HIT interventions. Research evaluating the long term health and cost outcomes of improving medication adherence using HIT interventions is also recommended.

**PH50**

**PERSEVERANCE WITH TESTOSTERONE REPLACEMENT THERAPY (TRT)**

**Objective:** Very limited data exist on patient persistence with testosterone replacement therapy (TRT). Furthermore, no persistence data are available for the long-acting injection (LAI) formulation. Therefore, the objective of this analysis was to compare medication persistence and first switching patterns among patients initiating LAI with those using other testosterone formulations. **Methods:** This was a retrospective database analysis of 17,385 patients receiving TRT in Germany between 2008 and 2012 based on the IMS®Health German Longitudinal Prescriptions (LxP) database. **Results:** Patients initiating LAI were well balanced with those initiating TRT for most measured demographic characteristics. **Conclusion:** This model can be used to estimate a Canadian TTO-based EQ-SD-SL value set.

**PH53**

**DEVELOPING A GENERIC DESCRIPTIVE SYSTEM FOR CHILDREN’S HEALTH: A QUALITATIVE STUDY**

**Objective:** Although there are several general valuation tools for health states have been developed for adults, there are few of those for children. In addition, it is uncertain how the health dimensions included in these tools developed in the Western countries are valid in the Eastern countries like Korea. The purpose of this study was to elicit health dimensions of children as the first step of developing a general valuation tool for children’s health states. **Methods:** The study found new dimensions that had not been included in the previous health descriptive systems for children such as food/nutrition, robustness/good stature, and family. This implies that children from different cultural backgrounds might need different general health descriptive systems.

**PH54**

**TIME TRADE-OFF UTILITY ASSESSMENT WITH A 10-YEAR TIME HORIZON: WHEN SHOULD ALTERNATIVE APPROACHES BE CONSIDERED?**

**Objective:** In recent years, the time trade-off (TTO) method with a 10-year time horizon has been the most frequently used approach for direct health-state utility assessment. It is likely that researchers have favored this method because the National Institute of Health and Clinical Excellence (NICE) Guide to the Methods of Technology Appraisal states a preference for consistency with the EQ-5D, which has a utility scoring algorithm derived using 10-year TTO valuations. Although comparisons of time preferences is important, there is situations when the 10-year TTO is not optimal. **Methods:** A review of the literature was conducted to identify situations where TTO with a 10-year time horizon may not be the most appropriate method. **Results:** Five challenges we could obtain 13 themes including food/nutrition, physical activity, usual activities, loneliness, depression/anxiety, pain, good mood/joyfulness, robustness/good stature, lost income effects in health state valuations in situations where they had been.

**PH55**

**DO UTILITY VALUES REFLECT LOST INCOME AND THE FULL OPPORTUNITY COST OF WORK LOSS?**

**Objective:** While a good many of the utility values from numerators of cost-effectiveness ratios. This critical literature review evaluated evidence as to whether individuals consider work loss when estimating utility of health states. **Methods:** PubMed/MEDLINE, Scopus, and EMBASE databases were searched using terms such as “quality of life,” productivity, “utility,” and “EQ-5D.” **Results:** Abstracts of 1,114 identified studies were double screened using pre-defined criteria. References from key articles were manually reviewed. Sixteen relevant publications were identified. **Results:** Nine countries representing 10 regions: the Netherlands (6), Sweden (1), Switzerland (1), United States (5) asked respondents if they spontaneously considered income effects or believed study health states would impact income. Between 51% and 64% of respondents in 6 studies indicated they considered lost income effects in health state valuations in situations where they had been.
given no instruction whether to consider income. Two studies reported significantly lower results than the others (17% vs. 4%, United States military population (Japan: 77%). Differences in study population (students versus general), health state severity, and utility elicitation method (time trade off versus visual analogue scale) may explain conflicting results. The impact of cultural attitudes towards work and money (e.g. wage replacement rate not related to patients’ economic value of work loss should be included explicitly in cost-effectiveness analyses.

