

Abstracts

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security and several private insurance agencies. The regulatory and functional differences between those agencies make drug reimbursement regulations complicated for the health care professionals and patients. Turkish Society of Clinical Pharmacology organized a three-day meeting with all stakeholders (parliamentarians, academicians, Ministry of Health, Ministry of Finance, State Planning Organization, international and local drug industry representatives and social security institutions, medical and pharmacist associations) for discussion of the present reimbursement system and its future. **METHODS:** Discussion was performed in six steps. First, representatives of the stakeholders presented their own policies and problems. Second, a brainstorm was performed. All the ideas were recorded as a consensus text in the third step. The next day, participants were divided into four groups to evaluate the text at a round table discussion. Finally, collecting all the suggestions, the consensus text was rewritten and distributed to the representatives after the meeting to ask for their approval. **RESULTS:** All stake holders, except multinational drug companies, were agreeing to use national pharmacoeconomic data for reimbursement issues. Other main outcomes of this consensus meeting accepted by all the representatives were as follows: All health care professionals should get enough education to establish the rational use of drugs. An autarchic “National Drug Institution” should be built. **CONCLUSIONS:** A “Reimbursement Commission” should be built with the participation of all representatives and should work for the standardization of reference drug prices. State funded social insurance systems should be kept under one valid insurance system. OTC drug definition and the OTC drug list should be defined clearly, and preventive therapy such as vaccination should be reimbursed in full.

PHP8

ECONOMIC EVALUATION BETWEEN ALTERNATIVE PATTERNS OF OUTPATIENT CARE IN GREECE: THE CASE OF IKA INSURANCE FUND

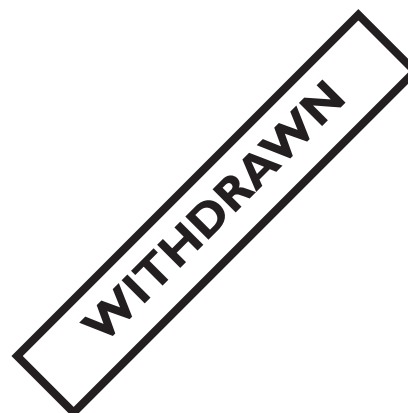
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OBJECTIVES: Comparative analysis and productivity measurement of outpatient care, provided and reimbursed by IKA, the largest National Social Insurance Institution in Greece. In-house services of Patission Local Health Unit (LHU)) are compared to Family Doctor’s private surgeries’ medical visits (out-sourcing services). **METHODS:** A prospective study of medical visits for a 6 month period (September 1, 2002 to February 28, 2003). Sample consisted of 23,982 outpatient visits to 3 specialities (5 Cardiologists with 12,538 visits, 3 Surgeons with 4544 visits and 3 Otolaryngologists with 6900 visits) offering their services in a LHU and 3 family doctors with 17,295 visits, belonging to the same LHU but offering their services in their private surgeries with 2942, 8245, and 6105 visits respectively. Clinical and economic data is derived from IKA’s Central Administration, its Information System, from LHU and interviews with executives. **RESULTS:** Productivity among all doctors presented significant divergences. The productivity of family doctors in their private surgeries was higher than LHU’s doctors while the average waiting time appeared to be higher for medical visits to LHU’s doctors. Average cost of medical visits to the LHU was estimated at 8.48€ while cost per speciality was 7.19€ for the cardiologist, 10.43€ for the surgeon and 7.83€ for the otolaryngologist. Average cost per visit to family doctors was 2.33€, while cost per speciality was 3.69€, 1.53€ and 1.77€ respectively. **CONCLUSIONS:** Average cost of medical visit to family doctor’s private surgery was lower than the cost of medical visit to LHU’s. The provision of outpatient medical care offered by IKA through out-sourcing seems to be most cost-effective. Economic evaluation

studies, combining the efficient use of health resources with the adoption of effective patterns of patients’ management, should be conducted at national level by all social funds and incorporated in their decision making process.

PHP9



PHP10

EMERGENCY DEPARTMENT VISITS FOR INJURIES RESULTING FROM BICYCLE ACCIDENTS: TIME, TYPE AND COST OF INJURY

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OBJECTIVE: To examine the time of occurrence, type and cost of injuries resulting from bicycle accidents treated in Emergency Departments (ED). **METHODS:** Cases were identified from 2002 ED and hospital databases from Massachusetts using ICD-9 diagnosis and E-codes (E826.0–E826.9). Hospital cases were limited to those admitted via the ED. Cost estimates include facility, accommodations and ancillary services, reported in 2002 US\$. Charges were adjusted using a 0.61 cost-to-charge ratio. **RESULTS:** Of 10,025 bicycle accident cases identified, 75% were male. Mean age was 28 years (median: 15, range: <1–98), 61% were under 20 years. Transport by ambulance was used for 13% of those injured; <1% by helicopter. The cyclist was the injured party in 96% of cases; a pedestrian or other person in 4%. Almost half (48%) arrived between 4:00 and 9:00 PM, 36% on a weekend and 70% during May–September. The majority (94%) were treated and released from ED, 2% died in ED, 3% were admitted to hospital; and 1% were either transferred to another facility, or left AMA. Highest admission rate (12%) was seen in older patients (60+ years). Skull fractures and other head injuries accounted for 6% of cases. Other fractures, dis-