**PHP184**

**THE COUNTRY ARCHETYPE MODEL: UNLOCKING THE DOOR TO GLOBAL MARKET ACCESS**

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Financial constraints are public health’s most generous healthcare system. However, clinical trials can help in determining the negative effects of therapy, comparing cost-effectiveness evidence and making the decisions. With classifications based on the most important decision impact, size of reimbursable market, out-of-pocket costs, role of health insurance and market fragmentation applied. Ultimately, from the 27 nations examined, six groups emerged, each comprising countries with common social determinants, access to healthcare and overall public health outcomes; the Keys to Access can be found and turned.

**PHP185**

**A SITUATION ANALYSIS OF HEALTH POLICY AND HEALTH TECHNOLOGY ASSESSMENT IN KAZAKHSTAN**

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Kazakhstan is an upper-middle-income country with per capita GDP of nearly US$13 thousand in 2013. Kazakhstan’s public healthcare system – UNHS (Unified National Health System) provides free healthcare coverage nationwide. However, the objective, only two thirds of interventions (on average) in UNHS were fully covered by public funding, while the remaining were funded by patients through either private health schemes or out-of-pocket payments. Finding better ways to manage the use and cost of health technology is a priority for Kazakhstan policymakers. As health policy makers face increasing pressure from the public to make explicit determinations about how and which technologies will be covered within the state guaranteed benefits package, the profile and scrutiny of HTA activity has, consequently, also increased. Even though there has been a rapid growth of HTA activities, HTA has not been developed as much as expected. There are several possible reasons why the MoH did not develop HTA when adopting HTA: first, made to fail HTA if HTA would make clear the failure of health policy previously implemented. Second, the MoH still relied on the traditional consensus method based on opinion or experience, which favors incremental and marginal changes, rather than a drastic reform. Third, absence of HTA is apparent in the game of policy processes, which is a common feature in the MoH. The Kazakhstan health care system needs HTA to be constructive to enable decision makers to make informed decisions with regard to the adoption of health technology. The development and promotion of clear criteria for selection of HTA topics is, therefore, essential to promote the efficient use of HTA information for decision making with respect to setting ultimate goals for HTA.

**PHP186**

**THE EMERGING ROLE OF PATIENT-REPORTED OUTCOMES (PROS) IN CLINICAL TRIALS IN INDIA**

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Despite the average Indian patient becoming more knowledgeable with regards to his/her health, disease and treatment options, many Indian physicians still depend heavily on disease-related outcome measures to take health-care related decisions, and give minimal importance to patient-reported outcomes (PROs) pertaining to the effect of the healthcare interventions on the patient’s well-being. This trend is also seen in clinical trials (CTs) in India where PROs, if used, are only secondary to disease-related outcomes. As on today, there are no commendable patient-centered outcome researches (PCOR) being done in India. With the influx of technology, many of the US, PROs are now getting the attention that they deserve; however, in India the concept is yet to catch up. PROs have a significant role in CTs, such as determination of quality of life (QoL), and functional status, and evaluation of the impact of disease or its management on the quality of life, and economic burden. Clinical trials can benefit from access to PROs at the design stage by facilitating better decision-making.

**PHP187**

**THE PILLOWS OF COST-EFFECTIVENESS: A PRACTICAL GUIDELINE FOR NEW TECHNOLOGY COST-EFFECTIVE DECISION-MAKING**

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**BACKGROUND**

The critical importance and use of health technology assessment in health care decisions towards improved health is practically nonexistent in many Central American and Caribbean countries. A culture with a health economics mindset that enhances access to new technologies is needed, one that incorporates and utilizes economic evaluation amongst other stakeholders to make cost-effective decisions that improve health. **OBJECTIVES**

In general, to find new ways to make new drugs and technologies available to patients, healthcare providers, governments and society as a whole. Specifically, to develop new technologies available to patients in resource-limited settings. **METHODS**

