from PQRI and HEDIS 2010 requirements; pharmacy measures included 14 PQA measures being tested for these diseases. Measures were reviewed to identify: 1) type (process/outcome) 2) constructs; and 3) data requirements (pharmacy, medical, laboratory). RESULTS: Forty-eight measures were included (13 HEDIS, 21 PQRI, 14 PQAs), HEDIS, PQRI, and PQM measures for diabetes and insulin-pump dispensing (achievement of Hgb A1c and LDL goals) and % receiving recommended screenings, while PQM measures emphasize process (adherence as gaps in therapy and proportion of days covered), excessive doses of diabetes medications, and suboptimal treatment (% on diabetes prescription without an ACEI or ARB). HEDIS, PQRI, and PQM measures for asthma assess use of controller medications, though 1 PQM measure also assesses overuse of beta agonists. Differences in the types and constructs of measures suggest opportunities for alignment. A bi-level framework that employs reporting pharmacy measures among patients who have not met the physician measure, facilitate a team approach for diabetes and hypertension quality, though this would only be feasible for organizations holding both medical and pharmacy data.

CONCLUSIONS: Medication quality measures are of increasing importance, yet available diabetes and hypertension pharmacy measures differ. Findings suggest that testing a bi-level framework for diabetes and hypertension pharmacy quality measurement would be worthwhile.

HEALTH CARE USE & POLICY STUDIES – Regulation of Health Care Sector

THE ROLE OF AUTHORIZED GENERICS IN THE PRESCRIPTION DRUG MARKETPLACE

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OBJECTIVES: Authorized generics (AGs) are products manufactured by a patent holder but marketed by a subsidiary or a third party company. AGs might increase competition and reduce generic prices when launched during the 180-day exclusivity period. In cases of independent generic(s) (IGs), AGs launched during IG exclusivity might also present a long-term disadvantage to consumers by delaying timely entry of generics. The objectives of this study were: 1) to determine the trend in market share of AGs during the first six months for drugs launched with a first-filer(1)-80 day exclusivity, 2) to determine the trend in market share of AGs for the first six months for drugs launched without first-filer exclusivity. METHODS: Five drugs were selected as cases to assess the effect of AGs launched during the exclusivity of IGs on market share of the brand and generic products. Each product selected had three subcategories: a brand name drug, an AG and at least one IG on the market. The unit of analysis was the number of prescriptions dispensed, without regard to the dispensed quantity. RESULTS: At the end of the first year, market shares of AGs launched with the exclusivity of an IG in the cases of Zocor®, Proscar® and Norvasc® were 37%, 52% and 49%, respectively. Meanwhile, market shares of AGs launched without the exclusivity of an IG in the cases of Arava® and Amben® were 21% and 14%, respectively. CONCLUSIONS: AGs launched during IG exclusivity dominated the market and had the largest market share when compared to any other single market participant for the case. AGs launched during IG exclusivity obtain a dominant market share position and in the long run might discourage IG companies from timely generic introductions. Policy limiting the entry of AGs during the exclusivity of IG exclusivity might prevent delayed generic entry.

DESCRIPTION AND EVALUATION OF THE KNOWLEDGE OF THE BRAZILIAN POPULATION FOR THE POLICIES OF ECONOMIC MEDICINE REGULATION IN BRAZIL

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OBJECTIVES: The primary objective was to evaluate the knowledge of the drugstore consumers from Brasilia and workers of ANVISA, for the regulation of prices of medicines. The specific objectives were to assess the knowledge of the populations on PMC, different price of generic medicines, estimate monthly expenses of the two samples and a preliminary comparative analysis between the two samples. METHODS: The study developed a cross descriptive and analytical study. Based on the application of a different questionnaire for to assess the knowledge about regulation of prices of medicines and consumption habits of consumers interviewed in the door of the drugstore and workers of ANVISA. The research was conducted by sampling according to the location of the drugstore and in accordance with the area of capacity in the drugstore and workers of ANVISA. The research was conducted by sampling according to the location of the drugstore and in accordance with the area of capacity in the drugstore and workers of ANVISA. The research was conducted by sampling according to the location of the drugstore and in accordance with the area of capacity in the drugstore and workers of ANVISA. RESULTS: There were interviewed 105 consumers in drugstores and interviews 105 workers of ANVISA, Brasilia, DF, Brazil.

