OBJECTIVES: On May 2010 Greece reached an agreement with a joint team of the International Monetary Fund, the European Commission and the European Central Bank, to cope with severe fiscal problems. According to the Agreement, public pharmaceutical expenditure should be reduced from 1.9% to 1% of GDP, while the reduction on health services and social security expenditure should be accounted for 1.5 billion euros and 1.2 respectively. The aim of the study was to evaluate the changes in the measures taken to ensure their impacts on the health expenditure and provision of services. METHODS: For the purpose of the study, we used data from the Stand-By Arrangement and its reviews, Hellenic Statistical Authority and Greek System of National Accounts, as well as published data in the literature of the costs of public health service in private sector (<1% of GDP). The increase of unemployment (from 9% to 15%) resulted in increased demand for public hospital care by 24% as a consequence of reduced demand (>30%) in hospital units of private sector, while a decrease in demand for primary health care in both public and private sector by 10% and 35% respectively was observed. In addition, the cost of time in public hospitals is steadily increased, due to surgical interventions and the use of high technology services, as well as because of reductions on hospital budgets for medical equipment procurements. CONCLUSIONS: Although the impact of the implemented reforms and policies in private health expenditures is already visible, the significant reduction of health services inputs causes a decrease in quantity and quality of services. The need for balanced development relating both to supply and demand side requires structural reforms in healthcare sector as well as transition from a costly technological model to a health system based on primary care and public health.

IN SEARCH OF REFORM FOR THE GREEK HEALTH CARE SYSTEM: DEPICTING THE KEY OPINION LEADERS’ VIEWS
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OBJECTIVES: Financial crisis in Greece raised the need for more efficient use of resources in the health care sector. A number of policies have been proposed for this purpose. The aim of this study was to investigate the views of healthcare Key Opinion Leaders (KOLs) on the proposed interventions. METHODS: Seventy-two KOLs were invited to participate in an expert panel survey. For the purpose of the study, a closed question was developed consisting of six sections. The respondents examined the proposed policies i.e. audit, economic evaluation, financial management, pricing, health care funding and procurement system. During the meeting KOLs were asked to select the answers that best represented their views on the appropriate- ness/feasibility of each policy under study and express their opinion in an open discussion that followed. RESULTS: Forty experts (55.5%) accepted the invitation. The majority of participants argued that audit is necessary in the health sector but half of them believed that at present it is not feasible. They thought that a certified public institution should be responsible for the audit process. The indicators and the most suitable reimbursement technique is a combination of global budget and DRG system. Physicians should be reimbursed based on qualitative criteria. Finally, procurement system should and can be reformed immediately according to the expert panel. CONCLUSIONS: All proposed interventions were evaluated positively but experts considered that there is a greater necessity for a uniform mechanism and reform of the procurement system to be implemented first.

Health Care Use & Policy Studies - Risk Sharing/Performance-Based Agreements

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LANDMARK CER STUDY METHODS REVIEW
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OBJECTIVES: Comparative effectiveness research (CER), constitutes a ‘real-world’ comparison of the risk-benefit profile of a new product with the existing standard of care. Therefore, national and local governments and payors have adopted the development of CER, through funding made available in the American Recovery and Reinvestment Act of 2009 (ARRA) and by establishing the Patient-Centered Outcomes Research Institute through the Patient Protection and Affordable Care Act of 2010. Similarly in Europe there is push for relative effectiveness studies. Industry and governments have deployed a variety of experimental research design methods to appraise real-world performance of products vis-à-vis competitors. An evaluation of five recent studies was analyzed to assess CER implications. METHODS: We performed a structured review and assessment of five different therapeutic classes (antihyperlipidemics, antipsychotics, antiplatelets, anti-VEGF, and insulin analogues) investigated in CER related studies (AIM-HIGH, CATIE, GenCco, CATT, and AHRQ CER Premixed Insulin Analogues). CER metrics included study population including comparative agents, relevance of conclusions and interpretations outside the study population. RESULTS: Study designs varied including head to head, study agent versus placebo, and systematic literature reviews as well as various types of metrics (safety, efficacy, and effectiveness). One study was stopped early due to lack of benefit, three studies determine equivalence of effectiveness (cost, clinical). Another study is still under way (CER results expected towards the end of 2011). CONCLUSIONS: The number of CER focused studies is increasing with wide variability in study designs, comparators, populations, and endpoints. With the surge of new agencies dedicated to this evolving field of research (e.g., PCORI in the US), it will be important to evaluate the various types of CER studies and resulting information from a multi-stakeholder perspective.