to be concentrated among the rich in both years. Decomposition indicated that "illegalite" factors remained large contributors to income-related inequality in SRHS even after the equity-centered reform of 2005. CONCLUSIONS: Findings suggest that income-related inequality in SRHS might have decreased in Chile after the health care reform. Beyond this observed difference over time, the remaining inequality is still largely due to illegitimate factors that should be tackled through broader policies in the country.

HEALTH CARE USE & POLICY STUDIES – Quality of Care

PHP53
PERCEPTION OF USERS OF DRUG DISTRIBUTION PROGRAM IN BRAZIL

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OBJECTIVES: To characterize the users of access to medicines program developed in Brazil through a study with users of a public medicine program (PAFP), by identifying users who migrated from other supply of basic medicines programs by means of a survey explicitly developed for this purpose. This work also seeks to evaluate the meeting customers’ needs by the Program and its satisfaction level. METHODS: The collection instrument was composed by three blocks: questions concerning the use of the PAFP and other programs of medicines supply, user’s profile information, and identification of the medicine supplied. RESULTS: The evaluation of the users migration from other programs identified that, before the PAFP, 52% of interviewed users was buying the medicines in the private pharmacy and more than 30% was using the Public Service in a Health Center of SUS, a piece of 11% began the treatment after the PAFP. More than 58% of users would use the service of the SUS if there was no PAFP. However, 36% of users reported that they would not use the SUS system for withdrawal of medicines. It was observed that 61% of users gave out to be economizing while withdrawing the medicines with gratuity or at a discount. CONCLUSIONS: The conducted work made possible to identify the users of PAFP showing aspects concerning the participation and the range of the program. Generally, it was found that the persons are satisfied and they reported to have saved with the program. They also pointed out the convenience they have with the possibility of the access to the medicine in any pharmacy with the PAFP.

PHP54
A NATIONWIDE SURVEY ON PATIENT SAFETY CULTURE IN JAPAN

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OBJECTIVES: To identify the patient safety culture dimensions among healthcare professionals using Hospital Survey on Patient Safety Culture (HSOPS) by developed with AHRQ (Agency for Healthcare Research and Quality). METHODS: We surveyed nationwide the situation of patient safety culture in 13 hospitals (5,760 persons) allowed for additional costs on patient safety countermeasures under the social insurance medical fee schedule. The questionnaire consists of seven unit-level aspects of safety culture including 24 items, three hospital-level including 11 items, and four outcome variables including nine items. RESULTS: An average number of beds was 560 beds (63 - 1,354 beds). With regard to ownership, 13 hospitals included three municipality hospitals, six medical corporation hospitals, and one other hospital. Number of all respondents was 5,118 persons (response rate: 88.9%), and 63 - 1,354 beds. In terms of patients, the overall average positive response rate (RR) for 12 patient safety dimensions of the HSOPS was 49.2%, extremely lower than the average positive RR for the AHRQ data (61%). In terms of health care professionals, the overall average positive RR for pharmacists (46.2%) was lower than that for physicians and nurses (71.2%), respectively. CONCLUSIONS: The conducted work made possible to characterize the users of access to medicines program developed in Brazil through a study with users of a public medicine program (PAFP), by identifying the users who migrated from other supply of basic medicines programs by means of a survey explicitly developed for this purpose. This work also seeks to evaluate the meeting customers’ needs by the Program and its satisfaction level.

PHP55
REGULATING THE ACCESS TO AN ADAPTIVE AND AN INTEGRAL ASSISTANCE IN BRAZILIAN PRIVATE HEALTH PLAN

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OBJECTIVES: To describe the main actions promoted by the The Federal Regulatory Agency, The Private Health Insurance, and Plans (ANS) for access of private health plans beneficiaries to an adequate and an integral assistance. METHODS: A retrospective analysis of data about coverage in health plans since ANS creation (1999) was done to identify the main actions promoted by the agency in this area. It included the set of rules published and ANS periodic publications. RESULTS: A very important identified mechanism that ANS employs for regulating the users access to a full assistance is the elaboration of a list of medical procedures. This list constitutes the minimum obligatory coverage for all plans. It is periodically reviewed and incorporations and/or exclusions are made according to some precepts like: clinical evidence, epidemiological relevance, among others. Therefore, the new medicine implementation demand will be subjected to the National Referral Committee, which assesses and decides the inclusion. CONCLUSIONS: The conducted work made possible to identify the users of PAFP showing aspects concerning the participation and the range of the program. Generally, it was found that the persons are satisfied and they reported to have saved with the program. They also pointed out the convenience they have with the possibility of the access to the medicine in any pharmacy with the PAFP.

PHP56
FROM “BRAND-GENERIC SCHEME” TO “BRAND-GENERIC SCHEME”: THE EFFECT OF NEW POLICY (2003-2004) ON EFFICIENCY OF IRANIAN PHARMACEUTICAL INDUSTRY

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OBJECTIVES: Brand-generic scheme was implemented in Iran to improve the competition in the market. In this study we aim to assess if this new policy has had any positive effect on efficiency of Iranian pharmaceutical companies. METHODS. We used Data Envelopment Analysis (DEA) to evaluate the relative efficiency of pharmaceutical companies for the years 1999-2008. The Wilcoxon matched-pairs signed-rank test also was used to test the difference between mean relative efficiency of companies before and after policy. RESULTS: Although the Wilcoxon matched-pairs signed-rank test did not show any significant difference between before and after new policy in term of both technical and pure (managerial) efficiency of included companies, average value: 0.079 vs. 0.069 (p-value: 0.031) respectively but the one-sided sign test indicated that only relative pure (managerial) efficiency has improved after this policy (p-value: 0.031). CONCLUSIONS: The "Brand-Generic scheme" does not seem to be enough policy to improve efficiency of pharmaceutical companies in Iran. To achieve this aim, paying more attention to infrastructural requirements and transparent laws and regulations for supporting competition, the competitive pricing policies, the presence of international companies in the market and full privatization of companies had to be also considered by policy makers.

PHP57
A MEDIAÇÃO DE CONFLITOS NAS AÇÕES FISCALIZADORAS DO SETOR DE SUAóż SUPLEMENTAR BRASILEIRO

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OBJECTIVES: Demonstrar a eficácia da utilização de meios consensuais de mediação de conflitos pela Administração Pública no controle e fiscalização do cumprimento das obrigações pelo setor de seguros suplementares à saúde no Brasil. METHODS: From 2010, a – ANS – Agência Nacional de Saúde Suplementar implementou o procedimento NIP (Notificação de Investigaçao Preliminar), cujo objetivo é realizar a mediação de conflitos entre operadoras de planos de saúde e consumidores, no que tange a situações que envolvam negativa de cobertura assistencial. A NIP é um processo totalmente eletrônico, que confere maior celeridade e eficácia na resolução das reclamações dos consumidores, induzindo uma melhora na relação operadora/consumidor, no sentido de proporcionar um desfecho harmonioso e eficaz ao conflito junto ao beneficiário e responder à ANS sobre as medidas tomadas. Após processamento na NIP, a reclamação pode ser finalizada por inexistência de infração, reparação de conflito ou decisão administrativa em favor da operadora. CONCLUSIONS: A NIP conferiu maior efeito facilitador e transparência aos manuseios das reclamações, proporcionando maior