the various shortcomings of such programs that were implemented before in order to provide a good program that has taken into consideration all the factors that are necessary for the economic delivery of healthcare without excluding the quality oriented approach. It will also act as a model for private insurance firms or other organizations to adopt such a model in order to produce better outcomes at lower costs in the future. Therefore, if this model is repeated over the average 3-year period, it will be an economic solution to this problem of the unsustainable increase in healthcare costs of the U.S.

**PHP50**  
**ASSESSING THE AVAILABILITY OF DRUGS MARKETED IN THE US AND SWITZERLAND**

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OBJECTIVES: The availability of drugs in a market may affect patient care, health outcomes and costs. The objective of this study was to assess differences in the availability of human drugs marketed in the US and in Switzerland as of January 1, 2015.  

**METHODS:** Information about all drugs approved in the US and Switzerland was collected from the US Food and Drug Administration (FDA) and the Swiss Agency for Therapeutic Products (Swissmedic) respectively. The list of drugs reimbursed by the Swiss mandatory insurance was extracted from the Federal Office of Public Health. Drugs were classified according to the WHO anatomical therapeut-ic chemical classification (ATC). Descriptive statistics and the chi-square test were performed.  

**RESULTS:** The FDA listed 2,491 different active ingredients and combinations (AICs) approved and marketed in the US, while the Swissmedic list included 2,434 AICs listed in Switzerland. 218 orphan AICs of which 138 orphans were listed by Swissmedic and 63.0% were included in the Swiss reimbursement list. Overall, 73.9% of the US AICs were listed by Swissmedic and 67% were reimbursed, while 79.4% of AICs were approved and reimbursed in Switzerland. The ATC class with the highest proportion of US approved drugs marketed in Switzerland.  

**CONCLUSIONS:** Two-thirds of the AICs marketed in the US were marketed in the Swiss market. Orphan drugs have less presence in the Swiss than in the US market. Future research should compare the approval processes in both countries and evaluate the impact of the availability of drugs on patients’ outcomes and costs.

**PHP51**  
**EVALUATION OF AUDIT SCORING CONSISTENCY IN A COMPREHENSIVE FEEDLOT MANAGEMENT SYSTEM AND CORRELATION WITH FEEDYARD PERFORMANCE BASED ON AVERAGE DAILY GAIN AND DRY FEED CONVERSION IN 11 US FEEDLOTS**

Bauer et al., Walter S, Holland R

OBJECTIVES: A comprehensive Feedlot Management System (FMS) was developed to optimize feedyard processes. The FMS consists of 43 Standard Operating Procedures (SOPs) that guide feedyard management and incorporates accountability. Processes and incorporates accountability.

**METHODS:** In the study group of feedlots implementing the FMS, the ATC class with the highest proportion of US approved drugs marketed in Switzerland was the ATC class with the highest proportion of US approved drugs marketed in Switzerland.  

**CONCLUSIONS:** Two-thirds of the AICs marketed in the US were marketed in the Swiss market. Orphan drugs have less presence in the Swiss than in the US market. Future research should compare the approval processes in both countries and evaluate the impact of the availability of drugs on patients’ outcomes and costs.

**PHPS5**  
**FACtORS ASSOCIATED WITH ELECTRONIC HEALTH RECORD IMPLEMENTATION AMONG HOSPITALS IN AMERICAN HOSPITAL ASSOCIATION ANNUAL SURVEY DATABASE**

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**OBJECTIVES:** (1) To determine the proportion of hospitals with and without implementation of electronic health records. (2) To examine characteristics of hospitals that report implementation of EHR partially or completely versus those hospitals that did not report implementing EHR. METHODS: The HOSPITAL DATABASE was used to access the 2013 American Hospital Association Annual Survey database. The dependent variable was the implementation of EHR completely or partially, while the independent variables were hospital characteristics, organizational structure, accreditations, ownership, services and facilities provided independent variables. Descriptive frequencies were followed by multinomial logistic regression to determine variables independently associated with complete or partial implementation of EHR. RESULTS: 12.6% of hospitals reported no implementation of EHR while 43.9% and 43.5% of hospitals implemented EHRs partially and completely respectively. Overall characteristics of hospitals with complete and partial implementation were similar except for the number of licensed beds, type of service being children’s general medical and surgical and heart was associated with complete implementation of EHR. Inversely limited service hospitals, hospitals participating in a network, psychiatric and rehabilitation services offered, general hospitals, nongovernment not-for-profit hospitals showed less likelihood of complete implementation of EHR. CONCLUSIONS: Our findings suggest a possible disconnect between psychiatric and rehabilitation hospitals’ larger, for-profit hospitals and smaller, not-for-profit hospitals in EHR implementation. Policy initiatives need to particularly target these institutions to bridge this possible gap.

**PHP54**  
**EFFICIENCY ANALYSIS OF THE HUNGARIAN OUTPATIENT-CARE SYSTEM WITH DATA ENVIRONMENT ANALYSIS**

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**OBJECTIVES:** The objective of our study was to analyze the efficiency of the Hungarian outpatient care system from 2001 to 2013 using the Data Environment Analysis (DEA) and the technical (TE) and scale efficiency (SE) of them. METHODS: The analysis covered all the Hungarian outpatient care units (N=539 in 2003, N=514 in 2006, N=475 in 2010, N=494 in 2013). We used the Data Envelopment Analysis method for analysis, and chose the following variables: the weekly mean working hours of physicians and non-pharmacists (inputs), number of medical procedures, number of cases, number of the activity points and the reimbursement paid by the National Health Insurance Fund Administration (outcomes). The outpatient units were classified into two groups: integrated with hospitals, or independent outpatient clinics. RESULTS: Technical efficiency of the integrated units was 51.6% in 2003, and it was continuously increasing in the following years. Scale efficiency also improved after 2003 (started from 38%, then +2.7% to 2006, decreased -0.8% to 2010, +8% to 2013). The independent units’ TE in 2003 started from 35.3%, the following years it changed with an average of +1.10% to 2003, SE in 2003 was 39.9%, with average increase of 5% in the following years. In this study we found an optimum capacity of 100-200 hours/week minimum, and 500-600 hours/week maximum limit for the integrated units, and 60-100 hours/week minimum and 500 hours/week maximum for the independent units. CONCLUSIONS: Our study revealed that integrated outpatient units showed better efficiency rate than independent outpatient units. This analysis can give a starting point to the optimization of the Hungarian outpatient-care system. The efficiency scores can give guidelines to the integrated units in order to become more efficient, but the system also needs a more detailed examination.