PHS5
SWITCHING DRUGS: ECONOMIC AND CLINICAL OUTCOMES
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OBJECTIVES: This paper explores some ethical issues that may arise in the context of generic and therapeutic substitution by evaluating patients’ awareness and understanding of drug substitution. METHODS: A literature review and a survey of a total of 163 patients using a questionnaire containing 36 questions. RESULTS: Majority of patients had a kidney transplant for more than a year ago and were highly educated. Overall key findings concluded that 84% of patients were aware of the availability of generic medicines, 70% understood the term “generic” and “branded” medicines and 65% were aware of generic substitution practice. However, 75% did not know if they were taking generic medicines and 84% felt that generic was not an equivalent or only equivalent sometimes, and they were uncomfortable with generics had the same quality as branded medicines. Of patients on generics, 66% were dissatisfied or uncertain about their satisfaction concerning generic medicines and 55% experienced noticeable differences between the branded and generic medicines. In the pocket middle, and high cost groups, 52.9%, 54.2%, and 67.9% felt that the branded medicines are more effective than their counterpart generics. Of these, 75% admitted that adapting to these differences was problematic. This practice has been considered ethical on the basis of the presumption that the cheaper drug is not inferior to the more expensive one and the premise that any saving that does not compromise the quality of care is ethical. Indeed, under such circumstances substitution raises no ethical problem whatsoever. CONCLUSIONS: Many patients are distrustful of generics because they consider these drugs as being less expensive, less effective and associated with increased adverse events. The lack of transparency around generic substitution is of concern and might lead to confusion or worry on the patients’ side. Promoting generic and therapeutic substitution on economic grounds alone is potentially dangerous and unethical.

PHS7
ATTRACTIVENESS OF PRO MIXED MODES – WHAT ARE PATIENTS SAYING?
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OBJECTIVES: An important industry topic is the utilization of mixed PRO modes in clinical trials. Mixed PRO modes may be beneficial for sponsors, but there is a lack of evidence supporting that data from different modes renders equivalent across modes. Given the industry’s interest in mixed modes, a qualitative research investigation was conducted to determine if patients would be open to utilizing if introduced into clinical trials. METHODS: A global internet-based survey was administered to patients who participated in at least 1 trial including patient diaries in the past 2 years. The survey included a list of statements that patients were requested to explain why attractive the option to utilize several different modes of patient diaries would be versus one mode alone in future trials. Responses were examined and placed into categories for analysis. RESULTS: 346 patients provided analyzable responses. 67.1% indicated they favored multiple modes, 29.5% were against, 2.9% neutral, and 0.6% undecided. For those favoring mixed modes, 41.4% indicated that they liked options/choices, 19.4% indicated that it would be easier/more convenient, 13.4% indicated being attracted to choosing their preferred mode, 12.9% indicated that it would allow for better access, and 12.9% found the flexibility to be attractive. For those who were against, 31.4% indicated that they preferred using one mode, 28.4% were interested only in using their preferred mode, 20.6% indicated it would be confusing, and 19.6% indicated it would be more complicated. CONCLUSIONS: Results show that many patients would be accepting of multiple modes, but the acceptance is not unanimous. Mixed modes may be a part of future clinical studies if evidence equivalence is established. Review responses of those against mixed modes, patients’ concerns can be identified and addressed. Common messages identified include keeping the modes easy to use and selecting proper choice of modes for administration.

PHS8
EVOLUTION OF THE PATIENT-CENTERED CONCEPT IN THE PUBLISHED LITERATURE
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OBJECTIVES: In today’s health care arena, the term “patient-centered” is typically used to describe either: 1) the engagement of patients in managing their health or 2) the measurement of patient-reported outcomes (PROMs). The objective of this study was to explore the evolution of the patient-centered concept as reported in the scientific literature. METHODS: We searched EMBASE for articles written in English between 1950-2013 with ‘patient-centered’ in the title or abstract. We examined trends in the concept’s use over time by graphing the number of publications by year. We selected a random sample of 10 articles within each decade and captured data on the context (engagement or measurement) and the focus of the article (health care, research, or both). RESULTS: Our search identified, n = 5051 publications from 1950-2013. We found a steep increase in the term’s use in recent decades. In the 1960s, ’70s, and ’80s, <50 articles were identified per decade. The number increased to >350 in the 90s, >1500 in the 2000s and >3000 in the 2010s. The vast majority (>80%) of publications from the 1960s-2009 focused on patient engagement. However, from 2010-2013, the focus was equally split between engagement and measurement of PROMs. From 1966-2013, articles reporting original research increased from 17% to 90%. In early reporting, engagement was more common, whereas researchers employed more quantitative epidemiological methods. There was also a notable shift from a single-disciplinary approach in the early decades to a multidisciplinary approach in the later decades. CONCLUSIONS: Since its introduction in scientific literature, the term ‘patient-centered’ has flourished, with tremendous increases noted in the last decade. The concept has evolved from purely patient engagement to encompass both engagement and measurement of PROMs and from qualitative to more rigorous scientific methods. These findings align with the current personalized-medicine approach that characterizes the health care industry today.

