the rest of different components ranged from 0.81 to 0.99. All hypothesized correlations with convergent measures were significant (p<0.01), and the MDS SS was discriminated between LT-1K tertiles (F = 24.6, p < 0.001). SS between doctor visits (F = 8.0, p < 0.01) and TBI between illness days (F = 14.9, p < 0.001).

CONCLUSIONS: Consistent with the results found in the United States, the ENSAMPLE MDS was observed to have adequate reproducibility, appropriate convergent validity and to significantly discriminate between known groups outside the United States.

Q3

PSYCHOMETRICS OF THE ACTINIC KERATOSIS RISK QUESTIONNAIRE: A RISK ASSESSMENT INSTRUMENT

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OBJECTIVES: Actinic keratosis is a highly prevalent epidermal neoplasic condition among people in the United States with fair skin and a history of long term UV exposure. A new self-assessment survey-based tool was developed to help people assess their risk of either having or developing actinic keratosis. The objective of this research was to assess detailed psychometrics of the developed survey.

METHODS: A test questionnaire, comprised of 10 items, was initially developed using data obtained from subjects in routine clinical practice and interviews with dermatologists. The instrument was administered along with established and validated skin health assessment instruments (DQI and Skindex-16) to 150 subjects prior to them being given a diagnosis of actinic keratosis by the dermatologist. A total of 75 subjects with a clinical diagnosis of actinic keratosis and 75 age/marital status controls underwent further testing with a sample for the exploratory factor analyses, item response theory analyses, and other psychometric techniques were used to assess the reliability and validity of the Actinic Keratosis Risk Questionnaire (AKRQ).

RESULTS: The AKRQ instrument assessed was refined and the results of the exploratory factor analysis and item response techniques, ultimately limiting the scale to six items. The resulting instrument had good internal consistency (Chronbach alpha = 0.70) and correlations with other validated measures of skin quality of life (rho = 0.596 with the Skindex-16 and rho = 0.429 with the DQI, p<0.01). The sensitivity, specificity, positive and negative predictive values of the AKRQ were found to be 69.3%, 73.3%, 72.7% and 70.5% respectively.

CONCLUSIONS: The AKRQ is a reliable and valid tool which may help patients self-assess their risk of either having or developing actinic keratosis based on their skin health-related behavior and quality of life symptomatology.

Q4

ASSESSING THE VALIDITY AND RELIABILITY OF A PATIENT SATISFACTION SURVEY FOR AN EMPLOYER-SPOONORED MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM

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OBJECTIVES: Patient satisfaction is a critical component of health care performance in all settings including pharmacy-provided services. Our study aimed to assess the validity and reliability of a newly developed survey used to evaluate patient satisfaction with the MTM program provided in an independent pharmacy setting.

METHODS: This exploratory study used a cross-sectional design. The survey was developed using three previous instruments and using input from practicing pharmacists. The instrument consisted of three sections: (1) experience with the pharmacist, pharmacy, and pharmacy services; (2) validity was assessed by a review panel of practicing pharmacists and researchers. Final survey consisted of thirty-four items. A five-point Likert scale (1 = strongly disagree to 5 = strongly agree) was used. Data was collected over a one-year period and analyzed using SPSS v. 17.0. Construct validity was assessed by an exploratory factor analysis using the principal components method and a varimax rotation. Internal consistency reliability was tested using Cronbach’s alpha.

RESULTS: Factor analysis with varimax rotation (n = 171) resulted in five dimensions. Upon assessment, we labeled the factors as Experience and Pharmacy, Experience with the Pharmacist, Experience with the Pharmacy Staff, Satisfaction of Pharmacy Care, and Prescription Promptness. The KMO measure of sampling adequacy was .954. Experience with the pharmacist accounted for 62.86% of the variance with the eigenvalue of 21.373. Cronbach’s alpha.

CONCLUSIONS: Consistent with the results found in the United States, the ENSAMPLE MDS was observed to have adequate reproducibility, appropriate convergent validity and to significantly discriminate between known groups outside the United States.

