

the prescribing physician's response. The pharmacists evaluated the clinical significance of the interventions based on their own clinical judgments. Analyses were performed using descriptive statistics. **RESULTS:** A total of 504 interventions were documented over the 5-month study period. On average each intervention took 15 ± 14 (median, 10) minutes, ranging from 1 minute to 3 hours. The most common interventions performed were on drug regimen change ($n = 237$; 47%), drug choice ($n = 128$; 25%) and drug information issues ($n = 106$; 21%). Dose change ($n = 153$; 30%) and patient education ($n = 54$; 11%) were the most frequent interventions performed in the drug regimen change and drug information categories, respectively. The most common indications for which interventions were made were infectious ($n = 100$; 20%) and respiratory ($n = 77$; 15%) diseases. Efficacy was improved and toxicity avoided in 38% ($n = 193$) and 28% ($n = 140$) of the interventions, respectively. Potential fatalities or end-organ damage was avoided in 1.6% ($n = 8$) of the cases while interventions of major significance was recorded in 43% ($n = 215$) of the interventions. **CONCLUSIONS:** The data show that clinical pharmacists play an important role in drug safety and efficacy to optimize pharmaceutical care as part of the multi-disciplinary team approach in the hospital.

PHP42

EVALUATION OF THE AFTERNOON OUTPATIENT CLINICS OPERATION AT THE UNIVERSITY HOSPITAL IN LARISA

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OBJECTIVES: To evaluate the operation of the Afternoon Outpatients Clinics (AOC) at the University General Hospital of Larissa. The operation of AOC is a relatively new institution in the country, introduced in 2001 by the 2889 NHS reform law. **METHODS:** Descriptive and comparative analysis of data from 2002 of the AOC introduction up to 2006 is done. Data emanate from the 5th Region Health Authority. Clinical and economic indicators have been used for the evaluation based on medical specialties, diagnostic and professional categories, operational activities and financial inputs and outputs. **RESULTS:** A progressive increase in AOC visits has been estimated, reaching 82% of total hospital outpatient visits with surgery accepting the bigger volume of visits. Their income presents a 12.6% mean annual increase while expenses reached 17.9% respectively. Financial resources of surgical cases increased 63% and pathological 25% over the period 2002–2006, with a 27% income increase of gynaecological AOC 21% of orthopaedics and 7% of ophthalmologic. Social funds do not reimburse AOC visits and patients' out of pocket payments are the main sources of the AOC funding. **CONCLUSIONS:** The operation of the AOC is encouraging, since it motivates health professionals to increase their income, the hospital to exploit its full potential, offers patients access to quality health care and covers unmet needs. The fact that the operation of the AOC is based on patients' direct payments remains a contradiction with the full coverage of the Greek population for the provision of outpatient and inpatient care in the public sector. The lack of contracting negotiations between the social insurance funds and the regional or hospital authorities remains a problem for which the state owes to make policy decisions, since the prices that are overwhelmed are almost competitive to the private sector and overload disproportionately the lower incomes.

GREEK HOSPITALS' SUPPLY CHAIN MANAGEMENT

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OBJECTIVES: To register the opinions of the employees as concerned the supply chain management, which has been adopted from hospitals. **METHODS:** Data were collected via a questionnaire and were processed by using the logistic regression method. A total of 250 people were asked, all employees of health care industry. **RESULTS:** Only 6.5% of the employees knows the cost of the materials they use and 82.2% of them state that if they were aware of the cost of the materials, they would certainly use them more wisely. Also, 55.1% of the survey participants were dissatisfied with the supply chain procedure and 55.6% would rather each clinic or laboratory managed its supplying by itself. Finally, 59.2% of the employees believes that there are no incentives and control as far as hospital's supply chain management. **CONCLUSIONS:** There is a pressing need for the Greek hospitals to re-organize their supply chain management in order to reduce cost and offer quality health care.

PHP44

INEQUALITIES IN THE FINANCING OF DRUGS AMONG AUTONOMOUS REGIONS IN SPAIN

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OBJECTIVES: To identify and analyse differences in the financing of drugs between Autonomous Regions (AR) in Spain. **METHODS:** A structured literature review on the IME, SciELO, Doyma, Medline, Cochrane, national and AR official bulletins, relevant Spanish scientific associations and AR health web pages, and general and specialised press, up to June 15, 2007. **RESULTS:** Nine AR legislative documents were identified, one national working document, two press releases, one AR instruction, four scientific articles and two ministerial documents. The most important findings are as follows. Navarre and Andalusia finance some drugs excluded from national public funding by the Royal Decree 1663/1998. Navarre, La Rioja, Extremadura and Madrid finance smoking cessation products for the general population whereas Cantabria and Catalonia only to some population groups. The postcoital pill is financed in Andalusia, Cantabria, Catalonia, Canary Islands, Aragon, Asturias and Galicia. Erectile dysfunction drugs for patients with medullar damage are financed in Valencia, Murcia, Balearic Islands and Castile la Mancha. Differences have been detected in the financing level (reduced co-payment or free of charge) of several drugs for specific population groups. Castile Leon has a reduced co-payment in antiviral and antifungal drugs for cancer patients. Extremadura finances the totality of the drugs to chronic patients younger than 14 years old and families with more than 3 children, and Valencia finance total treatment costs of tuberculosis drugs. **CONCLUSIONS:** There are differences in the financing of various pharmaceutical products with low intrinsic value, life-style drugs and preventive drugs. These inequalities may be perceived as a reason of inequity or may reflect the intention to redistribute health care resources among AR's preferences. It is necessary to evaluate the preferences of the population and the way these differences affect their health status.

PHP45

THE REIMBURSEMENT OF ORPHAN DRUGS ACROSS EUROPE

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OBJECTIVES: Orphan medicinal product legislation was adopted in Europe in 2000 with the aim of promoting the devel-