

several methodologies and usually combine qualitative and quantitative evaluations. Indeed, documenting several aspects of the burden associated with RMI such as costs, time required to comply with specific requirements or healthcare professionals' opinions is critical to obtain a comprehensive overview of the situation and develop targeted strategies aiming to enhance RMIs implementation and outcomes. **CONCLUSIONS:** Several methodological gaps have been identified on the methods used to evaluate the utility and burden of RMIs.

#### PHP223

##### IS ASSIGNMENT OF FINANCIAL VALUE STIMULATING FRENCH RESEARCHERS OF PARIS ACADEMIC HOSPITALS TO PUBLISH IN INTERNATIONAL JOURNALS? RESULTS OF THE DIAZEPAM SURVEY

Duracinsky M<sup>1</sup>, Baudoin L<sup>1</sup>, Lalanne C<sup>2</sup>, Descamps A<sup>1</sup>, Pellet C<sup>3</sup>, Peretz F<sup>3</sup>, Chassany O<sup>1</sup>  
<sup>1</sup>Assistance Publique-Hopitaux de Paris, Paris, France, <sup>2</sup>University Paris-Diderot, Sorbonne Paris Cité, Paris, France, <sup>3</sup>Abelia Science, Saint Georges sur Baulche, France

**OBJECTIVES:** SIGAPS is a bibliometric software tool developed in France to identify and analyse Medline-indexed publications produced by researchers. It takes account of the author's ranking on the paper and the journal's impact factor. Results are used to assign a financial value to hospital facilities. One of the objectives of the present survey was to assess impact on publishing. **METHODS:** The DIAzePAM (Difficulties for Authors to Publish Articles in Medical journals) survey used the electronic address book of the bibliometric unit of the Paris Public Academic Hospitals Organisation (AP-HP), France to address a dedicated 39-item electronic questionnaire. **RESULTS:** Between 28 May and 15 June 2015, 1191 subjects (female: 55%; <45 years of age: 63%; doctors: 81%, pharmacists: 9%; hospital practitioners: 51%; academics: 25%) anonymously completed the questionnaire (response rate, 17%). 80% of respondents had published at least 1 article in the previous 2 years (40% at least once as 1st author). The main reasons for publishing were scientific (96%) or reputation (76%); only 17% of respondents reported publishing to obtain SIGAPS points. Impact factor was the determining journal selection criterion (85%). 76% of respondents claimed not publishing enough. Major barriers to publication were lack of time to write (79%) or submit (27%), limited English (40%) or writing skills (32%), and difficulty starting writing (35%). 88% of respondents would appreciate support for English reediting (79%), critical reediting (63%), formatting (52%), writing (41%). This support was expected to save time and increase high impact factor journal submission and acceptance. 56% of respondents thought the financial value of SIGAPS should be used to pay for support. **CONCLUSIONS:** Although impact factor remains decisive in choice of journal, French researchers do not publish to earn SIGAPS points, possibly because the financial value is not currently clearly allocated back to researchers.

#### PHP224

##### QUALITY ANALYSIS OF PHARMACOECONOMICS EVALUATION AND APPLICATION LITERATURE IN CHINA DURING 2009-2013

Wu H  
 Guizhou Medical University, Guiyang, China

**OBJECTIVES:** To investigate the scientific research quality level of pharmacoeconomics evaluation literature in China. **METHODS:** From 2009 to 2013, a total of 1127 papers published in academic journals in China were evaluated in terms of an assessment framework of 5 first-class indexes and 24 second-class indexes. The score of 1 was given if the literature reported the information required by the index, while 0 was given without reporting. Quality of overall papers and different types of authors, with/without funding sources and evaluation technique type were assessed. **RESULTS:** The average score for all sampled papers was only 0.347 (SD=0.476). The quality of papers with stating funding sources (P=0.006), applying cost-utility analysis (P=0.003) and multiple analysis techniques (P=0.061) received statistically significant higher scores. In the total sample, most literatures were about cost-effectiveness analysis (CEA). The problems of the low quality papers were mostly unclear interest conflict of authors, no representative samples, ambiguous criterion of comparators types, unreasonable cost calculation, inaccurate explanation of outcomes and lack of uncertainty analysis, etc. **CONCLUSIONS:** The scientific research quality level of pharmacoeconomics evaluation literature in China is low. It is necessary to further standardize and optimize pharmacoeconomics study in China in order to obtain reliable assessment results for guiding practice.

