awarded by the TC in France, and the recommendations provided by NICE and/or the United Kingdom, we developed a scoring system based on the ASMR rating consortium (SMC). This left a total of 24 orphan indications. To determine a relation-
cost-effectiveness approach.

METHODS: Preventable hospitalizations (PHs) as defined by Agency of Healthcare
Research and Quality (AHRQ) were identified from the Texas Health Care Informa-
tion Collection (THIC) Inpatient Discharge Data. The study was restricted to non-
elderly adult residents of Harris County, TX, with at least one inpatient discharge in
2008. The dependent variable was a binary PH variable, which was further segre-
gated into chronic and acute PHs. The primary independent variables were primary care
physician and safety net clinic availability (measured as number of physi-
cians/clinics within a 5-mile radius of patient’s ZIP code per 1000 population) and
health insurance. Multivariable logistic regression was used to determine the effect of
indicators of preventable hospitalizations. PHs.

RESULTS: The study population had 11,313 PHs in 2008, of which 7,236 (64%) were
for chronic conditions. Physical need was not associated with the risk of PHs. Safety
net availability was significantly associated with overall PH risk, but only in the uninsured.
An increase in safety net availability by one clinic per 1000 population led to a 23% decline in odds of uninsured PHs. Lack
of health insurance was associated with increased PH odds of 30%. However, when
chronic and acute PHs were examined separately, safety net availability and health
insurance were associated with risk of PHs only for chronic conditions, and had no
significant association with risk of acute PHs.

CONCLUSIONS: In primary care safety net availability or health insurance coverage may
reduce the risk of PHs, especially for chronic conditions. Hence, it is important that both of these strategies be addressed while designing policies to increase access and reduce PHs in the community.

PHP7
ACCESS TO ORPHAN ONCOLOGY DRUGS IN FRANCE VERSUS THE UNITED KINGDOM

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OBJECTIVES: Cancer outcomes in the United Kingdom are inferior to those in
France, which may be attributable to less effective screening, later diagnoses and
longer waiting times. But access to state-of-the-art medicines may also be a factor.
This paper aims to compare access to orphan oncology drugs in France, where the
HTA evaluation is based on clinical effectiveness, and the UK, which uses the cost-
effectiveness approach. METHODS: We identified a total of 33 EMA-approved orphan
indications. To ensure a homogeneous sample, we excluded all those targeting non-therapeutic indications, as well as those not reviewed by France’s Transparency Commission (TC) in France and the recommendations provided by NICE and/or the SMC in the United Kingdom. RESULTS: Although prices are similar, access to orphan oncology drugs is far greater in France than the UK. Of the 24 indications in our study, NICE recommended just five for the NHS in England and Wales (an additional two were made available through the Cancer Drug Fund). In Scotland, the SMC recommended seven of them, but only two for unrestricted use. By con-
tраст, 23 of the 24 indications are reimbursed in France. Regression analysis on our
sample, NICE recommended just five for the NHS in England and Wales (an

PHP29
ACCESSING HEALTH CARE IN A FISHING COMMUNITY: AN EXPLORATORY
STUDY OF ADA KOFE COMMUNITY IN THE TEMI MARITIMA, GHANA

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OBJECTIVES: Access to health care for indigent population in Ghana remains a
challenge despite introduction of the National Health Insurance Scheme (NHIS) in
2004 to address the problem of financial barriers to health care access. The situa-
tion is worse in rural settlements where there are inadequate or no health care
facility and health care professionals. The Ada Kofe community is a fishing com-
munity located in the Tema region. Methods: A cross-sectional study was
performed on a sample of 102 residents of the Ada Kofe community, with the
microscope as their source of livelihood. The community has no primary health care facility and as result inhabitants face geographical and financial difficulties when accessing
health care. The study aimed to explore access to health care services in Ada Kofe community. METHODS: Face-to-face interview method was employed to collect
data on health insurance cover, usual source of care, and other barriers to
health care access in the community using semi-structured questionnaire.
RESULTS: About 45% of the respondents had health insurance cover. Although
most of the insured had used it, 56.7% specifically used hospital OPD outside the community for their health care needs. This creates financial and
geographical difficulties which in extreme cases may lead to avoidable deaths.
About one-third of the respondents faced structural, spatial, and personal barri-
ers to accessing health care facilities in the community due to lack of transport facil-
ities and health insurance cover. CONCLUSIONS: More than half of the households in
the community do not have health insurance cover. Moreover, the community has
no primary health care center and as a result household members travel outside
the community to access health care. An establishment of NHIS registration centre
in the community will increase enrollment and facilitate access to health care.
Provider of community health centre will also help remove some of the
financial barriers households faced when accessing care.

PHP30
THE BITTERSWEET SUCCESS OF ORPHAN DRUGS

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OBJECTIVES: Legislation such as the Orphan Drug Act (ODA) in the United States
(US), and Regulation 141/2000 in the European Union (EU) have been successful in stimulating research and development and supporting regulatory approval of or-
phan drugs that would not have otherwise been commercially viable. This success,
however, has been bittersweet. While increasing numbers of patients with rare
diseases have gained access to potentially life-saving or life-extending treatments,
many patients have struggled to access drugs for rare diseases given the high costs
on overall drug and healthcare budgets. The objective of this study was two-fold; 1)
to explore the impact of orphan drug legislation on patient access to drugs for rare
diseases in the US and EU, and 2) to quantify the impact costs of associated with
orphan drugs on overall drug and healthcare budgets. Literature searches were conducted using various search engines, including PubMed, Google,
and Google Scholar. RESULTS: Legislative initiatives directed at drugs for rare dis-
eases in the US and EU have resulted in the development and funding of an un-
precedented number of drugs for rare diseases. The recent approval of a multitude
of new drugs for rare diseases in the US and EU has led to notoriety increases
in overall drug and healthcare budgets. CONCLUSIONS: Reimbursement and patient
access for orphan drugs will become increasingly more challenging as decision
makers become more prohibitive in their approval of new and expensive drugs.
Criteria for the reimbursement of drugs for rare diseases needs to be clearly
established and communicated.

PHP31
ANALYSIS OF FORMULARY LISTS FOR WAR VETERANS AND CHERNOBYL
Victims in Ukraine

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OBJECTIVES: According to state legislation free provision of medicines for War
Veterans and Chernobyl Victims is available in Ukraine. Since 2009, Ukraine intro-
duced the drug formulary system by the Central and Regional formulary committees.
METHODS: To assess the comparability of two different formulary
committees work results we analyzed 2010 Formulary lists by the State Medical
Centre for War Veterans and the Kyiv Regional health care program for people
affected by the Chernobyl accident. Also, we determined the following indicators for
each formulary list: total annual budget value, annual budget value per person;
number of INNs (international nonproprietary names), total number of brands;
average number of brands per INN (± SD), budget shares of “original” drugs versus
“generics”; pack (unit) shares of “original” drugs versus “generics”.

RESULTS: Legislative initiatives directed at drugs for rare diseases in the US and EU have resulted in the development and funding of an unprecedented number of drugs for rare diseases. The recent approval of a multitude of new drugs for rare diseases in the US and EU has led to notable increases in overall drug and healthcare budgets. CONCLUSIONS: Reimbursement and patient access for orphan drugs will become increasingly more challenging as decision makers become more prohibitive in their approval of new and expensive drugs. Criteria for the reimbursement of drugs for rare diseases needs to be clearly established and communicated.