A678 VALUE IN HEALTH 16 (2013) A665-A728

and Prevention (NCII MERRP) severity scale. RESULTS: When the list of triggers was used, the review of AE case reports, 61 triggers were identified in 167 (50.2%) cases. Transfusion / use of blood products (15%), infection of any kind (6.9%) were the commonly noted triggers in the critical care module. In the surgical module, return to surgery (6%) and occurrence of any post surgical complication (6%) were predominantly noted. In the medication module, the medication request for lab investigations (13.2%), use of laxatives (13.2%), pyrexia (10.8%), use of nebuliser/steam inhalation (7.5%), use of analgesics (6.6%) and anti-emetics (5.7%) were commonly noted. When the harm was studied category E was 24.9% followed by Category F-13.8%. CONCLUSIONS: The developed trigger list was able to flag 167 case profiles with potential adverse events. This tool has potential application in reviewing the cases for adverse events.

PHP41 EFFECTIVENESS OF DIFFERENT DOSE REGIMEN OF PRALIDOXIME IN ORGANOPHOSPHATE POISONING IN TERTIARY CARE HOSPITAL
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OBJECTIVES: To compare the most appropriate dose regimen of pralidoxime that can be recommended for the management of OP poisoning. METHODS: An open labeled cross-sectional, nonrandomized observational study was carried out in emergency wards of tertiary care hospital. A total of 256 OP poisoned patients were admitted between 2009 to 2013. The basic demographic, clinical characteristics and severity were assessed at admission. Based on the pralidoxime dosage regimen patients were categorized into 4 different groups viz. control, intermittent, 500mg/ hour, 1mg/hour groups. The clinical outcome analyzed in terms of hospitalization days, ventilatory days, total atropine required, and incidence of intermediate syndrome and outcome were assessed for comparison with pralidoxime regimen patients. RESULTS: The results showed that majority of OP poisoned patients were in the age group of 21-30 years, and males predominated the females (2:1.3). Clinical Severity assessment of these patients showed that most of them had to moderate to high intermediate syndrome. Overall analysis showed that patients of continuous infusion of pralidoxime had significantly improved recovery rate with least sequel and fatality rate. The incidence of intermediate syndrome, number of ventilation days, total atropine requirement, number of hospitalization days and mortality rate significantly improved in continuous infusion group. Continuous intravenous infusion of pralidoxime at 500 mg/hour resulted in significantly better clinical outcome than other dosing regimens and not associated with adverse drug reactions.

PHP42 ANALYSIS OF BRAZILIAN PUBLIC FUNDING PROCESS FOR NEW BIOLOGIC DRUGS
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OBJECTIVES: To ascertain if the Brazilian HTA body CONTEC, which replaced CETEC in December 2011, is delivering on Ministry of Health (MoH) promises of transparency and set assessment timelines whilst adopting mandatory evidence requirements for new biologic drug funding decisions via the Unified Healthcare System (SUS). METHODS: Second research based on CONTEC's final reimbursement recommendations, evaluating existing and sponsor submitted data. These reports include deliberations from a plenary assembly of representatives from the MoH, drug regulator ANVISA and supplementary health regulator ANS, as well as public consultations contributions. RESULTS: CONTEC has delivered on transparency with public consultation contributions. Out of the final recommendations published, 96% (2064) of the recommendations included biologic medicines, about 40% correspond to a funding rejection. Biologic medicines have been denied funding from private to public healthcare due to lack of cost-effectiveness as well as efficacy and safety studies of short duration and small patient populations. The rejection of everolimus for a rare brain tumour shows that orphan drugs are not being treated differently. Positive endorsements of biologics from breast cancer to rheumatoid arthritis come with recommendations of significant price cuts and creation of clinical guidelines. CONCLUSIONS: Manufacturers are struggling to adopt to evidence requirements needed in supporting funding applications for new biologics, including orphan drugs. Transparency is evident in CONTEC's analysis phase but is absent after a positive recommendation, when the MoH ascertains how the medicine will be offered by SUS. Nonetheless, this is an advance compared to the CETEC process, whereby decisions were not made public and there were no clear timelines.

HEALTH CARE USE & POLICY STUDIES – Health Care Research & Education

PHP43 COSTS OF DENGUE CONTROL AND PREVENTION PROGRAM IN BRAZIL
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OBJECTIVES: To determine the human resources, training, infrastructure, equipment and office supplies, transportation, personal protective equipment (PPE), field and laboratory equipment, insecticides and social mobilization, considering capital and recurrent costs. Capital costs were estimated for both transmission periods combined. RESULTS: The total and monthly recurring costs of the PMCD during the epidemic period was R$ 307,590 (US$48,985 345) and R$ 411,609 (US$684,131) respectively; and in the endemic period was R$ 5,488,678 (US$ 3,511,876) and R$950,619 (US$570,805). The human resources and infrastructure (13%) components. The Municipal health department was responsible for 83% of total recurring costs followed by state (11%) and federal (6%) levels. CONCLUSION: Although the estimated costs of the PMCD is under-estimated, we demonstrate a significant incremental costs (R$3,050,211 or US $1,381,518) during the epidemic period. Future studies can provide more accurate costs for cost-effectiveness analysis of dengue vaccines, which are important to support decision making regarding its introduction into public health programs.