#### PHP225

##### GLOBAL PUBLICATION TRENDS IN MEDICAL NUTRITION HEALTH ECONOMICS

Naberhuis JK<sup>1</sup>, Bell JD<sup>2</sup>, Goates S<sup>2</sup>, Nuijten M<sup>3</sup>  
<sup>1</sup>University of Illinois at Urbana-Champaign, Urbana, IL, USA, <sup>2</sup>Abbott Nutrition, Columbus, OH, USA, <sup>3</sup>Ars Accessus Medica, Jisp, The Netherlands

**OBJECTIVES:** Interest in medical nutrition health economics is growing as governments face continued pressure to contain healthcare costs. Medical nutrition is a cost-effective intervention for a variety of patient populations. This literature review summarizes global publication trends in medical nutrition health economics and identifies gaps in the body of evidence. **METHODS:** Relevant publications were identified using predetermined search criteria encompassing nutritional and health economic terms and multiple databases including Medline and Embase. Original studies which included subjects  $\geq$  18 years of age and published in English between January 2004 and October 2014 were included if they addressed both costs and clinical outcomes. **RESULTS:** From 5,646 unique results, 274 studies met the inclusion criteria. The number of publications increased over the inclusion period with studies conducted in developed countries exceeding those in developing countries by factors ranging from 2.7 in 2006 to 20 in 2010. The majority of studies were undertaken in Europe (39.4%) and the United States/Canada (27.7%). Most of the studies (73.0%) included adults of all ages whereas a minority of studies (19.7%) included elderly (age 65+) only. Many studies were conducted in multiple settings, with the hospital (62.0%) and community (29.9%) being the most common. Malnutrition, surgery, and gastrointestinal disorders were the most common conditions of interest

in studies from developed countries, while micronutrient deficiencies and critical illness were the most common conditions of interest in studies from developing countries. The most prevalent interventions identified were oral nutrition supplements (12.0%) and parenteral nutrition (10.9%), while outcomes of interest were most frequently cost (53.3%), length of stay (47.8%), mortality (25.2%), or readmissions (8.7%). **CONCLUSIONS:** This literature review demonstrates that interest in the cost effectiveness of medical nutrition has increased in recent years with the majority of studies focusing on cost and length of stay in adults of all ages.

#### PHP226

##### EVALUATION STUDY ON EQUALIZATION OF BASIC MEDICAL AND HEALTH SERVICES IN CHINA

Liu J<sup>1</sup>, Wu J<sup>2</sup>, Zhu B<sup>2</sup>, Mao Y<sup>1</sup>  
<sup>1</sup>Xi'an Jiaotong University, Xi'an, China, <sup>2</sup>Xi'an Jiaotong University, Xi'an, China

**OBJECTIVES:** As one important goal of New Medical Reform in China, the equalization of basic medical and health services (BMHS) has drawn a lot of attention of policymakers and other stakeholders. The objectives were to evaluate implementation progress of the BMHS and compare the equalization differences among different regions in China. **METHODS:** Using literature analysis, brainstorming, TOPSIS and entropy-weight method, we designed the evaluation indicator system which included 1 first class indicator (equalization index), 3 second class indicators (input index, output index and effect index) and 28 third class indicators. Based on above, we made the calculation and evaluation using the national macro statistical data. **RESULTS:** 1) All the input index (0 to 91.18), output index (-4.14 to 35.56) and effect index (0 to 50.58) have been improved significantly from 2010 to 2012 in China (The year of 2010 was as a base value). 2) There were serious non-equalization problems in input, output and effect of BMHS between urban and rural areas in China. 3) The results evaluated from the perspective of eastern, middle and western regions showed that the equalization index value of eastern region was the biggest, and it was the smallest in the middle region in China. However, the gaps among these three regions were gradually narrowing. **CONCLUSIONS:** 1) Many reasons resulted to the non-equalization problems of BMHS in China. 2) It was the non-equalization of BMHS between urban and rural areas that was the most serious and urgent to be solved of in China. 3) In order to alleviate this problem, first, the binary household registration system between urban and rural areas should be integrated. Second, it should perfect the financing system reasonably and promote the development of the universal health insurance. Third, it should improve the efficiency of input and output of the health resources.

