latory, 10,000 more psychiatric and 3,000 more traumatic cases). Are the cost-savings in balance with the outcome?

PHP69 United States Valuation of Child Health Outcomes

Craig BM1, Brown DS5, Cunningham C2, Greiner W5, Reeve B5

1 Moffitt Cancer Center, Tampa, FL, USA, 2 Washington University, St. Louis, MO, USA, 3 McMaster University, Hamilton, ON, Canada, 4 Universität Basel, Basel, Switzerland, Germany

OBJECTIVES: The potential for comparative effectiveness research (CER) to characterize the benefits of new, expensive pediatric therapies has expanded greatly due to recent advances in the measurement of patient-reported outcomes (PROs) and the use of biomarker and informatics. To enhance CER and better inform allocations of scarce health care resources, this study examines 1) how much are adults willing to trade child health-related quality of life (HR-Qol) for reduced child mortality, and 2) which HR-Qol outcomes in childhood are more preferred?

METHODOLOGY: In this cross-sectional study, we complete a series of 40 paired comparisons, either choosing between child HR-Qol outcomes and longevity or choosing between alternative child HR-Qol outcomes. Under this pivoted partial profile design, each health problem occurs at either age 7 or 11, will last for either 6 or 12 months, and be described using adjective statements derived from the EQ-5D-Y, Behavioral Problems Index (BPI), and the National Survey of Children with Special Health Care Needs (NS-CSHCN). RESULTS: The study is currently being fielded. The results will address the 2 primary aims as well as produce a quality-adjusted life year (QALY) estimates for child health outcomes. Application of these approaches will be examined by the NS-CSHCN, other NHES, and other available pediatric health databases. CONCLUSIONS: While much of the literature of health valuation has focused on adult outcomes, this is the first national valuation study of child HR-Qol outcomes. Future work may examine the value of a QALY by age.

PHP70 A SYSTEMATIC REVIEW OF HOSPITAL-AT-HOME CARE: COST SAVINGS ARE OVERESTIMATED

Goossens LMA, Vemer P, Rutten-van Mölken MPMH

Erasmus University, Rotterdam, The Netherlands

OBJECTIVES: The concept of hospital-at-home means that home treatment is provided to patients who would otherwise have been treated in the hospital. Hospital admissions may be shortened (early assisted discharge, EAD) or avoided. This may lead to lower costs, but there is a risk that savings are overestimated if homecare and other relevant outpatient costs are not taken into account. How can we know if average or generic prices per inpatient day are applied? The objective of this study was to assess the quality of cost analyses of hospital-at-home studies for acute conditions published from 1996 through 2011 and to present an overview of evidence on cost savings. METHODS: The Medline and NHS HEDD databases were searched. Methodological quality was assessed using the Quality of Health Economic Studies instrument (QHES). Cost calculations were considered incorrect if they failed to meet four criteria. Unit costs of inpatient hospital days had to be disease-specific. The decreasing intensity of care over the course of an admission had to be reported. Cost differences of inpatient days had to be reported. Informal care costs had to be included. Violating any of these criteria led to overestimation of savings from hospital-at-home. Finally, follow-up had to be at least one month in order to capture relevant downstream costs, in particular for readmissions. RESULTS: The average QHES score was 65 (out of 100). Only 5 out of 29 studies met all criteria and had a sufficiently clear explanation of their methodology. The most frequent problem was the use of average costs per inpatient hospital day, which was problematic in at least 11 EAD studies. Follow-up was too short in 13 studies. Informal care costs lacked in one study that stated to adopt a societal perspective. CONCLUSIONS: While most studies found cost savings, these were probably overestimated.

PHP71 COST EFFECTIVENESS ANALYSIS OF FACILITY AND COMMUNITY BASED PROVISION OF FAMILY PLANNING IN KAMPALA

Ekaprich PN1, Sengoba F, Baize SO

Makerere University, Kampala, Uganda

OBJECTIVES: In Uganda, the number of new acceptors of family planning (FP) services is still low, partly due to limited use of cost effective delivery approaches. Currently, FP is delivered through community based distribution (CBD) and facility based distribution (FBD). However, FBD remains the preferred approach despite the higher cost of providing FP services from a nutritional perspective. Are the cost-savings in balance with the outcome?

