evaluate whether the pricing and reimbursement decision of new drugs in Taiwan's NHI to fulfill the transparency and the expectation of public benefits.

**PHP72**

**ASSESSING THE IMPACT AND VALUE OF HEALTH OUTCOMES PUBLICATIONS USING CITATION DATA FROM INDICES OF SCHOLARLY LITERATURE**

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**OBJECTIVES:** Clinical trial data are typically published in journals with a therapeutic area focus and accessed by researchers and health care providers (HCPs) for the purposes of sharing knowledge and improving outcomes for patients. Pharmacoeconomic (PE) research exists to assess therapeutic efficacy and product access opportunities; and, in order for, at least most relevant to payers and other managed care decision makers. Yet there is limited knowledge of what factors make health outcomes publications most valuable to payers and HCPs of and how health outcomes decisions are influenced by publications. Our goal was to assess the impact of health outcome-related publications using literature citation data from two major web search engines that index scholarly literature. We envision that enhanced understanding of how health outcomes publications are subsequently used may improve the quality of future publications and maximize usefulness to health care providers, payers, and patients.

**METHODS:** In order to determine which types of papers were most read or most used to inform subsequent studies, we identified a sample of health outcomes papers published within the past 5 years and used Google Scholar and Scisearch to collect data on the number of times these publications were cited in subsequent research papers. **RESULTS:** Number of citations ranged from 0 to 51,498 (mean 3,764, median 1,029). Average number of citations was 102.7 per publication. Articles in therapeutically focused journals as well as cross-therapeutic health outcomes focused journals were frequently cited. **CONCLUSIONS:** These findings contribute to a growing understanding of the value of health outcomes publications for payers, health care decision-makers, and researchers in academia, government, and industry.

**PHP73**

**IMPACT OF PHARMACEUTICAL REFORM AND ISSUES INVOLVED IN SOUTH KOREA’S NHI**

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**OBJECTIVES:** To assess the impact of recent pharmaceutical reform in South Korea. **METHODS:** Descriptive analysis. **RESULTS:** The South Korean National Health Insurance (NHI) system recently introduced a reform in pharmaceutical reimbursement, with the purpose of increasing rational use in drug spending. The new policy aimed to mitigate the ineffectiveness and budget impact of newly introduced drugs into account in payment decisions, and to re-evaluate the economic rationale of formerly existing drugs in the NHI drug reimbursement list. Under the new policy, a new drug goes through two stages: the first stage of reimbursement decision, and the second stage of price negotiation. That is, once a drug is determined to be in the reimbursement list, then it will go through a price negotiation process. Recent data reveal that the new policy, called the PLSF (positive list system policy), somewhat reduced the rate of reimbursement listing and successful price negotiations. The impact of PLSF would be diverse, including economic effects, access to new drugs, and dynamic efficiency. Efficacy models are often used to assess therapeutic intervention. It is also true that the new policy faces challenges and confronts a number of issues, such as availability of data, utility measurement, threshold, modeling, evidence use, and decision-making process. **CONCLUSIONS:** This paper will provide a review of the first three years policy outcomes, and attempt to assess the Korean PLSF in terms of the challenges and issues mentioned above.

**PHP74**

**RISK SHARING: WHAT’S AT RISK AND WHAT’S BEING SHARED**

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**OBJECTIVES:** Health care providers across the globe are facing the significant financial challenge of funding new, innovative and expensive medicines for populations who are living longer and demanding better care. This funding dynamic has not only increased immediate financial pressures on health care systems but also raises the level of risk associated with uncertainty around both clinical efficacy and budgetary impact. To understand this, we are raising market access hurdles and implementing new containment measures. In response, industry is developing new pricing and reimbursement strategies. Risk sharing is one example of how payers are trying to ensure value for money. This study assesses whether risk-sharing agreements have the necessary components to become sustainable in the coming years. METHODS: Secondary research was conducted to categorize and assess the types of risk-sharing agreements currently in place. Primary research was then used to obtain both payer and industry insight about the success and shortcomings of risk sharing and to anticipate how risk-sharing agreements might evolve in the future. **RESULTS:** Risk sharing is often a misnomer. While some risk sharing agreements are developed to address uncertainty around clinical evidence, the majority of them focus on reducing the financial impact of new products independent of the clinical benefit. **CONCLUSIONS:** This analysis shows that there is no one perfect method of risk sharing. We next, in order for risk sharing to transition from a trend into a sustainable method of financing new therapies, a careful understanding of the risk a new therapy poses and how to best mitigate that risk is needed.