P10

OBJECTIVES: As Comparative Effectiveness Research (CER) gains a stronger foothold in the US Healthcare system we turn our sights on the market implications of conducting “real-world” studies of the effectiveness and safety of a clinical intervention to guide evidence-based practice. Barriers to assimilation of CER in clinical decision-making may be perceived drug market factors such as coverage, reimbursement, and generic availability. This analysis aims to determine what, if any, changes in prescribing patterns might have been precipitated by the findings of CER studies and examines the possible causes of such changes with respect to different drug efficacy, safety and market factors.

METHODS: We compared drug utilization patterns for drugs included in six Comparative Effectiveness Research (CER) studies—one neuroscience, one diabetes and four cardiovascular—before and after publication. Our analysis separately tracked new and refill prescriptions for the same number of quarterly intervals between the studies and after and before publication of the studies, beginning with Q2 (June) 2011. Drug prescription volumes and average wholesale prices (except where noted) were obtained using SDI Health’s Vector One National Audit. Metrics were compared in the quarters before and after study publication. Statistical significance was determined at p < 0.05. Analyses were performed using Microsoft Excel, two-tailed t-tests. RESULTS: Drugs included in three of the six CER studies—neuroscience, diabetes and cardiovascular—showed significant changes in new, refill or total prescriptions of the drugs studied that were consistent with the published findings (i.e., positive changes following positive findings).

CONCLUSIONS: Factors, in addition to the studies’ findings themselves, that could have contributed to the observations include pricing of the drugs compared in the studies and generic availability. We hypothesize that factors impacting adoption of CER results in clinical practice include the number of patients enrolled and the method of dissemination of results.

U2

IMPACT OF 2009-2011 GLOBAL HEALTH CARE REFORMS ON PRICING, ACCESS AND HEALTH OUTCOMES STRATEGY

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OBJECTIVES: During 2009-2011 major health care reforms were proposed and implemented in a number of nations, for example, Affordable Care Act in the United States, AMNOG in Germany, HSFPT in France, KVG in Switzerland and NHS proposed reform in the UK. These reforms have major implications on pricing, market access and HEOR strategy for drug and device products. METHODS: To understand the implications of these trends, we analyzed 2009-2011 reform bills and proposed changes worldwide. Additionally, we interviewed public and private payers, key opinion leaders and payer-influencers to understand implications of these reforms on drug and device manufacturers. Stakeholders ranked various data collection methods on a scale of 1-10 (1-least important and 10-most important).

RESULTS: The global healthcare landscape is expected to undergo significant change during 2012-2016. In the United States, government will play increased role as a single payer and more with Medicaid and GHP programs. For example, Medicaid insurance and HEOR strategy for drug and device products. Randomized controlled trial, budget impact model and systematic reviews—ranked highest (7.5-9.1) among payers. Overall, payers view that in the future, health economic assessments would play critical role in pricing, coverage and reimbursement of branded products.

CONCLUSIONS: This analysis shows that the global healthcare landscape is expected to undergo significant change during 2012-2016.

D4

FIRM- AND DRUG-SPECIFIC PATTERNS OF GENERIC DRUG PRICES EXPERIENCED BY UNITED STATES MEDICAID PROGRAMS: 1991-2008

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OBJECTIVES: After the patent expires for a branded pharmaceutical, generic drug prices fall as more generic firms enter. However, this fall is not always realized. OBJECTIVES: We examined the firm-specific and drug-specific patterns of generic drug prices experienced by Medicaid programs.

METHODS: Quarterly utilization and expenditure data from 1991-2008 were analyzed for 229 firms were followed from the first quarter of generic entry until 2008. Twelve quarters after generic entry, 17% of drugs had average relative generic price less than 50% of the branded price. Higher demand had a statistically significant (p<0.01) positive effect. No statistically significant price premium for either early entry or firm size was found. Injectable drugs had prices that fell less (p<0.01) than other drugs. CONCLUSIONS: Results are consistent with earlier studies showing that branded-drug prices rise and generic drug prices fall as more generic firms enter. However, this fall is not strong for injectable drugs or for drugs with high demand.