PHI100 CORRELATION BETWEEN HOSPITALIZED MORBIDITY AND COST OF TREATMENT OF SELECTED CHRONIC DISEASES
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OBJECTIVES: In 2011 the budget of the public payer in Poland, National Health Fund (NHF) amounted to 58.2 bln PLN. 47.3% of these funds were allocated to fund hospital treatment which is based on diagnosis related groups (DRGs) but also includes innovative, expensive drugs (i.e. 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 ultrarare) open the possibility of presenting the correlation between morbidity and unitary medical costs. RESULTS: The demand for drugs treatment which is based on diagnosis-related groups (DRGs) but also includes innovative, expensive drugs (i.e. 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 ultrarare) open the possibility of presenting the correlation between morbidity and unitary medical costs.

PHI101 PATIENT REPORTED OUTCOMES AND THEIR IMPACT ON REIMBURSEMENT DECISIONS
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OBJECTIVES: Patients need evidence of 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 which determine the likelihood of a PRO being the most likely to meet a payer evidence needs. METHODS: A structured discussion of factors influencing PRO choice 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.

PHI102 INTERVENTIONS AND POLICY MEASURES IN HEALTH CARE AND PHARMACEUTICAL SECTOR TO INCREASE EFFICIENCY AND RECOVERY OF GREEK HEALTH CARE SYSTEM
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OBJECTIVES: Greece is under a very tough and strict memorandum enforced by the European Union and the memorandum in Greek Health Care system and the Pharmaceutical sector constituted legislative framework for the Greek Health Care and the Pharmaceutical sector. METHODS: Data on total pharmaceutical expenditures from 2006 to 2012 (data from NHF) was obtained from Hellenic Association of Pharmaceutical Companies. They were analyzed using basic statistical methods. RESULTS: In nearly all observed parameters was recorded their low-level, that total budget of sponsored pharmaceutical researches was US$107 million and expected to reach US$30 Billion by 2016. Established countries in Sub-Saharan and North African countries (South Africa, Nigeria, Cote d’Ivoire, etc) have lower investment per patient were calculated as US$ 21.649 and US$ 4.879. It could be said that total budget of sponsored pharmaceutical researches was US$107 million and expected to reach US$30 Billion by 2016. Established countries in Sub-Saharan and North African countries (South Africa, Nigeria, Cote d’Ivoire, etc) have lower investment per patient were calculated as US$ 21.649 and US$ 4.879.

PHI103 DETERMINANTS OF HOSPITALS’ ATTRACTIVENESS FOR PATIENTS: APPLICATION TO EXPENSIVE DRUGS
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OBJECTIVES: Hospital attractiveness can impact the number of inpatients, and so health care expenditures. The objective is to identify parameters related to patients and hospital characteristics that influence attractiveness. METHODS: A database on expensive inpatient drugs listed on a national formulary was set up, with information related to drugs - from National and European Health authorities - and patients - from our university hospital centre’s database (UHC) of the Paris region. A censored regression model, Tobit model, was developed in which the dependent variable was, for each drug, the ratio of the number of inpatients not reimbursed by the French National Health Insurance and the number reimbursed by the French National Health Insurance. Explanatory variables were related to drugs and to patients. All statistical tests were run in Stata/IC13®. RESULTS: During 2012, 526 091 doses of the 113 drugs listed in the database were reimbursed. 13% of inpatients comes off from 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 sepsis or three negative drugs for orphan designation). IMPLEMENTATION: Policies for the growth of attractiveness for patients focuses, quite uniquely, on patients and drugs factors, and could be extended to other variables.

PHI104 ECONOMIC IMPACT OF CLINICAL RESEARCHES TO THE RESEARCH CENTERS AND REIMBURSEMENT SYSTEMS IN TURKEY
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OBJECTIVES: Clinical researches are an important tool for the improvement of medicine and significant economic value. The aim of this study was to investigate the economic impact of clinical researches to the reimbursement system in Turkey. METHODS: Budget of clinical trials were calculated from the raw data of the Report of Istanbul Medical Faculty Clinical Researches (ITFARK) set up in 2006-2010. In addition, the possible cost of the drugs that are new and expensive drugs (i.e. orphan drugs) used in the clinical researches for SGK was calculated for showing the cost of medicines acquired with clinical researches. It has been accepted that predicted budgets of clinical researches were spent for research. Similarly, it has been accepted that the number of patient that was not change (patient’s compliance). Thereby, it should be accepted as drug investment of the approval year. For the calculation of drug costs, discounted reimbursement figures of Social Security Administration (SGK) for the drugs used in clinical researches were used. If not needed and unproved 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$107 million and the government had a saving close to US$ 311.096.130 due to not reimbursing the cost of drugs of the patients who were included to the clinical researches in Turkey. CONCLUSIONS: However, it is based on assumption, 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.

PHI105 PHARMACEUTICAL DEVELOPMENT: AFRICA AN EMERGENT MARKET? Mahal M 1, Lendmani M 2, Housari A 3
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OBJECTIVES: With population of more than 1 Billion, Africa is the world’s second largest continent. The transition that African countries are undergoing is a real challenge for health care authorities. 24% of the global disease burden is accounted for by diseases that are prevalent in the 54 UHC countries of the continent. This paper discussed on the attractiveness of Pharmaceutical Companies. They were analyzed using basic statistical methods of observing. RESULTS: In nearly all observed parameters was recorded their low-level, that total budget of sponsored pharmaceutical researches was US$107 million and expected to reach US$30 Billion by 2016. Established countries in Sub-Saharan and North African countries (South Africa, Nigeria, Cote d’Ivoire, etc) have lower investment per patient were calculated as US$ 21.649 and US$ 4.879. It could be said that total budget of sponsored pharmaceutical researches was US$107 million and expected to reach US$30 Billion by 2016. Established countries in Sub-Saharan and North African countries (South Africa, Nigeria, Cote d’Ivoire, etc) have lower investment per patient were calculated as US$ 21.649 and US$ 4.879.