PHS9
AN ANALYSIS OF HCAHZS SCORING AND THE IMPACT OF THE PAIN MANAGEMENT DIMENSION ON HOSPITAL PERFORMANCE
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OBJECTIVES: The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHZS) survey captures patient satisfaction across 8 dimensions. CMS compares a facility’s most positive rating in each dimension (“top-box”) against three other calculated fractions. Pain management is the only HCAHZS dimension directly related to a patient’s medical condition while concurrently influencing overall patient experience and satisfaction. We systematically examined HCAHZS survey results to determine if the top-box for pain measurement across facilities, and the potential benefit to overall HCAHZS scores by improving pain management in an inpatient setting. METHODS: Baseline score from FY2013 through FY2016 was evaluated for trends and impact on performance scores. A set of hospitals was selected based on participation in CMS data collection and HCAHZS survey administration. The average hospital domain scores were tabulated for all 8 dimensions for FY2013. A direct comparison was made between the changes in pain management dimension and all other dimensions. RESULTS: Between FY2013 and FY2014 the pain management middle and high baseline scores will increase by 0.3% and 0.03% while the other 7 dimensions will increase on average, 1.0% and 0.4% respectively. Mean “top-box” ratings between FY2013-2014 changed by less than 1% across all dimensions. The disparity in baseline scores over the same period led to a change in pain dimension scores by 3%, while the other 7 dimensions saw performance scores change in the range of 2% - 15%. CONCLUSIONS: This analysis illustrates that changes to the baseline scores may have a significant impact on HCAHZS performance scores. As a result, proportional improvement in pain scores will disproportionately increase overall HCAHZS scores compared with the other 7 dimensions, indicating an increased importance of adequate pain management on overall patient satisfaction and Medicare payment.

PIH60
INCLUDED PATIENTS’ PREFERENCES IN THE DECISION MAKING PROCESS TO DETERMINE THE CONTENT OF HEALTH BENEFIT PLANS: A NARRATIVE REVIEW
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OBJECTIVES: Identify the main methodologies used to include patients’ preferences in the decision making process to determine the content of health benefit plans. METHODS: We systematically searched electronic databases (MEDLINE, EMBASE, The Campbell Collaboration, JStor, Health System Evidence, DoPHER and LILACS) for studies that were published from the inception of the databases to September 16 2013. We excluded editorials, letters to the editor, communications, abstracts and any article related to preferences for particular technologies or studies describing decisions about specific diseases. RESULTS: We found 1,868 non-duplicate citations in the electronic search, 33 were assessed for eligibility and finally, 12 studies were included in the analysis (3 reviews and 9 individual studies). The reviews concluded that it is important to use simple, objective and inclusive methods to include patients’ preferences in decision making processes but don’t recommend any specific methodology. The other studies used methodologies favoring public engagement and public participation, citizens’ jury, conjoint analysis, discrete choice experiment method and CHAT (Choosing Healthplans All Together). Some studies were mainly conducted in High Income countries (US, Canada, Germany, UK) and CHAT was the methodology most commonly used because it is an exercise that patients understand easily, and researchers recognize as practical and objective. CONCLUSIONS: There is a growing interest in public engagement in priority setting in health. The methods and characteristics of the studies evaluating methodologies used to include patients’ preferences in the decision making process to determine the content of health benefit plans varied considerably and it is difficult to compare the results. Some of the con-joint analysis methods might need more time to develop. Researchers believe it is important that the methodologies are easy for patients to understand to facilitate their participation.

PIH61
THE ROLE OF SOCIO-ECONOMIC FACTORS IN DETERMINING CONTRACEPTIVE CHOICE IN INDONESIA
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OBJECTIVES: The study determines socio-economic factors that influence the likelihood of a married woman in Indonesia on contraceptive choice. METHODS: The