**PHP100**

**CORRELATION BETWEEN HOSPITALIZED MORBIDITY AND COST OF TREATMENT OF SELECTED CHRONIC DISEASES**

Olińska-Bukowska O1, Jagodzińska-Kalinowska K2, Matuszewski W2

1Agency for Health Technology Assessment in Poland, Warsaw, Poland, 2Agency for Health Technology Assessment in Poland (AOTM), Warsaw, Poland

**OBJECTIVES:** In 2011 the budget of the public payer in Poland, National Health Fund (NFH) amounted to 58.2 bln PLN. 47.3% of these funds was allocated to fund hospital treatment which is based on diagnosis related groups (DRGs) but also includes innovative, expensive drugs (i. a. chemotherapy, orphan). The aim of the paper was to identify the existing correlation between hospital morbidity and the average unit cost of hospital treatment in various chronic diseases. Comparison of individual hospital costs of treating different chronic diseases with varying degrees of severity, different course and level of incidence (from common to ultra-rare) open the possibility of presenting the correlation between morbidity and unitary medical costs for the treatment of each disease. METHODS: The analysis was prepared for 23 therapeutic areas, which were divided into 4 categories (diseases: common, infectious, pediatric and rare/ultrarare), diversified both in terms of severity and morbidity. This choice gave a possibility of comparing a wide range of chronic diseases, which have a significant impact on quality of life and mortality. The analyzed material included hospital procedures and services indicated by the NFH in 2011. RESULTS: Using the Pearson’s linear correlation test, dependence between variables (the average cost of hospitalization and the number of patients) for 23 therapeutic areas was assessed. The results showed that the lower prevalence (fewer patients with the diagnosis) is connected with the higher average unit cost of treatment. CONCLUSIONS: In Poland, among all studied diseases the most expensive is the interventional treatment of patients with chronic diseases (i. a. Lysosomal storage diseases). Chronic ischemic heart disease, hyper-tension and diabetes mellitus were associated with the largest number of annual hospital treatments among all studied diseases (i. a. Lysosomal storage diseases). Chronic ischemic heart disease, hypertension and diabetes mellitus were associated with the largest number of annual hospital treatments among all studied diseases. **PHP101**

**PATIENT REPORTED OUTCOMES AND THEIR RELEVANCE IN REIMBURSEMENT DECISIONS**

Stoddard LL1, Yu Y2, Malmenas M3


**OBJECTIVES:** Patient-reported endpoints (PROs) are an important component of this evidence as the data for a PRO to be validated and accepted by the payer needs to be comprehensive and robust. METHODS: A structured discussion of factors influencing the choice of PROs was held between experts in late phase studies, evidence review, and economic modelling. These were then validated against a sample of published reimbursement decisions across multiple disease areas. RESULTS: Focus of most questions is on whether to use a generic, disease-specific or novel measure. Disease-specific PROs are very frequently of value demonstrating clinical effectiveness, reasonable cost, and safety. Although, patient-reported outcomes (PROs) are an important component of this evidence it is not always clear which PROs to use and reliance on an incorrect PRO can have negative consequences. The objective was to describe the factors that determine which PRO is most likely to be accepted in payer evidence needs. **PHP102**

**INTERVENTIONS AND POLICY MEASURES IN HEALTH CARE AND PHARMACIE Sectors TO INCREASE EFFICIENCY AND RECOVERY OF GREEK HEALTH CARE SYSTEM**

Malovec1, Mnariková D1, Polan V

1Comenius University, Bratislava, Slovak Republic, 2Faculty of Pharmacy, Comenius University, Bratislava, Slovak Republic

**OBJECTIVES:** Greece is under a very tough and strict memorandum enforced by the European Union that has designed and applied austerity measures in order to save Greek economy and minimizes its public debt. Also the Greek health care system should be improved, upgraded or redesigned from scratch in order to be more flexible and more efficient. The legislative intervention made by the European Union has affected the Greek Health Care System and the Pharmaceutical market constituted legislative framework for the Greek Health Care and the Pharmaceutical sector. METHODS: Data on total pharmaceutical expenditures from the years 2001 until 2012 and also from the years 2012 until 2014 were acquired with clinical researches. It has been accepted that predicted budgets of the pharmaceuticals were found in the literature and also approved with information related to drugs -from National and European Health authori- ties- and patients -from our university hospital center's database (UHC) of the Paris region. A censored regression model, Tobit model, was developed in which explanatory variables were related to drugs and to patients. All statistical tests were in Stata/IC13®. RESULTS: During 2012, 526,091 doses of the 113 drugs listed were reimbursed. 13% of inpatients come from off the Paris region. According to the Tobit model, three variables positively impact the ratio (innovative status, percentage of women and Diagnosis Related Group coded as such). **PHP103**

