involuntary job separation were significantly more likely to report zero expense on prescription drug use (odds ratio 1.37; 95% confidence interval [CI] 1.11-1.75). Among those with non-zero drug expenses, job loss was associated with 12.8% increase in the out-of-pocket payment for the last prescription while controlling for personal characteristics and the prescription payment before the job loss. CONCLUSIONS: The finding from this study indicates that impacts of job loss may be dependent on the health status of workers. Job loss may discourage workers from initiating drug treatment. For those already on medications, job loss is linked with an increase in drug expenses. It is unclear the increase is caused by the worse health status after job loss or the need of replacing to offer other more costly medical care.

**PHP23**

THE DYNAMICS OF PRICES AND QUANTITIES OF NEW DRUGS UNDER TAIWAN’S NATIONAL HEALTH INSURANCE PROGRAM

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OBJECTIVES: Technological change in medicine has been a major cause of rising health care expenditures in many countries. The adoption of new drugs plays an important role in accounting for the growth of spending on prescription drugs. This study aims to explore the dynamics of prices and quantities of new drugs under Taiwan’s National Health Insurance Program, over time. The characteristics of new drugs are the major factors affecting market expansion and market substitution of new drugs.

**PHP24**

POTENTIAL PRESCRIBER MAPPING IN RURAL LOCATION OF SOUTH INDIA

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OBJECTIVES: As the majority of the Indian population still residing in India is not only imperative to the pharmaceutical companies marketing medicines to foray in to the rural market. But there is very less understanding of the actual potential and preferences of the rural health care practitioners. Hence in this study an attempt is made to understand the prescriber potential and to also know the preferences of health care practitioners towards the company representative visits.

METHODS: A questionnaire based survey was designed to study the prescriber potential in 211 rural locations in the state of Karnataka in India. The survey included a semi-structured questionnaire aimed at 191 physicians and 75 chemists. All interviews were transcribed verbatim and analyzed by means of a standard content analysis framework.

CONCLUSIONS: The preliminary results show that the degree of competition over time. The characteristics of new drugs are the major factors affecting market expansion and market substitution of new drugs.

**PHP25**

A QUALITATIVE EXPLORATION OF MALAYSIAN DOCTORS’ PERCEPTIONS TOWARDS COMPLEMENTARY AND ALTERNATIVE MEDICINES (CAM) IN THEIR MEDICAL PRACTICE

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OBJECTIVES: The study aims to assess doctors’ perceptions towards Complementary and Alternative Medicines (CAM) in their medical practice, factors that affect the referral of CAM and barriers towards the implementation of CAM. A qualitative research approach was adopted to gain a better understanding of the current perceptions and practice held by doctors’ within their medical professions. In addition, the study aimed to gain perspective of the CAM in their medical practice.

METHODS: The study employed qualitative research method. The study was performed in Malaysia, and the skills and abilities of CAM were selected who were working in academics, hospitals and in the community health clinics. Participants were interviewed using a semi-structured interview guide. A saturation point was reached after the 10th interview, and no new information emerged with the subsequent interviews. All interviews were transcribed verbatim and analyzed by means of a standard content analysis framework.

RESULTS: The doctors expressed a range of views on CAM that can be divided into two major themes: doctors’ knowledge and understanding towards CAM and doctors’ view point on CAM in their professional practice. A key factor which affected doctor’s perspectives on CAM was the lack of scientific evidences. The attitudes on CAM were basically shaped based on personal CAM use rather than knowledge gained during an academic course. Lack of knowledge on CAM was also attributing to the doctors’ reluctance in CAM discussion with their patients. Though addition of CAM courses into the medical curriculum was proposed by some of the doctors, the practical application was criticized as some found medical curriculum heavily packed with the biomedical courses.

CONCLUSIONS: Majority of the doctors in this study were skeptical and uncertain about CAM due to lack of scientific evidence. Doctors’ communication on CAM can only be improved when doctors’ knowledge on CAM can be improved by providing necessary training on CAM.