A needs assessment was conducted amongst key internal (pharmaceutical industry) and external stakeholders (public, private and non-profit institutions) in Central America and the Caribbean to gain insight into their decision-making basis and behaviors regarding new technology acquisition. A literature review of lessons learned and best practices around the world complemented the information collected from local stakeholders. **RESULTS**

A pivotal concept was created and coined as Pillows of Cost-Effectiveness. This concept advocates for three types of “effectiveness” comprising each three types of strategic considerations as follows: 1. Clinical Effectiveness, 2. Safety, 3. Medical Acceptability: value-added services, impact information dissemination and managed-entry agreements, and 3. Economic Effectiveness: burden of disease data, cost-effectiveness evidence and budget impact analysis. **CONCLUSION**

The Pillows of Cost-Effectiveness may serve as the “New Technology Cost-Effectiveness Checklist” to make evidence-based decisions in resource-limited settings. In turn, it may become the tool to assess and assure the universal goals of patients, providers, payers and policy-makers to get the best drug and technology quality at the lowest cost and with reasonable access, and (2) enhance healthcare partnerships and solutions towards improved individual and population health outcomes.

**PHP188**

**DEVELOPING HOSPITAL BASED HTA FOR EGYPTIAN CANCER PATIENTS**

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**BACKGROUND**

Cancer is an increasing problem in developing countries. It ranks as the fourth leading cause of death in the eastern Mediterranean region and is one of the leading causes of death in the world. Although, in developing counties, incidence of cancer is still below that in the developed ones, they are expected to experience an increase in the burden of cancer, which if added to the more limited resources available, requires immediate intervention. Multiple projects had been initiated to develop and support cancer-related issues in the country, which leads them to be ineffective and inefficient. Objectives: Developing the nucleus for numerous Oncology Hospital-Based HTA (HB HTA) units as a tool for evidence based decision making and better utilizing scarce resources to reach for a highly performing healthcare system. **METHODS/RESPONSIBILITIES**

Decentralized HB HTA emerges from the need to tailor healthcare decisions in a short period of time. These decisions should make use of local intrinsic data, providing solutions that are compatible with the hospital’s value and budget priorities. Generally, responsibilities include receiving requests (according to certain technical, medical, clinical, economic, and social aspects) from Healthcare Practitioners and/or decision makers in relation to the adoption of certain technology/intervention. This unit aggregates all the available data (from primary and secondary sources), synchronize and analyze them appropriately, resulting in site-relevant clinical and economic final assessments. **DISCUSSION**

A single university (department) experience as a nucleus of HB HTA is centered on the three main interest of a university hospital: Research, Education and Clinical practice. It depends on the presence of: 1- A chemotherapy independent unit which can provide standardized regimens based on the HTA-based decisions, 2- Well-developed oncology electronic medical record to insure and standardize data collection and rapid communication between different departments, 3- an E-learning program, and 4- a clinical research unit.

**PHP189**

**AUGMENTING THE REGULATORY REQUIREMENTS OF MEDICATION THERAPY MANAGEMENT TO IMPROVE PROGRAM EFFICIENCY AND OUTCOMES**

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The Medicare Modernization Act of 2003 requires prescription drug plans to provide for medication therapy management (MTM) to improve health outcomes. In 2010, in an attempt to increase consistency among programs, the Centers for Medicare and Medicaid Services (CMS) expanded the regulatory requirements for MTM participation. Most recently, CMS released the outcomes of MTM since its implementation in 2006, CMS concluded that the program has fallen short of expectations. On implementation of MTM, CMS projected that 25 percent of Medicare beneficiaries would qualify for MTM based on the predetermined eligibility criteria. However, CMS reported that MTM has fallen far below that expectation. Among members who meet eligibility criteria, MTM completion rates remain around 20 percent, on average. CMS also noted that certain racial and ethnic disparities continue to exist in MTM eligibility. Specifically, African American and Hispanic beneficiaries are less likely to