RESULTS: Approximately 10 studies matched the selection criteria, all published in 1994 or later. The safety measures evaluated were donor screening, viral inactivation of frozen plasma, and single-donor versus random-donor platelet collection. Cost-effectiveness ranged from cost savings for screening donors for hepatitis C antibodies, to several million US$ per QALY gained as a result of screening donors for HIV using p-24 or nucleic-acid tests. Cost-effectiveness of viral inactivation of plasma and of shifting to single-donor platelet collection strongly depends on the patient population. For example, US$100,000-200,000 per QALY gained for coronary artery bypass graft and US$400,000-500,000 for cancer patients.

CONCLUSIONS: In the USA and Canada, thresholds for acceptable cost-effectiveness are US$50,000 and Can$20,000-100,000 (∼US$13,000-67,000) per QALY gained. For the Netherlands, the threshold has recently been defined at Dfl40,000 per life-year gained (∼EUR18,000, ∼US$16,000). Preliminary results from our European model applied to the recently introduced nucleic-acid testing of Dutch donors for HIV indicate cost-effectiveness ratios of US$100,000 per life-year gained and above. Most cost-effectiveness ratios for interventions in transfusion safety are beyond currently accepted thresholds for cost-effectiveness. This may imply that different thresholds for cost-effectiveness apply when making decisions about the introduction of new technologies that enhance transfusion safety.

THE CURRENT STATUS AND FUTURE PROSPECTS FOR PHARMACOECONOMICS IN GREECE
Karokis A, Christodouloupolou A, Pangali M, Papageorgiou M
AstraZeneca SA, Athens, Greece

OBJECTIVES: Pharmaceutical expenditures in Greece increase by approximately 18% annually. To curtail spending, government has recently cut prices and introduced a positive drug list. The short-term impact of these measures led the government to propose new drug list criteria and submission of pharmacoeconomic studies already submitted in other countries for new products. We address the current status of pharmacoeconomics research and discuss future developments in Greece.

METHODS: We reviewed all available studies published in Greek or English, to assess methodological problems. We reviewed current developments in the public and private sectors and policy documents to assess the potential for future use of pharmacoeconomics in drug policy. Case studies provide support for proposed conclusions.

RESULTS: Methodological quality is generally poor. Cost minimization is the preferred technique although differences in efficacy are not properly assessed. Few studies accurately describe resource consumption and costing methodologies. Modeling assumptions are weak, due to absence of epidemiological and health-care utilization data. Little emphasis is given to prospective clinical studies. Thyse societal perspective is rarely used—the health system perspective prevails. Little experience exists in QoL measurement and cost-utility techniques. Sensitivity analyses are rarely performed. The pharmaceutical industry is the major driving force for pharmacoeconomic research despite minimal use in pricing and reimbursement decisions and weak endorsement by some. Industry use is mainly for supporting marketing and sales strategies. The government is hesitant to apply pharmacoeconomics widely in pricing and reimbursement due to perceived lack of expertise despite disappointment with pricing controls. Recent health-care reforms may alter current mindset. Medical professionals are increasingly receptive of pharmacoeconomics research but place little value on modeling approaches.

CONCLUSIONS: Pharmacoeconomics in Greece must improve methodological standards. This is a task for both industry and government. Wider application in pricing and reimbursement is a still a matter for debate.

IMPACT OF FIRST GENERIC ENTRANTS ON BRAND NAME PRODUCTS
Kleinstiver P, Baladi JF
1Katalyst Health Technology Assessments, London, ON, Canada; 2Novartis Canada, Dorval, QC, Canada

OBJECTIVE: Companies producing innovative products typically terminate all advertising and promotion (A&P) of branded products once generics have been launched. This may be prudent since branded sales often decline by 50% to 75% in the first year following generic introduction. Our primary hypothesis was that companies, which cease A&P on products about to be genericized, might indirectly hasten the decline in sales of branded products by increasing the relative share of the competitors’ promotional activity. We further hypothesized that this alteration in A&P may result in a shift to more expensive competitive compounds, thereby negating any savings realized from the generic compound.

METHODS: Three therapeutic categories (selective serotonin re-uptake inhibitors (SSRIs), anti-lipidemics [statins] and anti-ulcer compounds) were selected for a comprehensive analysis of sales data.

RESULTS: A trend towards an increase in growth of competitive, branded compounds, following the introduction of a generic drug, appeared to be true for both statins and SSRIs. Aggregate fluoxetine sales and/or reimbursements declined significantly in Ontario (−18.5%), Quebec (−34.9%) and nationally (−42.8%) following the introduction of generic fluoxetine. Although the overall category growth for SSRIs was 49.2%, 117.0% and 97.5% for Ontario, Quebec and Canada respectively, during the same time period, both paroxetine and sertraline experienced a much faster growth rate. Following the introduction of generic lovastatin, aggregateLovastatin sales and/or reimbursement declined 39.0% in Ontario, 32.4% in Quebec and 40.1% nationally. Coincidentally
with the introduction of generic lovastatin, atorvastatin was launched and appeared to benefit from the decline in A&P of lovastatin, as did pravastatin.

CONCLUSION: Evidence exists in each of the three markets reviewed to support the hypothesis for two of the three therapeutic classes investigated. There appeared to be a trend toward a significant increase in growth in competitive branded compounds in both the SSRI and statin markets following introduction of the first generic drug.

A EUROPEAN HEALTH STATUS INDEX BASED ON PREFERENCES OF THE GENERAL PUBLIC

HOW RESPONSIVE ARE OUR HEALTH CENTRES?
Ferreira PL
Ferreira PL, Coimbra University, Portugal, Coimbra, Portugal

OBJECTIVE: Responsiveness has been pointed out by the WHO as one of the main objectives for any health system. Portugal, despite being in the expected place among other countries and taking into account the level of health of its citizens and the level of cultural and economic development, is placed very low when responsiveness is considered. This study aimed at assessing the perceptions of Portuguese citizens as users of primary care.

METHODS: A representative sample of users of all health centers within an entire health region was asked about how responsive primary care was. Users' satisfaction was measured via the Portuguese version of the EuroQol questionnaire. This instrument mainly measures relationship and communication, medical care, information and support, continuity and cooperation, and service organization. Four thousand answers were received (40.5% response rate) from a survey performed in major urban and rural areas.

RESULTS: 62% of users were female with an average age of 47 years, 50% with low or very low education and with an average of 5.2 visits per year. Approximately 12% felt a good or excellent quality of life and 71% mentioned having a chronic disease. The results indicated a higher satisfaction from users about the doctor-patient relationship, both in caring (76%) and curing (70%) aspects. The areas related to the organization were, however, very penalized by patients (49%). Open-ended questions revealed the same profile but provided greater insight about the source of the dissatisfaction. The results were also compared taking into account gender, age, education and quality of life.

CONCLUSION: Paraphrasing Deming, it is common to observe a majority of areas of concern among the organization's management and administration. Health-care setting is not an exception. After this diagnosis, based on patients' views, it is advised to look with more attention at these aspects.

THE CLINICAL PHARMACIST AS A MEMBER OF THE MEDICAL WARD TEAM—A PILOT STUDY
Clalit Health Services, Tel Aviv, Israel

OBJECTIVE: To assess the number and type of pharmaceutical interventions for medical wards during the initial three-month period of a new clinical pharmacy service.

METHODS: The clinical pharmacist participated in daily rounds and other ward activities to review patient data and determine necessary interventions. A computerized evaluation and intervention form was developed to include patients' demographic details, diagnoses, laboratory results, medication use and the reason for the inter-