**PHP26**

HEALTH IMPLICATIONS OF THE MTM ELIGIBILITY CRITERIA IN THE AFFORDABLE CARE ACT ACROSS RACIAL AND ETHNIC GROUPS

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OBJECTIVE: Non-Hispanic Blacks and Hispanics are less likely than non-Hispanic Whites to be eligible for U.S. Medicare medication therapy management (MTM) services. The objectives for this study were to determine (1) racial/ethnic disparities in meeting MTM eligibility criteria as stipulated in the Patient Protection and Affordable Care Act (PPACA); and (2) whether there would be greater disparities in health care among MTM ineligible and eligible groups (if so, the PPACA MTM eligibility criteria may aggravate existing disparities in these outcomes).

METHODS: Medicare Current Beneficiaries Survey (2007-2008) was analyzed. PPACA MTM eligibility was compared between Whites and minorities using logistic regression. Various other regression models were used for other study outcomes (measures for health status, health services utilization/costs and medication utilization). The interaction terms in the regression models for disparities in MTM eligibility categories, interaction terms were included between dummy variables for race/ethnicity and MTM eligibility and were interpreted on the multiplicative term and using marginal effects.

RESULTS: The sample consisted of 12,966 Medicare beneficiary respondents, 51.6% were women, 56% were 65 years or older, 54% were non-Hispanic Whites to meet PPACA MTM eligibility criteria (adjusted odds ratio [OR] = 0.66 [P < 0.05] for Blacks, and OR = 0.62 [P < 0.05] for Hispanics). Racial and ethnic disparities in self-perceived health status (SPHS), activities of daily living (ADLs), and instrumental ADLs were greater among the MTM-ineligible than the MTM-eligible populations (e.g., for SPHS, difference in marginal effects between Whites and Blacks = -27.25 [P < 0.01] across MTM eligibility categories, and between Whites and Hispanics = 20.62 [P < 0.01]). MTM eligibility was associated with higher costs of physician visits among MTM-ineligible compared to MTM-eligible populations; no other variables exhibited significant interaction effects.

CONCLUSIONS: The PPACA MTM eligibility criteria is not an ideal alternative in resolving disparity issues associated with Medicare MTM eligibility criteria. MTM eligibility criteria which reduce rather than aggravate disparities have yet to be identified/devised.

**PHP27**

PATIENTS AND DOCTORS WORKING TOGETHER TO IMPROVE HEALTH SERVICE DESIGN: DIFFICULTIES AND CHALLENGES IN BETWEEN CHINA

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OBJECTIVE: To conduct a survey of the possible factors that cause the tension between patients and doctors, and the methods to narrow the gap.

METHODS: A survey including 16 items (8 for patients and 8 for doctors) was conducted in one of the Level A hospitals in southwest region of China for a total of 853 questionnaires with 580 for patients and 273 for doctors respectively. Microsoft Excel 2007 was used to perform data extraction and analysis.

RESULTS: The survey yielded to 822 questions with a response rate of 96.4%. The results showed that majority of the patients (93.19%) want doctors to seek their opinions when providing the treatment. While 61.48% doctors indicated it was difficult to share decision-making with patients. Account for 60.47% patients would like to obtain information from doctors. Whereas, 52.75% of doctors expressed that it was difficult to provide patient with high quality and reliable evidence or information. Twenty percent of the patients didn’t fully satisfied with the existing treatment, while 63% doctors indicated that it was difficult to meet patients’ desires. The reason for the difficulties in communication were mainly about: short communication time (50.48%) and improper communication method (37.07%). Only 14.65% of doctors expressed that they had enough time to communicate with patients.

CONCLUSIONS: Lack of “communication openness” was identified as a major factor which hindered the shared decision-making. A successful bidirectional way to encourage shared decision-making to alleviate the current tense relationship for both sides is needed.

**PHP29**

DRUG USAGE IS IMPROVED BY THE “LOW-PRICED DRUG” POLICY IN CHINA

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INTRODUCTION: Since 2009 China had implemented national essential drug system, and issued first and second edition of NDL (National Essential Drugs List) respectively in 2009 and 2013, which respectively covered 307 drugs and 520 drugs. (2) With development of Chinese health care reform, planning low-priced drug policy and the introduction of essential drugs will impact on drug access. OBJECTIVES: To describe Chinese policies’ development for promoting drug access, analyze the policies’ impact and potential lacks. METHODS: Through collecting relevant policies from national departments and 31 provinces, apply descriptive statistics and comparison to summarize these policies’ impact.

RESULTS: (1) On May 2013 China