY SURVEY


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OBJECTIVE: Low energy balance is the consequence of decrease physical activity in their free-time than men. The aim of our research was to map the Hungarian adult’s vigorous physical activity examining gender differences. METHODS: Data were collected in Summer 2014. The representative (by age and gender) sample consisted of 1059 adults. The research was carried out in two Hungarian counties, Baranya and Zala. We developed a tablet-based survey to examine PA. Using the IPAQ long questionnaire, we examined nutrition habits by the Food Frequency Questionnaire, and gathered anthropometric data with body composition monitors. Data analysis was carried out by SPSS 22.0 for Windows. RESULTS: The sample size of adult participants was 1059 (female(F)=53.1%, male(M)=46.9%), their mean age was 48±17.54 years. The self-rated health index of the low FA group of the adults is significantly lower than medium of high FA groups, especially for women (p=0.024). We found significant difference between the vigorous physical activity (VPA) carried out by men and women as on average men carry out 37.73 minutes more VPA compared to women (meanF=77.97, meanM=40.24 min/week, p<0.001). According to the age groups the VPA level of women after the age of 40 showed stability on a lower level while the reduction of VPA of men is continuous until the age of 60 when gender gap of VPA disappears [p<0.01]. CONCLUSION: Women are less active than men in PA, carrying out significantly less vigorous PA. The results of the observational research confirmed the need for a well-aimed intervention to emphasize PA among women.

PHYS28 TAILORING SPONSOR–PAYER ENGAGEMENT TO FACILITATE EFFECTIVE AND FAIR PATIENT ACCESS

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OBJECTIVE: To understand how best to facilitate effective, early dialogue between pharma and payers by determining payer needs and drivers, facilitating sponsor alignment of market access strategies to meet those needs, and ultimately ensuring patient access to innovative and effective treatments. METHODS: Questionnaires were distributed to 5 pharmaceutical companies to determine their payer engagement strategies, whilst individual interviews were conducted with 5 payer proxies (Spain, Italy, France, UK, Germany) to gather their feedback on current payer engagement practices and suggestions for future working practices with pharma. A decision tree was then constructed to provide a framework detailing the optimal engagement format for specific time points in the product lifecycle, which was subsequently verified by all participants to substantiate its utility in meeting the needs of both parties. RESULTS: Sponsors favored face-to-face ‘advisor–heard’ meetings for payer engagement, whilst payer interviewees cited a neutral reaction towards this type of engagement, preferring more dynamic engagement activities closely tailored to both the individual and their own objectives. Additional payer emphasis was placed on the need for early engagement and incorporation of key variables into clinical trial outcomes. Finally, feedback from both samples suggested an ‘advisory board’ meeting format. CONCLUSIONS: Payers are open to and supportive of alternative modes of engagement with sponsors to promote more effective, early collaboration whereby each parties’ needs drivers and constraints can be understood to ultimately ensure mutual benefit and fair and appropriate patient access.

PHYS29 EXAMINATION OF THE EFFECT OF CLINICAL PRACTICES AMONG NURSING STUDENTS


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OBJECTIVES: Stress appears during the nursing education, that may have negative effect on their performance at school and their psychological and physical well-being. Our aim was to cover the stress and possible factors of stress appearing among nursing students. METHODS: ABPM device in systolic and diastolic blood pressure, heart rate and mean arterial blood pressure. In the present pilot study also measured through 9 days of 30-minute measurements, the first day of the adaptation period. 23 people II. and III. years of nursing students participated voluntarily in the study. Each subject filled out a questionnaire compiled for the collection of demographic data scheme, consumer protection, health assessment exercise asked for it. The mood of the Brunel Mood Scale was used to assess which 32 questions, in which the negative values mean a better mood. An analysis of variance, Student’s t-test, Mann–Whitney test was IBM SPSS 20.0 program (p<0.05). Students averaged daily parameters was carried out calculations. RESULTS: The results show that each of the II. group (p<0.05), and Ill. group (p<0.04) between test days was just the mood worth experiencing significant difference with regard to the physiological parameters that did not materialize. Testing two-sample t-test we looked for significant differences in the II. grade average value and Ill. the annual average values. Only significant differences were obtained for heart rate (p<0.05). CONCLUSION: In this case of such sample physiological parameters does not fully reflect the mood changes during clinical practice. Further, at least 30 days (one month) follow-up studies and the increase of the number of elements are needed to show the physical changes in stress and physiological parameters between groups.

A555

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HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs

PHYS20 ARE MEDICINES GRANTED WITH A CONDITIONAL APPROVAL BY THE EUROPEAN MEDICINES AGENCY GAINING POSITIVE ASSESSMENT BY PAYERS IN FRANCE, GERMANY AND THE UNITED KINGDOM?

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OBJECTIVES: In 2004, the European Medicines Agency (EMA) was granted the ability by assessing the value of and clinical benefit of new medicines in the specific national healthcare systems for reimbursement. The aim of this study was to evaluate whether the conditional approval has any impact on the ability of new medicines to gain reimbursement in France, Germany and the United Kingdom. METHODS: We collected data from a total of 472 medicines granted with a conditional approval by the European Medicines Agency (EMA) and 966 medicines granted with a full approval by the EMA. We used a binary logistic regression model to estimate the probability of gaining reimbursement in each country. RESULTS: The probability of gaining reimbursement in each country for medicines granted with a conditional approval was significantly lower than for medicines granted with a full approval (p<0.05). CONCLUSION: The conditional approval is not a sufficient condition for gaining reimbursement in each country.