to be concentrated among the rich in both years. Decomposition indicated that “legitimate” factors remained large contributors to income-related inequality in SR2S even after the equity-centered reform of 2005. CONCLUSIONS: Findings suggest that income-related inequality in SR2S might have decreased in Chile after the health care reform. Beyond this observed difference over time, the remaining inequality is still largely due to illegitimate factors that should be tackled through broader policies in the country.

HEALTH CARE USE & POLICY STUDIES – Quality of Care

PHP53
PERCEPTION OF USERS OF DRUG DISTRIBUTION PROGRAM IN BRAZIL
Carla M., Mengue SS, Madrid EW
Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil
OBJECTIVES: To characterize the users of access to medicines program developed in Brazil by the Ministry of Health (MS) (PBFAP). By identifying socio-demographic characteristics users who migrated from other supply of basic medicines programs by means of a survey explicitly developed for this purpose. This work also seeks to evaluate the meeting customers’ needs by the Program and its satisfaction level.

METHODS: The survey was applied in 2015 at 23 establishments, which are suppliers of medicines to low-income public health care users and were identified by MS as users of access to medicines programs. The survey was designed based on the MS methodological guide for monitoring, evaluation and assessment (MEAS) and it consisted of 13 questions: 1) information about the user; 2) information about the PBFAP; 3) elements of the Program that make possible to character-ize the users of PBFAP showing aspects concerning the participation and the range of the program. Generally, it was found that the persons are satisfied and they reported to have saved with the program. They also pointed out the convenience they have with the possibility of the access to the medicine in any pharmacy with the PBFAP.

PHP54
A NATIONWIDE SURVEY ON PATIENT SAFETY CULTURE IN JAPAN
Hirose M1, Egami K1, Tsuda Y2, Honda J3, Shima H4
1Shimane University Hospital, Izumo, Japan, 2St. Mary's Hospital, Kurume, Japan
OBJECTIVES: The HSOPSC measurement provides the evidence for assessment of patient safety culture (HSOPSC) by developed by AHRQ. We surveyed nationwide the situation of patient safety culture in 13 hospitals (5,760 persons) allowed for additional costs on patient safety countermeasures under the social insurance medical care schedule. The questionnaire consists of seven unit-level aspects of safety culture including 24 items, three hospital-level including 11 items, and four outcome variables including nine items. RESULTS: An average number of beds was 560 beds (63 - 1,354 beds). With regard to ownership, 13 hospitals included three municipality and local incorporated agency hospitals, one public hospital, two juridical person with more than 10,000 employees, and one hospital in the Military hospitals, six medical business corporations, and 10 other hospital. Number of all respondents was 5,118 persons (response rate: 88.9%), and 36% of users reported that they would use the SUS if there was no PAFP. However, 36% of users reported that they would not use the SUS system for withdrawal of medicines. It was observed that 61% of users gave out to be economizing while withdrawing the medicines with or at least to some extent. They made possible to charac-terize the users of PBFAP showing aspects concerning the participation and the range of the program. Generally, it was found that the persons are satisfied and they reported to have saved with the program. They also pointed out the convenience they have with the possibility of the access to the medicine in any pharmacy with the PBFAP.

PHP55
REGULATING THE ACCESS TO AN ADUQUATE AND AN INTEGRAL ASSISTANCE IN BRAZILIAN PRIVATE HEALTH PLANS
Aguirre RHJ
Agência Nacional de Saúde Suplementar, Rio de Janeiro, Brazil

OBJECTIVES: To describe the main actions promoted by the The Federal Regulatory Agency for Private Health Assistance (ANS) and the Federal Public Healthcare Agencies (ANAES) to access of private health plans beneficiaries to an adequate and an integral assistance.

METHODS: A retrospective analysis of data about coverage in health plans since ANS creation (1999) was done to identify the main actions promoted by the agency in this area. It included the set of rules published and ANS periodic publications.

RESULTS: A very important identified mechanism that ANS employs for regulating the users access to a full assistance is the elaboration of a list of medical procedures. This list constitutes the minimum obligatory coverage for all plans. It is periodically reviewed and incorporations and/or exclusions are made according to some precepts like: clinical evidence, epidemiological relevance, among others. There are three main instruments for implementation: guidelines, standards and normative procedures.

