satisfaction with overall writing quality.

outsource abstracts. Consistently across several quality measures, approximately of respondents use internal medical writing teams and 62% subcontract writing to ers and 50% had more than 3 years in their current position. Forty-seven percent partially completed. Eighty-eight percent of respondents have advanced degrees,

The consumption of the main types of products (primarily meat, milk, fish, vegetables current physical and psychological development, in the control group was no lag (1%). 15% of orphans 67% of children under parental care and 33% of orphans, 56% of orphans are lag-

It was observed that with combined communication style (verbal + numeric), risk perception of severe side effects of low frequency decreased (mean difference: 11.24; CL: 1.40 – 21.02) whereas that of mild side effects of high frequency side increased (mean difference: 7.80; CL: 1.21 – 14.39) as compared to only verbal communication style. It was also observed that the low and high frequency side effects were better distinguished with respect to their risk when combined communication style was used for risk perception (a significant difference between low and high frequency side effects: 36.24; CL: 31.58 – 40.89) as compared to verbal only (mean difference: 22.2; CL: 17.53 – 26.84). Significant main effects of frequency and severity on risk perception were also observed. CONCLUSIONS: Use of numeric frequencies along with verbal descriptions of risk of medication side effect helps in better understanding of underlying risk and reduces its over-estimation, especially for low frequency side effects. Healthcare professionals should take into consideration these effects while communicating side effect risks to their patients.

PHPB COMMUNICATING RISK OF MEDICATION SIDE EFFECTS: HOW RARE IS A “RARE” AND HOW LIKELY IS IT LIKELY? Szwarc RV, Sagsyri SS University of Houston, Houston, TX, USA OBJECTIVES: Effective communication of risk of medication side effects is necessary particularly in the management of rare conditions. The aim of this study was to determine the prevalence of side effects, perception of risk of experiencing medication side effects of different frequency and severity among healthcare professionals. Participants were randomly selected from the list of medical professionals. A 14 item questionnaire on medication side effects using either verbal (e.g. “rarely” or verbal + numeric (e.g. “rarely” : i.e. 2 out of 100”) communication style for frequency descriptions, in a 2 (communication style) X 2 (risk severity) X 2 (side effect severity: mild, severe) experimental design. Perception of risk of experiencing side effects was measured and test for analysis of variance was performed. RESULTS: Communication style was observed to sig- nificantly affect the risk perception for certain combination of side effects and severity. It was observed that with combined communication style (verbal + numeric), risk perception of severe side effects of low frequency decreased (mean difference: 11.24; CL: 1.40 – 21.02) whereas that of mild side effects of high frequency side increased (mean difference: 7.80; CL: 1.21 – 14.39) as compared to only verbal communication style. It was also observed that the low and high frequency side effects were better distinguished with respect to their risk when combined communication style was used for risk perception (a significant difference between low and high frequency side effects: 36.24; CL: 31.58 – 40.89) as compared to verbal only (mean difference: 22.2; CL: 17.53 – 26.84). Significant main effects of frequency and severity on risk perception were also observed. CONCLUSIONS: Use of numeric frequencies along with verbal descriptions of risk of medication side effect helps in better understanding of underlying risk and reduces its over-estimation, especially for low frequency side effects. Healthcare professionals should take into consideration these effects while communicating side effect risks to their patients.

PHPB REAL WORLD DATA FOR HEALTH AND TECHNOLOGY ASSESSMENT IN BRAZIL: AN UNMET NEED Minowa E, Piedade A, Julian G Evulcinas - Kantor Health, Campinas, Brazil OBJECTIVES: Literature on real world data (RWD) is mostly largely observed in observational studies developed through the compilation of real world data. From the access and health technol- ogy assessment (HTA) perspectives, real world data are an essential ancillary tool in decision-making, providing information on burden of disease, cost-of-illness, resource use and cost-effectiveness. The Brazilian Network for Health Technology Assessment (REBRATS) recommends the use of observational studies to develop economic evaluations for both effectiveness and safety. However, the extent of use of such data in Brazil remains underdetermined. Our objective was to identify the requirements and needs for epidemiological data regarding HTA submissions in Brazil. METHODS: We reviewed HTA requirements, reports and dossiers from the Brazilian HTA commission (CONITEC) for epidemiological data aimed at incor- poration. Additionally, we searched Brazilian guidelines and regulations about principles for real world data requirements for HTA. RESULTS: CONITEC issued 119 reports between the time of its establishment (April/2011) and the date of our analysis (December 08th, 2014). The Committee reported lack of real world studies in 11.8% of the submissions (14 of 119 reports), including the need of epidemiological studies (prevalence and incidence) (n=8), safety and efficacy tri- als (n=3), safety and efficacy trials (n=1), epidemiological and clinical characteristics studies (n=1) and resource use and cost-of-illness analyses (n=1). The lack of epidemiol- ogic data was the most common issue (8 of 14 reports). However, real world data regarding safety, effectiveness and clinical characteristics were also critical (7 of 14 reports). CONCLUSIONS: Our analysis showed that use of real world data in Brazil remains an unmet need for HTA.

PHPB USE OF LOW-COST GENERIC PROGRAMS IN A NATIONALLY REPRESENTATIVE MEDICARE POPULATION AND IMPLICATIONS FOR QUALITY INITIATIVES Paul N. Brown I University of Kentucky, Lexington, KY, USA OBJECTIVES: Low cost generic programs (LCGPs) offer an affordable means to obtain medications which can be used to treat a myriad of acute and chronic conditions. However, since the medications are often purchased without using insurance, a claim will never be adjudicated. Thus, medication use may go unob- served in administrative claims data, which are often used for research and quality control initiatives. This study sought to assess the characteristics and prevalence associated with LCGP use in the Medicare insured population. METHODS: Using data from the Medical Expenditure Panel Survey from 2006-2011, individuals were classified as LCGP users or non-users based on payment variables from pharmacy records. Demographics of users and non-users were compared includ- ing age, gender, prescription drug coverage, and health-related characteristics. A multivariable logistic regression model was estimated to identify the charac- teristics with the greatest association with use. RESULTS: With a total cohort of N=9,906, 48.03% were classified as users. Half of the individuals with prescrip- tion insurance coverage utilized these programs compared to nearly one-third of the uninsured (p<0.001). The use of LCGPs was classified 57.4% of the time. The adjusted analyses, individuals with prescription insurance had 39% higher odds of using LCGPs. Each additional unique medication was associated with a 9% increase in the odds of being a user (OR 1.09, 95% CI 1.08 – 1.10). LCGP use was also associ- ated with increasing income levels but not associated with morbid- ity scores. CONCLUSIONS: Nearly one-half of all Medicare insured persons used LCGPs during the study period. This may misrepresent exposure classifi- cation when research or quality initiatives are based on administrative claims data.