#### PHP227

##### A SYSTEMATIC LITERATURE REVIEW TO ASSESS THE IMPACT OF SOCIAL NETWORKS ON HEALTHCARE IN INDIA

Patel P, Nair SR, Jha D, Pagada A, Jamdade V, Basa P  
 Capita India Pvt. Ltd., Mumbai, India

**OBJECTIVES:** Social network analysis (SNA) has been globally used to successfully implement intervention programs, and track contagious diseases. Social capital and social support are also being recognized as predictors of improved health and well-being. However, not much data is available on the use of social networks in India. This systematic literature review was carried out to evaluate the utility of social networks as a change implementation tool in Indian healthcare. **METHODS:** Studies were retrieved from Embase, Pubmed and Cochrane databases, using relevant search strategies. Abstracts and posters from the relevant conferences were also hand searched. Included studies were primarily conducted in India, and reported the utility and impact of social networks, with a focus on SNA methods and metrics in various healthcare settings in India. Two researchers independently reviewed studies using the Cochrane methodology. Quality assessment of the included studies was conducted using the STROBE checklist. **RESULTS:** In total, 1100 potentially relevant studies were screened. Following screening of abstracts and full-text publications, about twenty primary publications (survey-based [focus groups, interviews], and community-based intervention studies) were included. SNA was primarily used in studying disease transmission networks such as HIV, and successful implementation of interventions towards neonatal mortality, and better maternal health. Further use included identification of knowledge dissemination networks in geriatric care, use of contraceptives, mental health, epilepsy, and autism. Detailed analyses of the findings from studies are still ongoing and will be presented in the poster. **CONCLUSIONS:** Preliminary analysis shows that limited evidence exists on the use of SNA and impact of social networks on healthcare in India. It also highlights the disparity in the awareness among Indian health communities regarding the utility of social networks. For a country with divergent health systems and a huge rural population, the use of social networks may be very impactful in improving healthcare.

#### PHP228

##### CHALLENGES AND BENEFITS OF CONDUCTING VALUE OF INFORMATION ANALYSIS FROM THE PERSPECTIVE OF INDUSTRY: A SIMULATION STUDY

Mohseninejad L<sup>1</sup>, Aballéa S<sup>2</sup>, Toumi M<sup>3</sup>  
<sup>1</sup>Creativ-Ceutical, Rotterdam, The Netherlands, <sup>2</sup>Creativ-Ceutical, Paris, France, <sup>3</sup>University of Marseille, Marseille, France

**OBJECTIVES:** Value of information (VOI) analyses are performed to assess opportunity cost of uncertainty, usually from a payer or societal perspective. The aim of this study was to simulate the Expected Value of Sample Information (EVS<sub>I</sub>) from a manufacturer's perspective and study the factors affecting the EVS<sub>I</sub>. **METHODS:** A model linking the probability of acceptance of a new treatment to the incremental cost effectiveness ratio (ICER) and uncertainty around it was assumed, based on acceptable ranges of ICER reported in the literature. Uncertainty was characterized as the probability of ICER being above the willingness-to-pay (WTP) threshold of £30,000/QALY. Different scenarios describing the sensitivity of the approval chance to the ICER and uncertainty were considered. The manufacturer was assumed to earn a revenue of £20 million over 10 years if the technology got accepted. EVS<sub>I</sub> was calculated for several values of prior ICER and uncertainty, using 10,000 simu-