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 RMs implementation and outcomes. Several methods have been identified on the methods used to evaluate the utility and burden of RMs.

**PHP22**

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

Duchesne M1, Baudoin L1, Lalanne C2, Descamps A1, Pellet C1, Perretz P1, Chassany O1

1Assistance Publique-Hôpitaux de Paris, France, 2University Paris-Diderot, Sorbonne Paris Cité, Paris, France. *Abelia Science, Saint Georges sur Bauluche, France*

**OBJECTIVES:** Since the DIAZEFAM (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. The survey aimed 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 survey was to determine the impact on publishing.

**METHODS:** The DIAZEFAM questionnaire was designed 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 survey was to determine the impact on publishing.

**RESULTS:** Between 25 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%). 40% 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 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 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 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 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 at least once as 1st author).

**CONCLUSIONS:** As expected, the financial value of SIGAPS was not enough to compensate for the 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 RMs implementation and outcomes.

**PHP24**

**QUALITY ANALYSIS OF PHARMAECONOMICS EVALUATION AND APPLICATION LITERATURE IN CHINA DURING 2009-2013**

Wu H1

1Guizhou Medical University, Guiyang, China

**OBJECTIVES:** To investigate the scientific research quality level of pharmaecomics 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 indices and 24 second-class indices. 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 used were compare for various health issues. RESULTS: The scientific research quality level of pharmaecomics evaluation literature in China was low. The mean quality score was 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 regression analysis techniques (P=0.006) were significantly statistically significant higher. In the total sample, most literature were about economic evaluation of health care (65.4%). The percentage of high-quality papers was mostly unclear conflict of authors, no representatives, ambiguous criteria of comparison, unreasonable cost calculation, inappropriate explanation of outcomes and lack of uncertainty analysis, etc. CONCLUSIONS: The scientific research quality level of pharmaecomics evaluation literature in China is low. It is necessary to further standardize and optimize pharmaecomics studies in China in order to obtain reliable assess results for guiding practice.

**PHP25**

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

Naberhuin JC2, Bell JD1, Goates S1, Nijutien M2

1University of Illinois at Urbana-Champaign, Urbana, IL, USA, 2Abbot Nutrition, Columbus, OH, USA.

**OBJECTIVES:** Interest in medical nutrition health economics is growing as governments continue to decrease public healthcare spending. A 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 ≥ 18 years of age and published in English between January 2004 and October 2014 were identified if they addressed both costs and clinical outcomes. Results: From 5,646 total publications, 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 the United States/Canada (41.6%). 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 (29.5%) being the most common. Most studies reported their utility, 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 readmission (22.6%). Several methods have been identified on the methods used to evaluate the utility and burden of RMs.

**PHP26**

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

Liu J1, Wu P2, Zhu B1, Mao Y1

1Xi’an Jiaotong University, Xi’an, China, 2Xi’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- weighted scoring methods, we developed this study to investigate 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.

**PHP27**

**A SYSTEMATICAL LITERATURE REVIEW TO ASSESS THE IMPACT OF SOCIAL NETWORKS ON HEALTHCARE IN INDIA**

Patel P1, Nair SR1, Jha D1, Pagada A1, Jamade V1, Basu P1, 2Capgemini 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 keywords and strategies. A total of 3087 studies 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 their impact on 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, 1,100 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 studies addressing disease transmission networks such as HIV, and successful implementation of interventions leads 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.

**PHP28**

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

Mohseninejad U1, Aballale S2, Tsumi M3

1Creactiv-CEPTal, Rotterdam, The Netherlands, 2Creactiv-CEPTal, Paris, France, 3University 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) from a manufacturer’s perspective and study the factors affecting the EVS. 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 the willingness to pay threshold of £30,000/QALY. Different scenarios describing the sensitivity 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 was calculated for several values of prior ICER and uncertainty, using 10,000 simu-