materials for dissemination. **METHODS:** We surveyed HEOR professionals to gauge their perspective on the quality of HEOR communications materials. A 16-question on-line survey was sent to 300 HEOR professionals in July 2014. Descriptive analyses were conducted as appropriate. **RESULTS:** Fifty-nine surveys were returned fully or partially completed. Eighty-eight percent of respondents have advanced degrees, 43% are employed by bio/pharma companies, 78% are HEOR directors or managers and 50% had more than 3 years in their current position. Forty-seven percent of respondents use internal medical writing teams and 62% subcontract writing to outside vendors. Dossiers are the most frequent item outsourced at 45%. Forty percent of respondents indicated that they outsource manuscripts and 25% of respondents outsource abstracts. Consistently across several quality measures, approximately 55% of respondents are not satisfied with the quality of writing for their communication materials. Improvement in value messaging and methodology were the two most cited areas of concern about writing quality beyond the general question about satisfaction with overall writing quality. **CONCLUSIONS:** More than 50% of HEOR executive respondents seek better quality in written documents and more appropriate terminology in addressing their business objectives with scientifically rigorous content. Therefore, it is apparent from these survey results that HEOR directors and managers consider nearly half of all their communications to not be well-written.

PHP85

COMMUNICATING RISK OF MEDICATION SIDE EFFECTS: HOW RARE IS Â€˜RARE' AND HOW LIKELY IS â€˜LIKELY'?

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OBJECTIVES: Effective communication of risk of medication side effects is necessary in order to minimize its misinterpretation and over-estimation by patients. The study evaluated effect of communication style (verbal vs verbal + numeric) on perception of risk of experiencing medication side effects of different frequency and severity levels. **METHODS:** Participants were randomly presented with information 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: verbal, verbal combined with numeric frequency) X 2 (side effect frequency: low, high) 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 significantly affect risk perception for certain combinations of severity and frequency. It was observed that with combined communication style (verbal + numeric), risk perception of severe side effects of low frequency decreased (mean difference: 11.24; C.L.: 4.60 – 17.82) whereas that of mild side effects of high frequency side increased (mean difference: 7.80; C.L.: 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 (mean risk perception difference between low and high frequency side effects: 36.24; C.L.: 31.58 – 40.89) as compared to verbal only (mean difference: 22.2; C.L.: 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.

PHP86

THE NUTRITIONAL STATUS OF ORPHANS AND CHILDREN LEFT WITHOUT PARENTAL CARE IN THE CHILDREN'S HOMES OF THE HEALTH SYSTEM IN KAZAKHSTAN

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OBJECTIVES: In 2006 a number of studies were conducted in Kazakhstan with UNICEF, which have shown that the majority of children in children's homes are at risk of essential nutrients deficiency. So we have investigated a nutrition adequacy according to the body needs of the orphans and children left without parental care in children's homes of the health care system. **METHODS:** Were included 226 children from national orphan homes in Akmola and Almaty regions in the ages of 6 to 36 months. The study did not include children with disabilities or severe diseases. 100 children (57 boys, 43 girls) from the families in organized groups were taken as control group. Were evaluated a physiological status, hemoglobin, morphofunctional status of the children, also the analysis of food packages and the chemical composition of the diet were done. Malnutrition was calculated by "Anthro" program (WHO, 2006). **RESULTS:** Birth weight corresponded to normal in 67% of children under parental care and 33% of orphans, 56% of orphans are lagging in teething development, in the control group was no lag (1%). 15% of orphans have clinical manifestations of changes in the skin, mucous membranes and bone. Consumption of the main types of products (primarily meat, milk, fish, vegetables and fruit) in children's homes was below current standards and recommendations of the Kazakh Academy of Nutrition, based on international experience. Because of inadequate food intake, the orphans have an expressed protein deficit (25%), PUFAs (32%), vitamin A (44%), pyridoxine (45%), pantothenic acid (53%), vitamin B12 (37 %), ascorbic acid (59%) and copper. **CONCLUSIONS:** Analysis showed that the actual children nutrition scheme is obsolete and needs to be revised in a short time. The study will have indices of more in-depth clinical examination and QoL evaluation with further economical calculation (budget impact, etc.)

PHP87

WHAT FACTORS MAKE ECONOMIC EVALUATION MORE VALUABLE AS A SERVICE?

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OBJECTIVES: Economic evaluations (EE) are ubiquitous and growing in importance with increasing demand for healthcare services. However, healthcare decision makers often do not use this evidence when making decisions. Previous research has shown several factors influence the use of EE, such as credibility, complexity, and timeliness. However, no research has examined the relative importance of these factors in making EE more valuable as a service. This research shows what factors are most important to healthcare professionals/ administrators/researchers, when examining research using EE. **METHODS:** Study 1, an online questionnaire of Australian infection control practitioners (N=35), sought ratings of the absolute and relative importance of a range of barriers and facilitators of using EE in healthcare decision making. Seven factors (rigor of the cost effectiveness analysis, quality of the clinical evidence, timeliness, communication, applicability, conflicts of interest, equity) were selected from this study to inform Study 2. Study 2 used a discrete choice experiment (blocked, orthogonal design) to examine the relative importance of these seven factors in the choice between two health economists which differ in these attributes. This was administered online to a range of Australian healthcare decision makers. **RESULTS:** Study 1 showed that quality of clinical evidence was the most important factor when examining EE, followed by applicability, communication, and the rigour of the cost effectiveness analysis. Conflict of interest was the least important factor. Study 2 will demonstrate the trade-offs between these factors. The results for this second study will be ready in March. **CONCLUSIONS:** This research shows which factors are most valuable for healthcare decision makers using EE. To our knowledge this is the first study to use a preference analytic technique to measure what is valuable in a decision tool. The findings from this research will provide guidance on how to better deliver EE to end users.

PHP88

REAL WORLD DATA FOR HEALTH AND TECHNOLOGY ASSESSMENT IN BRAZIL: AN UNMET NEED

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OBJECTIVES: Public health policies rely largely on observational studies developed through the compilation of real world data. From the access and health technology assessment (HTA) perspectives, real world data are an essential ancillary tool in decision-making, providing information on burden of disease, cost-of-illness, resource usage, treatment patterns, compliance, natural history of the disease, effectiveness and safety. The Brazilian Network for Health Technology Assessment (REBRATS) recommends the use of observational studies to develop economic evaluations for both effectiveness and safety data. However, the extent of use of such data in Brazil remains undetermined. 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 incorporation. 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 trials (n=3), safety study (n=1), epidemiological and clinical characteristics studies (n=1) and resource use and cost-of-illness analyses (n=1). The lack of epidemiologic 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.

PHP89

USE OF LOW-COST GENERIC PROGRAMS IN A NATIONALLY REPRESENTATIVE MEDICARE POPULATION AND IMPLICATIONS FOR QUALITY INITIATIVES

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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 unobserved 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 including age, gender, prescription drug coverage, and health-related characteristics. A multivariable logistic regression model was estimated to identify the characteristics 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 prescription insurance coverage utilized these programs compared to nearly one-third of those without prescription coverage. The user group also used more medications per-person over the two-year period (77.20 vs 53.35, $p<0.01$) and more unique medications (12.68 vs 8.71, $p<0.01$). The user group also had higher average Charlson Comorbidity Index scores (1.75 vs 1.30, $p<0.01$). In 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 associated with increasing income levels but not associated with increasing comorbidity scores. **CONCLUSIONS:** Nearly one-half of all Medicare insured persons used LCGPs during the study period. This may misrepresent exposure classification when research or quality initiatives are based on administrative claims data.