horizontal differentiation), which is often cited (beside R&D costs) as the second barrier to encourage innovation. Here, we have conducted an econometric analysis of a competition model within various ATC groups and jurisdictions. We have also critically examined predecessor of «me-too» entries, particularly in the light of an R&D investment of the branded firms. Historically, «me-too» drugs are more ubiquitous than often realized by policymakers and payers, and also pharmaceutical industry itself! This unfortunately presents an inefficient use of resources as the breakthrough innovation is nowadays, in the time of austerity measures, a real necessity. The models that would give incentives to the industry to invest in R&D for breakthrough therapies are in principle and would not only contribute to optimization of societal welfare but also in the long run increase an R&D productivity of branded firms.

PHP230
CELL THERAPIES: ASSESSING THE PATIENT ACCESS OPPORTUNITIES AND CHALLENGES THAT LIE AHEAD
Walker J, McKenzie A
PriceSpective, London, UK, 2PriceSpective, Cambridge, MA, USA
This poster seeks to highlight the key challenges and opportunities surrounding patient access to innovative cell therapies in the EU5 and US. The findings are based on second-round interviews with key cell therapy stakeholders, and shares the impact of recent efforts to improve access to cell therapies that have already been approved and would not only contribute to optimization of societal welfare but also in the long run increase an R&D productivity of branded firms.

PHP231
THE IMPACT OF RECENT GENERIC DRUG PRICE POLICIES ON PHARMACEUTICAL INNOVATION: A THEORETICAL RATIONAL AND PROPOSAL OF A METHOD SUPPORTING INNOVATION IN AREAS OF UNMET MEDICAL NEED
Donne PA, Alì F, Grobler M
1Pfizer Canada, Kirkland, QC, Canada, 2Pfizer Australia, West Ryde, NSW, Australia
New discoveries are a critical priority for the pharmaceutical industry, for which the primary aim should be to address unmet medical needs. However, the use of fixed cost-effectiveness (ICER) thresholds for health technology assessment (HTA) may tend to decrease incentives to innovate and affect future treatment options. This presentation highlights, using a case study, the impact of recent efforts to improve access to cell therapies that have already been approved and would not only contribute to optimization of societal welfare but also in the long run increase an R&D productivity of branded firms.

PHP233
VALUE-BASED PRICING IN THE UK AND POTENTIAL PATIENT ACCESS HURDLES TO INNOVATIVE DRUGS
Papapanouli K, Grooven A
PriceSpective, London, UK
The UK government plans to introduce value-based pricing (VBP) for medicines in England and Wales from January 2014, and one of the key tenets of the scheme is to improve patient access to new innovative drugs. This poster aims to explore the extent to which VBP is likely to achieve this goal. To meet this objective, an in-depth review of available literature (including white papers from key stakeholders and scientific publications) was conducted. Targeted interviews with five leading thought-leaders in the implementation of VBP were also conducted to support analysis. Research identified a number of areas of uncertainty in VBP implementation that could detrimentally impact patient access to new drugs. First, the timeline for the VBP negotiation process remains unclear. Currently, it takes NICE on average 48 weeks to issue guidance on a single technology appraisal, which could be extended if a new drug is deemed a «highly innovative» drug. Under VBP, manufacturers will be required to negotiate their price with the Department of Health if the calculated VBP price by NICE is unfavorable, and the VBP HTA methodology itself could be more conservative than the current approach. Restricted negotiation may also delay access in Scotland and Northern Ireland. Equally, manufacturers may postpone launch in the UK if they consider VBP a threat in their price corridor in other markets. Finally, it is not clear if additional regional or local level negotiations will take place, and could further delay access. In conclusion, although there is potential for the new adjustable QALY threshold (which remains to be confirmed) to foster innovation, the ability of the new VBP process to expedite patient access remains uncertain.

PHP235
A CHOICE OF BUSINESS FOR THE PHARMACEUTICAL INDUSTRY “SEGURO POPULAR” IN MEXICO
Vilchis S
Sistema de Proteccion Social en Salud Mexico, Mexico, Mexico
A choice of business for the pharmaceutical industry “Seguro Popular” in Mexico. Abstract Mexico has various providers of health services each one determined to a sector of the population where we can find the Mexican Social Security Institute (IMSS) that is specifically for workers in the private sector employees and their families, the Institute for security and services social of the State workers (ISSSTE) for workers in the service of the State or public sector and their families starting 2003 ushered to the Seguro Popular that extends to the population without social security or in these three areas of health are emergent organizations providing health services larger Mexico in which by 2013 the Seguro Popular has approximately 54 million affiliates number of successful membership in less than 10 years of a country where less than 10 million to 120 million people Seguro Popular has more than 70% of its population, in the Mexican and hemodynamic IMSS, as the largest buyer of drugs, aware of this is our consumption figures that since 2008 has been made public, in such data can find that from 2008 to 2012 they have bought 1,241,637,748 $US Dlrs only in drugs consumption, regularly the Seguro Popular has several portfolios of services where separate regular conditions of sufferings of low frequency and high cost and conditions of very low frequency and high cost for children under 5 years who in turn have specific budgets.