PHP72 THE EFFECTIVENESS OF FPP AND FPD: A COMPARATIVE COST-UTILITY ANALYSIS OF FPP AND FBD

Baker T, Finlayson A, Steiner J, Malouf R

University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

OBJECTIVES: The Turkish population health status improved significantly with the implementation of the Health Transformation Programme (HTP) and reference pricing system in 2004. This study analyzed pharmaceutical industry dynamics due to these changes in Turkey since 2004. METHODS: Using data from the Turkish Statistical Institute and Institute Drug Database (2001-2011), trends in generic production and pharmaceutical industry production indexes were evaluated. Interrupted time series models were used to determine the effect of changes in 2004. Using the IMS LifeLink Health Plans Claims Dataset (2004-2011), pharmaceutical market growth rate trends were analyzed. Subgroup analysis was performed for brand, generic, and 20-year-old drugs. Both domestic and imported drug shares (units, expenditures) were compared (2005-2011). RESULTS: The 2004 reference pricing system implementation negatively affected the pharmaceutical production index, with discounts ranging from 1% to 80% for approximately 1,000 medicines based on comparisons of biologically-equivalent products and pharmaceutical prices in five, low-price European countries (p<0.03). There were no significant changes in total and production industry indexes. Although brand medication market shares remained constant across the years (2004: 42.2%, 2011: 42.6%), unit consumption significantly increased (2004: 12.4%, 2011: 16.9%). The opposite trend occurred in the generic market. Although generic medication expenditures slightly increased (2004: 14.6%, 2011: 16.2%), unit consumption decreased (2004: 13.6%, 2011: 9.7%). The 2004-2011 trends for unit and cost shares were not significantly different for 20-34% brand (cost share: 41.2%, unit consumption: 73.4%, respectively). CONCLUSIONS: Changing the pricing systems with instantaneous amendments of the regulations impacts not only the reduction of drug prices and fiscal policy but also the structure and investments of the pharmaceutical industry. While solutions are being developed to increase drug prices, long-term perspective of the industry’s situation and monitoring of effects are important with respect to sustainability.

PHP73 USING DECISION ANALYSIS METHOD TO EVALUATE THE EFFECTIVENESS OF SIMILAR FUNCTION MEDICAL MATERIALS IN HOSPITAL

Uiris NC1, Yao M2, Tseng TY1

Tungku University, Taichung City, Taiwan, 2National Chiao Tung University, Hsinchu County, Taiwan

OBJECTIVES: The development and research in health care industry has constantly created new medical materials which provide more functional and lower side effects than former medical materials, but the price become more expensive relatively. In order to balance the trade-off between medical quality and cost reduction, hospitals have to keep making critical decisions on choosing a best cost-effective- ness of hospital materials. This study aims to develop approaches for the evaluation of hospital materials. METHODS: This is a multi-criteria decision-making problem, we first screen the critical factors and dichotomize them into two categories, the quantitative indicators and the qualitative indicators. The quantitative indicators include “daily expenses”, “profits”, “consumption of quantity” and “de- testable rate”. The qualitative indicators include “manufacture capability”, “physician preference”, “special function or design” and “safety and convenience”. We proposed to evaluate the quantitative indicators and the qualitative indicators by data envelopment analysis and analytic hierarchy process, respectively. RESULTS: This study defines four items of wound dressing for effectiveness evaluation (the code A, B, C, D to replace there’s brand names). First we accord to operation definition from the qualitative indicators to collect relevant data, and we analysis those data. Item A in the DEA method analysis results is the most effective, item D is the second, and item C is the worst. The consultants compare four items in pairs from the qualitative indicators, calculating the weighted by the relative importance of four items. Analysis on the four qualitative indicators, item D in the AHP method analysis results is the most effective, item A is the second, and item C is the worst. CONCLUSIONS: The proposed approaches are able to achieve a ranking of the effectiveness of hospital materials. Following our case study, we concluded that the proposed approaches may serve as more objective and effective decision-support tools for the decision makers.

PHP74 COST-OF-ILLNESS OF PATIENT-REPORTED ADVERSE DRUG EVENTS – A POPULATION-BASED SURVEY

Gyllensten H1, Rehnsberg C2, Jonsson AK7, Petzold M8, Carlsten A1, Anderson Sundell K1

1 Nordic School of Public Health, Gothenburg, Sweden, 2Karolinska Institutet, Stockholm, Sweden, 3Linköping University, and County Council of Östergötland, Linköping, Sweden, 4University of Gothenburg, Gothenburg, Sweden

OBJECTIVES: To estimate the cost of illness (COI) of self-reported adverse drug events (ADE) and the COI resulting from self-reported adverse drug reactions (ADR) and sub-therapeutic effects of medication therapy (STE), from the health care perspective. METHODS: In 2010, a random sample of 14,000 Swedish residents, aged 18 years and older, received a cross sectional postal survey, including questions about experienced ADEs (ADRs, STEs, untreated indications, drug dependence, and drug intoxications), overall health care use and

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