**DETERMINANTS OF HOSPITALS’ ATTRACTIVENESS FOR PATIENTS: APPLICATION TO EXPENSIVE DRUGS**

Szmit V1, Degrasass-Thalès A1, Paulet P1, Parent de Curzon O, Singler M1

1General Agency of Equipment of Pharmacists, the prices of abroad drug list of SGK were used. Calculations were for licenced products were used. If not licenced and imported via Turkish Chamber of Pharmacists, the prices of abroad drug list of SGK were used. Calculations were performed with the drug prices for the year 2013. RESULTS: The average of drug cost savings per patient with participation to the clinical research and clinical research investment per patient were calculated as US$ 21,649 and US$ 4,879. It could be said that total budget of sponsored pharmaceutical researches was US$107 million and the government had a saving close to US$31,096,130 due to not reimbursing the cost of drugs of the patients who were included to the clinical researches in Turkey depending on the analysis. **CONCLUSIONS:** However study is based on assumptions, the findings are unique for the literature. The health policy makers can take account the study of the policy improvements about clinical trials in Turkey.
Senegal, Egypt, Morocco, Algeria and Tunisia) are contributing 80% of the pharma market in Africa. Despite maintaining regional offices within Africa, many major Pharma and device manufacturers frequently overlook the continent when sponsoring clinical studies. Cultural barriers, political upheaval and uneven infrastructure are certainly causes for the lack of interest. But Africa offers tremendous expertise and opportunity for market entry and device companies to explore specific localities and appropriate patient drug market populations. Currently more than 45% of the whole continent’s clinical trials are being conducted in South Africa and hence the need for the next generation clinical trial destination. A drug and device manufacturers. These companies can also consider technology transfer by partnering with local drug manufacturers and research centers to diversify their business portfolio. CONCLUSIONS: Africa presents real opportunities that should encourage companies to really engage in innovative clinical research programs in a win-win approach.

PHP106
MARKET ANALYSIS IN REGARD TO BIOLOGICALLY ACTIVE SUPPLEMENTS AND MEDICINES IN ARMENIA
Bagrayan M, Arshakyan A
Yerevan State Medical University, YEREVAN, Armenia

OBJECTIVES: Although, whether biologically active supplements (BAS) are medicines or not is still debatable, BAS keep making their way to the customer basically through pharmacies. A worldwide tendency toward “greener” choices when purchasing health status modifiers (HSM) is well documented. Current endeavor studies the pharmaceutical market situation (PMS) in Armenia (2009 to 2013) in regard to growth trends both in US dollars turnover (USDT) and number of packs sold (NPS) of BAS versus medicines, stratified by five leading diseases (LD). METHODS: Statistical data on morbidity and mortality from the MOH RA were used to identify the leading five disease groups in newly identified cases. Further, statistical data on pharmaceuti- cal sales volumes to the retail drug stores were investigated to identify growth rate (GR) trends of interest. RESULTS: A PMS analysis has shown 11.92% and 6.65% of GR of BAS and medicines (combined) in USDT and NPS respectively. For BAS, alone the results were: 11.56% and 6.23% GR in USDT and NPS respectively. As for BAS, USDT and NPS, the figures were 21.48% and 15.36% of GR respectively. A further stratification by five LM has shown the highest GR in medicines used for treatment of the Uro-Genital diseases (13.24% and 10.01% for USDT and NPS respectively), whereas in BAS the highest GR was in the Cardio-Vascular group (63.84% and 92.82% for USDT and NPS respectively). A further analysis of BAS, USDT and NPS, the figures were 21.48% and 15.36% of GR respectively. For medicines (medicines and BAS combined) in USDT and NPS respectively. For medicines (medicines and BAS combined) in USDT and NPS respectively. For medicines (medicines and BAS combined) in USDT and NPS respectively.

PHP109
OPPORTUNITY COSTS OF IMPLEMENTING NICE DECISIONS IN NHS WALES
Karlsruhe Schaffer S, Sussex J, Hughes D, Devlin N
Office of Health Economics, London, UK, 2Bangor University, Bangor, UK