CONCLUSIONS: The process of implementation is another important identified mechanism promoted by ANS to regulate the users access to a full assistance. ANS established a collaboration term with the Brazilian Medical Association (AMB) to develop guide-lines, to spread and to monitor the implementation. CONCLUSIONS: The actions promoted are the main one promoted by ANS to regulate the access to an ade-quate and an integral assistance. They can also improve the sector efficiency along with the rational use of techniques and medical technologies. The instruments discussed will be a good guide to health professionals for evaluating and regularly updating the rules to improve their efficiency. The patients will have safer and more effective treatments and ANS can maintain the balance and promotion of health in private health with a new model.

PHP56
A MEDIACIÓN DE CONFLICTOS EN EL SISTEMA DE SALUD MÉXICO
Pamela A., Franco S
ANS - Brazilian Private Health Regulatory Agency, Rio de Janeiro, Brazil

OBJECTIVES: To demonstrate the success of a project that ANS has been promoting in the Brazilian context to settle disputes in the Private Health System (SUSP). This project, called “Equity Centered Reform” (RCE), was introduced in the SUSM in October 2009, and since then, ANS has been involved in the settlement of complaints from users of SUSP. Although the project was not designed to address the complex nature of the conflicts in the SUSP, it was expected to contribute to their resolution. The objectives of this study were to describe the experiences of ANS with the implementation of the RCE project and to analyze the effectiveness of the conflict resolution strategy.

Hashemi Meshkini A., Varmaghani M., Yousefi M., Yaghoubi Z, Zekri H.
Shaibebazadeh A.
1Shiraz University of Medical Sciences, Shiraz, Iran, 2Tarbiat Modarres University of Medical Sciences, Mashhad, Iran, 3Alliance-Tabriz University of Medical Sciences, Tabriz, Iran

OBJECTIVES: Brand-generic scheme was implemented in Iran to improve the competition in the market. In this study we aim to assess if this new policy has had any positive effect on efficiency of Iranian pharmaceutical companies. METHODS: We used Data Envelopment Analysis (DEA) to evaluate the relative efficiency of pharmaceutical companies for the years 1999-2008. The Wilcoxon matched-pairs signed-rank test and also sign-agreement were used to assess the difference between mean relative efficiency of companies before and after policy. RESULTS: Although the Wilcoxon matched-pairs signed-rank test did not show any significant difference before and after new policy in term of both technical and pure (managerial) efficiency of included companies (p-value: 0.079 for technical efficiency and 0.07, respectively) but the one-sided sign test indicated that only relative pure (managerial) efficiency has improved after this policy (P-value: 0.031). CONCLUSIONS: The “Brand-Generic scheme” does not seem to be enough policy to improve efficiency of pharmaceutical companies in Iran. To achieve this aim, paying more attention to implementing new policies and transparent laws and regulations for supporting competition, the competitive pricing policies, the presence of international companies in the market and full privatization of companies had to be also considered by policy makers.

PHP57
REGULATING THE ACCESS TO AN ADEQUATE AND AN INTEGRAL ASSISTANCE IN BRAZILIAN PRIVATE HEALTH PLANS
Aguirre RHJ
Agência Nacional de Saúde Suplementar, Rio de Janeiro, Brazil

OBJECTIVES: To describe the main actions promoted by the The Federal Regulatory Agency for Private Health Assistance (ANS) and the Federal Public Healthcare Agencies (ANAES) to access of private health plans beneficiaries to an adequate and an integral assistance.

METHODS: A retrospective analysis of data about coverage in health plans since ANS creation (1999) was done to identify the main actions promoted by the agency in this area. It included the set of rules published and ANS periodic publications.

RESULTS: A very important identified mechanism that ANS employs for regulating the users access to a full assistance is the elaboration of a list of medical procedures. This list constitutes the minimum obligatory coverage for all plans. It is periodically reviewed and incorporations and/or exclusions are made according to some precepts like: clinical evidence, epidemiological relevance, among others. There are three main instruments for implementation: guidelines, standards and normative procedures.

CONCLUSIONS: The process of implementation is another important identified mechanism promoted by ANS to regulate the users access to a full assistance. ANS established a collaboration term with the Brazilian Medical Association (AMB) to develop guide-lines, to spread and to monitor the implementation. CONCLUSIONS: The actions promoted are the main one promoted by ANS to regulate the access to an ade-quate and an integral assistance. They can also improve the sector efficiency along with the rational use of techniques and medical technologies. The instruments discussed will be a good guide to health professionals for evaluating and regularly updating the rules to improve their efficiency. The patients will have safer and more effective treatments and ANS can maintain the balance and promotion of health in private health with a new model.