DISEASE-SPECIFIC STUDIES
GASTROINTESTINAL DISORDERS – Clinical Outcomes Studies
PG1
UNDERSTANDING THE EFFECT OF CLOSTRIUM DIFFICILE INFECTION ON HOSPITAL MORTALITY IN ENGLAND, THE NETHERLANDS, AND SPAIN
Wasserman M, Jones C, Roberts G, Lati F
Double Helix Consulting, London, UK
OBJECTIVES: Increasing rates of Clostridium Difficile Infection (CDI), a hospital-acquired infection, has stimulated a number of financial incentives and government sponsored initiatives to quell the spread of the disease. Previous research has shown the impact of CDI on hospital mortality in the United States, but little research has been carried out in Europe. Therefore, the objective of this study is to evaluate the impact of CDI on in-hospital mortality. METHODS: Data were obtained from national hospital episode datasets in England, The Netherlands, and Spain. Only inpatient cases of age 50 and above diagnosed with diabetes, chronic kidney disease, heart failure, and chronic obstructive pulmonary disease (COPD) were included in the analysis. Cases of CDI were stratified between hospital-onset and community-onset cases. Only those that were assumed to be hospital-onset were included in the analysis. A logistical regression was used to predict the relative effect hospital-onset CDI had on in-hospital mortality. A number of covariates were controlled for including: age, sex, comorbidities, and length of stay by varied between countries depending on the availability of data. RESULTS: Patients with hospital-onset CDI had an overall higher mortality rate compared to those who

PHP232
THE WIDENING SCOPING OF COMPARATIVE EFFECTIVENESS REVIEWS REQUIRE COLLABORATIVE INFORMATION SYSTEMS SOLUTIONS
van Valkenhoef G
University Medical Center Groningen, University of Groningen, Groningen, The Netherlands
BACKGROUND: Comparative effectiveness research (CER) is rapidly expanding due to increasing demand for more complex models that account for patient, treatment, and trial characteristics, network meta-analyses that include multiple studies, and a variety of interventions. Research identified a number of areas of uncertainty in VBP implementation that could detrimentally impact patient access to new drugs. First, the timeline for the VBP negotiation process remains unclear. Currently, it takes NICE on average 48 weeks to issue guidance on a single technology appraisal, which could be extended if a new drug is deemed a «highly innovative» drug. Under VBP, manufacturers will be required to negotiate their price with the Department of Health if the calculated VBP price by NICE is unfavorable, and the VBP HTA methodology itself could be more conservative than the current approach. Restricted negotiation may also delay access in Scotland and Northern Ireland. Equally, manufacturers may postpone launch in the UK if they consider VBP a threat in their price corridor in other markets. Finally, it is not clear if additional regional or local level negotiations will take place, and could further delay access. In conclusion, although there is potential for the new adjustable QALY threshold (which remains to be confirmed) to foster innovation, the ability of the new VBP process to expedite patient access remains uncertain. A choice of business for the pharmaceutical industry “Seguro Popular” in Mexico. Abstract Mexico has various providers of health services each one determined to a sector of the population where we can find the Mexican Social Security Institute (IMSS) that is specifically for workers in the private sector employees and their families, the Institute for security and services social of the State workers (ISSSTE) for workers in the service of the State or public sector and their families starting 2003 ushered to the Seguro Popular that extends to the population without social security or in these three areas of health are emergent organizations providing health services larger Mexico in which by 2013 the Seguro Popular has approximately 54 million affiliates number of successful membership in less than 10 years of a country where less than 10 million to 120 million people Seguro Popular has more than 70% of its population, in the Mexican and hemodynamic IMSS, as the largest buyer of drugs, aware of this is our consumption figures that since 2008 has been made public, in such data can find that from 2008 to 2012 they have bought 1,241,637,748 $US Dlrs only in drugs consumption, regularly the Seguro Popular has several portfolios of services where separate regular conditions of sufferings of low frequency and high cost and conditions of very low frequency and high cost for children under 5 years who in turn have specific budgets.