**PHP75**

**A FRAMEWORK TO ASSIST PHARMACEUTICAL COMMERCIALIZATION TEAMS IN EFFICIENTLY ALLOCATING RESOURCES TO GENERATE EVIDENCE OF PRODUCT VALUE TO SUPPORT GLOBAL MARKET ACCESS STRATEGIES ACROSS DIVERSE PAYER ENVIRONMENTS**

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**OBJECTIVES:** A common goal among biopharmaceutical product development teams is incorporating market access considerations, e.g., clinical trial and outcomes data, health technology assessment (HTA) organization requirements, and pricing scenarios earlier in commercial planning in order to properly align product value with payer motivations. This research investigates the utility of a framework for commercialization teams to assess therapeutic efficacy and product access opportunities; and, at the same time, confronts the need to simultaneously in heterogeneous market access environments. The resulting graphical framework can be used by pharmaceutical firms to evaluate product positioning relative to various market access scenarios in order to inform product development and resource investment decisions. **METHODS:** A simplified payer value equation [efficacy + safety + burden of disease(× product price−cost offsets)], is used to develop a graph to assess therapeutic areas and products relative to market access thresholds. Products are plotted using product value (y-axis) and a combination of disease burden and unmet medical need (x-axis). Market access thresholds are plotted as curves which represent the level of product innovation required to achieve various levels of market access. Movement across threshold depicts significant change in that product’s market access (e.g., non-reimbursed versus reimbursed). The position of market access thresholds can be estimated by defining market access for existing products with similar payer systems. Analyzing product positioning simultaneously in multiple markets can be achieved by overlapping such三条s and aligning them along similar market access thresholds. **RESULTS:** This framework can be developed to illuminate the level of product innovation required to meet the increasingly stringent requirements for market access and inform firms’ investment decisions. **CONCLUSIONS:** Market access environments are complex and dynamic. Assessing therapeutic category and the attributes of new medicines relative to market access thresholds can inform pharmaceutical firms’ strategies to generate evidence of product value that are aligned with payer priorities.

**PHP76**

**DRUG POLICY IN SLOVAKIA: IMPACT OF PRICING AND REIMBURSEMENT REFORMS**

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**OBJECTIVES:** To look into the impact of the drug policies in the Slovak Republic in 2006–2009. To evaluate drug policy in terms of drugs’ accessibility, extent of patients’ co-payments and reimbursement of innovative drugs. To compare market developments in Slovakia to its neighbors, and EU/OECD countries. **METHODS:** We calculated the impact of several regulatory measures on the size of the market and health insurance expenditure: a) Lowering the VAT for drugs from 19% to 10% b) flat price cut (+6.5% and –7.4%) c) introduction of degressive mark-up for wholesalers and for pharmacies d) two rounds of the international reference pricing. The data on drugs consumption were from national databases IMS Health and Pharmadata Ltd. We paired these data with reimbursement lists published by Slovak Ministry of Health. We compared trends in the Slovak drug market to market trends in neighboring countries and to OECD/ EU market trends. **RESULTS:** In 2006–2009, the actual calculated savings on publicly-covered drugs reached EUR 160 mil due to the flat price cuts, 865 mil due to two international reference pricing rounds and EUR 40 mil due to the degressive mark-up. The total volume of the Slovak market in 2009 was €1080 mil in manufacturers’ prices, in a country of 5.8 mil inhabitants. Consumption of drugs per capita reached app. €200. **CONCLUSIONS:** Slovak drug policy was able to significantly decrease the share of pharma expenditure in total health expenditure while increasing access new to drugs. Annual growth of the market in the period averaged 6.3% (1.4%-9.4%) in 2009), share of drugs in total health expenditure fell from 37% to 27%, more than 100 new molecules entered the market, and co-payments are viable at app. 1%-2% of total drug expenditure. We noticed this trend of decreasing market growth also in west European countries, but in middle-east European countries the growth of drug market was increasing by more than 10% also in 2009.

**PHP77**

**AN EMPIRICAL INVESTIGATION OF MEDICAL LOSS RATIO**

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**OBJECTIVES:** The objective of this study is to empirically investigate how the medical loss ratio (MLR) changes over time and what factors contribute to that change for patients enrolled to Medicare Advantage Special Need Plans. **METHODS:** We used a data supplied by a Medicare Advantage Special Need Plan, which include enrollees’ monthly premiums and expenses. The data also provide enrollees’ demographic information and CMS risk scores and information regarding facilities and providers participating in this plan. We defined MLR as the total amount of revenues from health insurance premiums that is spent to pay for the medical services covered by the plan. Next, we created a panel data structure and deployed multilevel econometric models in our analysis. Finally, we used Hausman test to evaluate the significance of fixed-effect estimators versus the alternative random-effect estimators. **RESULTS:** We found...