PHP44 THE ECOLOGY OF MEDICAL CARE IN POOR SETTINGS: SELF REPORTED HEALTH CARE UTILIZATION IN SANTIAGO DE EL ESTERO, ARGENTINA
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OBJECTIVES: Health services utilization in poor provinces in Argentina is poorly known, due to poor data environments. We utilized a population based health care survey to assess the demand for health care services utilization (SRHCU) patterns among adults (≥18 years old). METHODS: A health Survey was performed, with probabilistic, stratified, polyetapic sampling, adding health utilization questions to the National Risk Factor Survey of Argentina (ENFR 2009) questionnaire. We obtained SRHCU stratified as ambulatory visits, emergency, hospitalizations, stratified into age, sex, rural, urban health status and patients with chronic disease problem. Analysis was performed with SPSS 17.95% for single proportions was obtained. RESULTS: Among 2064 persons that responded of survey, 78.9% were urban-1,1% rural, 41.2% males, mean age was 39.9% (SD 15,8) years old, age range 18-93. The General Health Status was regular or bad (16,0%) 95% CI 14,5-17,5% (15,4-18,7%); and regular or bad health status provided Mean = 86,63 (SD 104,35); Median 80 (25P = 70; 75P = 90). Acute illness events in prior 4 weeks occurred in 24,8% (95% CI 22,9-26,7). 70.4% had an ambulatory visit in the prior 6 months (95% CI 68,4-72,4%), while, in prior month 17.0% (95% CI 15,4-18,7%) consulted a physician office [generalist 10,6% (95% CI 9,1-11,7%) and 6,7% specialist (95% CI 5,6-7,8%)] Office visits rate was 261 per 100 persons per year [increased with age 65+ (305), regular or bad health (458), and rurality (289), decreased for males (157)]. Emergency visits occurred in 14,8% (95% CI 12,3-17,3%). Regular care for chronic disease (18,0%) was observed. CONCLUSION: The ENFR2009 survey deliver on transpar-
tivity into public health programs.

PHP45 REVISIÓN DE ESTUDIOS DEL COSTE DE LA ENFERMEDAD
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OBJECTIVES: Revisar la respuesta que aportan diferentes analistas a la pregunta: ¿qué es lo que obtenemos del sistema sanitario (SS)?: METODOLOGÍAS: Se han revisado las respuestas de la OMS, la OCDE, el enfoque del NHS británico. También las aproximaciones de investigadores como D. Cutler y J. Puig-Junoy. RESULTADOS: La OMS combina diferentes dimensiones: resultados en salud, equilibrio, equilibrio financiero y respuesta del sistema sanitario, obteniendo un indicador de mérito absoluto y proponiendo dos índices relativas de eficiencia: uno relacionado con el nivel de esperanza de vida ajustada por incapacidad y otro que valora la eficiencia del SS en general. En la OCDE consideran que debe adjudicarse la prioridad a la mejora de la relación costo-efectividad. Actualmente sus esfuerzos se orientan a la búsqueda de indicadores de calidad. El tercer enfoque estudia la variabilidad de la productividad en el seno del NHS, definida como el output obtenido en relación con los inputs utilizados. Se considera que la efectividad no puede determinarse dado el grado de incertidumbre con respecto a los efectos específicos del SS y aboga por ponderar los resultados con medidas de calidad. Cutler et al obtuvieron un valor de $19,900 como coste por año de vida ganada (C/AVG) en el periodo 1980-2000 en EEUU, asumiendo que el resultado final supone un inconveniente importante. La incorporación de la calidad puede ayudar a superar, en parte, este problema.

PHP46 COMUNICACIÓN DEL TRABAJO EN EQUIPO EN SALAS DE CIRUGÍA ENTRE UN HOSPITAL PRIVADO Y UNO PÚBLICO DE BOGOTÁ, D.C.
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OBJECTIVE: To compare the differences in the work in team in surgery in hospital private in Bogotá a and public hospital, D.C. METHODOLOGÍA: Estudio observacional analítico. Muestra: n = 90 equipos de cirugía, 49 de hospital privado (54%) y 41 de hospital público (46%). Criterios de inclusión: Equipo de cirugía general de hospitales de tercer nivel de complejidad de la ciudad de Bogotá, D.C.