tution and the volume of his professional activity, the effects of the competition and locals’ standards. RESULTS: The behaviour of the prescription of the physician depend on his type of convention with the State. At the average, the physicians, who do not have the convention, prescribe 41 Euro of drugs per act, the physicians, who have the price of consultation fixed by the State, prescribe 36 Euro per act and the physicians, who can fix freely their price, prescribe 30€ per act. The prescription is a regulator of the level of activity (~3.65 for the physicians without the convention, 0.02 for the rest). We find an effect of complement between the pharmaceutical prescription and the prescription of sick leaves’ days. Competition has the influence upon the level of the regulation. CONCLUSIONS: The result of this study makes possible to define the inciting policies on the pharmaceutical regulation to ensure a greater effectiveness of the regulation of an ambulatory medicine.

PHP24
QUALITY OF DECISION-MAKING BY THE PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE (PBAC) AND THE IMPACT ON OUTCOMES
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OBJECTIVES: In Australia, a drug is subsidised by the government only if the Pharmaceutical Benefits Advisory Committee (PBAC) evaluation has determined the drug to be cost effective. The government reviewed the quality of industry pharmacoeconomic analyses included in PBAC submission documents and reported that significant problems existed. It is likely, however, that the PBAC evaluation process itself could contain errors. We sought to determine the quality of the PBAC evaluations, their effect on decision-making and the outcomes of PBAC meetings.

METHODS: A survey was conducted to determine industry experience regarding PBAC decision-making over a period of six PBAC meetings. The questionnaire was designed to elicit information on good and poor decisions, and information needed to quantify the issues and their effects on submission outcomes. The questionnaire was divided into 2 sections, the first to elicit information on good and poor decisions and the second to quantify the issues and their effects on submission outcomes.

RESULTS: Of 35 questionnaires sent to pharmaceutical companies in Australia, 17 replies were received, a response rate of 48%. These 17 companies had sales that represented 47% of total pharmaceutical sales. The survey concluded that on average good decisions were made by the PBAC for only 36% of all submissions. The quality of the PBAC evaluation was related to the form of economic argument presented and whether the submission used a cost-minimisation approach, the likelihood of the evaluation being good was 69%, compared with 38% for submissions that took a cost-effectiveness approach. The likelihood of a submission’s success was also related to the form of economic analysis used, 92% if cost-minimisation was used versus 63% for a cost-effectiveness approach.

CONCLUSIONS: Government subsidy decision-making is of variable quality, which varies the method of economic argument used and affects the probability of success for submissions.

PHP25
ASSESSMENT OF THE IMPACT OF “ACADEMIC DETAILING” IN PROMOTING COST-EFFECTIVE GENERIC DRUG PRESCRIPTION AMONG AMBULATORY CARE PHYSICIANS IN WEST VIRGINIA
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OBJECTIVE: Literature suggests that ‘Academic Detailing’ is a useful ‘evidence-based’ intervention in promoting rational drug therapy by encouraging appropriate use of cost-effective generic pharmaceuticals. This study examines possible impact of academic detailing on trends in change of proportions of generic drug prescriptions among ambulatory care physicians serving patients covered by a state health insurance program.

METHODS: The study was conducted using retrospective data available from the pharmacy benefit management company serving the insurance program. The target physician population comprised of two experimental groups (Charleston, n = 251; Morgantown, n = 214)—the top 30th percentile of all the physicians in the areas chosen based on prescribing volume and average prescription cost. University-trained academic detailers visited them once every month and also provided them with educational materials. A “comparison” group (n = 359) was chosen similarly but was not visited by a detailer at any time. Monthly generic prescribing percent were determined for all three groups for a period of 12 months before the intervention and 6 months after the intervention. Two therapeutic classes with ample generic choices—antibiotics and anti-hypertensives, were studied.

RESULTS: In case of antibiotic prescriptions, while mean increase in percent generic prescriptions went up in both the experimental groups (0.26 to 2.41 in Charleston; –0.18 to 2.35 in Morgantown), mean change in percentage generic prescriptions reduced further (~0.6 to ~3.36) in the comparison group. Though over a much shorter intervention period—similar trends were observed with anti-hypertensive prescriptions. In Charleston, there was a sustained (mean rate of change over intervention period = 1.37) trend in increase in proportion of generic prescriptions while the proportion declined in the comparison group (mean rate of change over intervention period = –0.44).

CONCLUSIONS: Academic detailing appears to be a promising strategy for maintaining or increasing generic prescribing by physicians in ambulatory settings.

PHP26
CCOHTA GUIDELINES FOR THE ECONOMIC EVALUATION OF HEALTH TECHNOLOGIES: CANADA 2004
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OBJECTIVES: The Guidelines is a guidance document to assist those doing economic evaluations produce standardized and reliable economic information for the users of the information (e.g., decision-makers in Canada’s publicly-funded health care system). The main changes in this 3rd edition will be discussed.

METHODS: CCOHTA has revised the 1997 edition of the Guidelines to ensure it remains current, taking into account of methodological developments and other significant changes since 1997. Each Guideline section provides guidance on preferred methods and advice in areas of controversy. Key stakeholders, including jurisdictions, industry and methodological experts, were consulted. Judgement was needed to strike the proper balance between theoretically ideal vs pragmatic approaches.

RESULTS: Key changes include emphasis on: 1) using cost-effectiveness and cost-utility analyses; 2) presenting the payer perspective; 3) using “usual” and recommended care for the comparator; 4) appropriate analysis of effectiveness parameters; 4) using probabilistic and Bayesian analyses for analyzing uncertainty; 6) using stratified analysis; and 7) identifying distributional effects of the technology. Appendices include: 1) guidance on evaluating non-drug technologies; 2) changes to the standardized reporting format; 3) guidance on modelling; 4) guidance on reviewing economic studies; 5) quality assurance tips for doers; and 6) tips for decision-makers on the use and interpre-