RESULTS: Patients prevailed substantially across pharmacies. For Lipitor, best reimbursement (β=0.101), easiest accessibility (β=0.067), pharmacy ownership concentration index (β = 0.104) and area per capita income (β = -0.165) are significant predictors of pharmacy bargaining power. For Lisinopril, only easiest access (β = 0.082) and per capita income (β = -0.068) are found to be significant. CONCLUSIONS: Pharmacies with the best reputation, easiest access and facing less competition in its market receive higher reimbursement rates for brand name drugs. An independent pharmacy with the best reputation and easiest access and with average dispensing volume would receive $167,688 more in reimbursement a year than a pharmacy that is not the most accessible and easiest access. Our results suggest that the current third party contracting practice rewards pharmacies with favorable attributes with higher reimbursements. Our results also imply that a collective bargaining law for independent pharmacies is likely to benefit those pharmacies currently receiving below average reimbursement rates due to weaker market positions, and would have the potential effect of raising costs and removing incentives for pharmacies to maintain the attributes that are valuable to customers.

HEALTH CARE USE & POLICY STUDIES – Beyond Drug Interventions

DIFFERENCES IN CLINICIAN REPORTED EASE OF USE BETWEEN 2 HEMOSTASIS TREATMENT METHODS: RESULTS FROM A RANDOMIZED CONTROLLED STUDY


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OBJECTIVES: To evaluate treatment group differences in clinician reported ease of use between Fibrin Pad (FP) and Surgicel for hemostasis in subjects with mild or moderate bleeding using a novel survey tool. METHODS: The Ease of Use Questionnaire (EUQ) was used as part of a randomized, controlled, clinical study of FP versus Surgicel for intra-operative hemostasis. Subjects were randomized at 11 institutions with a 2:1 FP to Surgicel ratio. Additional subjects were enrolled to ensure there was an equal number of randomized subjects and treated with FP. Subjects were stratified according to bleeding severity. Up to the first three subjects completed the EUQ at each institution. The final sample was N = 20 FP and N = 8 Surgicel (randomized) and N = 2 FP (non-randomized). The EUQ is a 19-item instrument evaluating clinicians’ perceptions and preferences for hemostasis products on five subscales (Ease of Use, Satisfaction with Product Properties and Efficiency, Confidence in Efficacy, Global Confidence, and Global Satisfaction). Differences in ease of use between treatment groups were evaluated using five ANCOVA models where subscale scores were the dependent variables, treatment group was the independent variable, and severity of bleeding was controlled for as the covariate. RESULTS: Mean subscale scores for Confidence in Efficacy (FP = 4.70 vs. S = 3.30), Global Confidence (FP = 4.70 vs. S = 4.13) and Global Satisfaction (FP = 4.85 vs. S = 4.04) were significantly higher for the FP group as compared to the Surgicel group (all p < 0.035). Mean subscales scores for Ease of Use (FP = 4.82 vs. S = 4.66) and Satisfaction (FP = 4.71 vs. S = 4.34) were higher for the FP group, but non-significant. CONCLUSIONS: Physicians reported higher ease of use, satisfaction in returning to global confidence with a fourth greater confidence in FP than Surgicel for moderate bleeding. Non-significant results in the Ease of Use and Satisfaction subscales likely resulted from small sample sizes. Future studies should evaluate ease of use in the full range of bleeding severities and larger sample sizes.

ADVANCING THE EVIDENCE BASE FOR ORTHOTICS AND PROSTHETICS

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OBJECTIVES: Limited information is currently available regarding outcomes related to orthotics and prosthetics (O&P). Rapidly emerging technologies in the O&P field have increased the need for comparative effectiveness studies examining clinical, humanitarian, and economic outcomes. The objective of this project was to establish and pilot test a patient registry for outcomes assessment. METHODS: A web-based survey system combining input from both O&P providers and their patients was developed and pilot-tested among nine O&P clinics across the country. The providers entered...