OBJECTIVES: In the UK, when a technology is recommended by the National Institute for Health and Care Excellence (NICE), the NHS is mandated to provide the funding to accommodate it within three months. Explicit in NICE’s approach to medicine assessment (AMED), the assumption that the approval of a new, cost-increasing technology will result in the displacement of an existing, less cost-effective health care programme from elsewhere in the NHS. The objective of this study is to identify the actual opportunity costs of specific NICE decisions by determining how in practice commissioners in Wales accommodated financial shocks arising from technology appraisals (TAs). METHODS: Interviews were conducted with Finance and Medical Directors from all seven Local Health Boards in NHS Wales. These interviews covered prioritisation processes, as well as methods of financing NICE TAs and other financial “shocks” at each LHB. We then undertook a systematic identification of themes and topics from the information recorded. RESULTS: The potential impact of NICE TAs is generally planned for in advance and the majority of LHBs have contingencies funds available for this purpose. Efficiency savings (defined as reductions in costs with no assumed reductions in quality) were a major source of funds for all cost pressures. Services displacements were more difficult to financially prioritise and there appears to be a general lack of explicit prioritisation activities. The Welsh Government has, on occasion, acted as the funder of last resort. CONCLUSIONS: The assumption that newly recommended technologies will displace existing NHS services does not appear to hold true in practice. As the additional cost pressures represented by new NICE TAs are likely to be accommodated by greater efficiency and increased expenditure, the true opportunity cost of HTA decisions is extremely difficult to quantify and may even lie outside the NHS.

PHP110
ECONOMIC ANALYSIS OF IMPLEMENTED INTEGRATED HEALTH CARE SERVICES
Reljic W, Urbiniti D, Toumi M
1Creativ-Cr´eatif, Tunis, Tunisia, 2Creativ-Cr´eatif, Luxembourg, Luxembourg, 3University of Geneva, Geneva, Switzerland, 4Glasgow Caledonian University, Glasgow, UK

OBJECTIVES: Western countries have seen the rise of integrated care services. Many countries have been facing increases in healthcare spending and have chosen integrated care programmes as a means to control spending. The objective of this study is to review the implementation of the integrated care programme from the perspective of revenue from the UK. We therefore examined the influence of economic factors influencing the funding process. METHODS: IHSS provided in Europe, North America and Asia were identified through a literature review. Future perspectives were based on country policy and observed trends. RESULTS: All studied countries developed IHSS such as the integrated care programme in the United States (US) being the major market. However, levels of implementation, funding processes and stakeholders involved vary highly between different countries. Funding processes such as fee for services and capitation are widely used in all studied countries and Payment for performance (P4P), bundled payment and diagnosis-related group (DRG) are used to finance in some countries, used mainly in the US, and to a much lower extent in the United Kingdom (UK) and Germany. Multiple IHSS exists in France, though inappropriate incentives hinder their development. In the US, under the Affordable Care Act, Accountable Care Organisations (ACOs) are testing a range of payment models (capitation, one-sided/two-sided shared saving fee-for-service, bundled/episode payments and P4P). CONCLUSIONS: IHSS have become ubiquitous in all health organisations. All countries studied are expected to develop more IHSS based on P4P schemes. The P4P of ACOs represents the ultimate tool to integrate the whole health care system. The objective was to identify the integrated health care programme from elsewhere in the NHS. The objective of this study is to identify the actual opportunity costs of specific NICE decisions by determining how in practice commissioners in Wales accommodated financial shocks arising from technology appraisals (TAs). METHODS: Interviews were conducted with Finance and Medical Directors from all seven Local Health Boards in NHS Wales. These interviews covered prioritisation processes, as well as methods of financing NICE TAs and other financial “shocks” at each LHB. We then undertook a systematic identification of themes and topics from the information recorded. RESULTS: The potential impact of NICE TAs is generally planned for in advance and the majority of LHBs have contingencies funds available for this purpose. Efficiency savings (defined as reductions in costs with no assumed reductions in quality) were a major source of funds for all cost pressures. Services displacements were more difficult to financially prioritise and there appears to be a general lack of explicit prioritisation activities. The Welsh Government has, on occasion, acted as the funder of last resort. CONCLUSIONS: The assumption that newly recommended technologies will displace existing NHS services does not appear to hold true in practice. As the additional cost pressures represented by new NICE TAs are likely to be accommodated by greater efficiency and increased expenditure, the true opportunity cost of HTA decisions is extremely difficult to quantify and may even lie outside the NHS.

PHP111
ACCEPTANCE OF TELEMONITORING BY HEALTH CARE PROFESSIONALS IN GERMANY: A QUESTION OF FINANCIAL CONDITIONS
Lepage D, Dickwetlak C, Eggers N, Wohlf K, Hornberg C, Greiner W
1University of Bielefeld, Bielefeld, Germany

OBJECTIVES: The comprehensive implementation of telemedical applications still lags behind expectations in Germany. One of the main barriers to innovation is a lack of both a willingness to adapt and user’s acceptance. Processes of adoption and acceptance are characterized by a network of different factors which influence attitude and behavior which differ in severity depending on each user group. One key factor for accepting and adopting an innovation is the economic framework. We therefore examined the influence of economic factors influencing the