to be concentrated among the rich in both years. Decomposition indicated that "inegalitarian" factors remained large contributors to income-related inequality in SRSH even after the equity-centered reform of 2005. CONCLUSIONS: Findings suggest that income-related inequality in SRSH might have decreased in Chile after the health care reform. Beyond this observed difference over time, the remaining inequality is still largely due to illegitimate factors that should be tackled through broader policies in the country.

HEALTH CARE USE & POLICY STUDIES – Quality of Care

PH53
PERCEPTION OF USERS OF DRUG DISTRIBUTION PROGRAM IN BRAZIL

Caterina BQI, Mengue SS, Hadad EW
Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil
OBJECTIVES: To characterize the users of access to medicines program developed in Brazil, "PFP" (Programa Farmácia Popular, PFP), by identifying their needs and users who migrated from other supply of basic medicines programs by means of a survey explicitly developed for this purpose. This work also seeks to evaluate the meeting customers’ needs by the Program and its satisfaction level. METHODS: The study was carried out in 15 counties from 14 Brazilian states. 1073 interviews composed the sample, in 27 establishments of private pharmacies, during august 2012. The collection instrument was composed by three blocks: questions concerning the use of the PFP and other programs of medicines supply; user’s profile information; and identification of the medicine supplied. RESULTS: The evaluation of the users migration from other programs identified that, before the PFP, 52% of interviewed users was buying the medicines in the private pharmacy and more than 30% was using the Public Service in a Health Center of SUS, a piece of 11% began the treatment after the PFP. More than 58% of users would use the service of the SUS if there was no PFP. However, 36% of users reported that they would not use the SUS system for withdrawal of medicines. It was observed that 61% of users gave out to be economizing while withdrawing the medicines with gratuity or at a price lower than the market price. They made possible to individuate the users of PFP showing aspects concerning the participation and the range of the program. Generally, it was found that the persons are satisfied and they reported to have saved with the program. They also pointed out the convenience they have with the possibility of the access to the medicine in any pharmacy with the PFP.

PH54
A NATIONALWIDE SURVEY ON PATIENT SAFETY CULTURE IN JAPAN

Hiroyuki M1, Egami K1, Tsuda Y1, Honda J1, Shima H1
1University of Occupational and Environmental Health, Itoshima, Japan
OBJECTIVES: We surveyed nationwide the situation of patient safety culture in 13 hospitals (5,760 patients) allowed for additional costs on patient safety countermeasures under the social insurance medical fee schedule. The questionnaire consists of seven unit-level aspects of safety culture including 24 items, three hospital-level including 11 items, and four outcome variables including nine items. RESULTS: An average number of beds was 560 beds (63-1,354 beds). With regard to ownership, 13 hospitals included three municipality companies (Pvalue: 0.079 and 0.07, respectively) but the one–sided sign test indicated the users migration from other programs identified that, before the PFP, 52% of interviewed users was buying the medicines in the private pharmacy and more than 30% was using the Public Service in a Health Center of SUS, a piece of 11% began the treatment after the PFP. More than 58% of users would use the service of the SUS if there was no PFP. However, 36% of users reported that they would not use the SUS system for withdrawal of medicines. It was observed that 61% of users gave out to be economizing while withdrawing the medicines with gratuity or at a price lower than the market price. They made possible to individuate the users of PFP showing aspects concerning the participation and the range of the program. Generally, it was found that the persons are satisfied and they reported to have saved with the program. They also pointed out the convenience they have with the possibility of the access to the medicine in any pharmacy with the PFP.

A680
VALUE IN HEALTH 16 (2013) A665-A728

HEALTH CARE USE & POLICY STUDIES – Regulation of Health Care Sector

PH55
FROM “GENERIC SCHEME” TO “BRAND-GENERIC SCHEME”: THE EFFECT OF IRANIAN PHARMACEUTICAL INDUSTRY

Hassan Mohshinkia1, A. Varmaghi M1, Yousef M2, Yaghoubi S3, Zeki H1
1Kebriaeezadeh A1
2Teheran University of Medical Sciences, Teheran, Iran, 3Tarbiat Modares University of Medical Sciences, Teheran, Iran, 4Alliance Taiwan University of Chinese Culture, Taiwan
OBJECTIVES: Brand-generic scheme was implemented in Iran to improve the competition in the market. In this study we aim to assess if this new policy has had any positive effect on efficiency of Iranian pharmaceutical companies. METHODS: We used Data Envelopment Analysis (DEA) to evaluate the relative efficiency of pharmaceutical companies for the years 1999-2008. The Wilcoxon matched-pairs signed-rank test and also sign test were used to assess the difference between mean relative efficiency of companies before and after policy. RESULTS: Although the Wilcoxon matched-pairs signed-rank test did not show any significant difference between before and after new policy in term of both technical and pure (managerial) efficiency of included companies, Wilcoxon test value: 0.079 and 0.07 (respectively but the one–sided sign test indicated that only relative pure (managerial) efficiency has improved after this policy (Pvalue: 0.031). CONCLUSIONS: The “Brand-Generic scheme” does not seem to be enough policy to improve efficiency of pharmaceutical companies in Iran. To achieve this aim, paying special attention to infrastructure requirement and transparent and accountable policies should be considered as well. The competition, the competitive pricing policies, the presence of international companies in the market and full privatization of companies had to be also considered by policy makers.

PH56
REGULATING THE ACCESS TO AN ADAPTIVE AND AN INTEGRAL ASSISTANCE IN BRAZILIAN PRIVATE HEALTH PLANS

Tanaka F.H.R., Franco S.
Aqui Tem Farmácia Popular, Rj, Rio de Janeiro, Brazil
OBJECTIVES: To describe the main actions promoted by the The Federal Regulatory Agency, ANS for Private Health Plans (ANS) for the access of private health plans beneficiaries to an adequate and an integral assistance. METHODS: A retrospective analysis of data about coverage in health plans since ANS creation (1999) was done to identify the main actions promoted by the agency in this area. It included the set of rules published and ANS periodic publications. RESULTS: A very important identified mechanism that ANS employs for regulating the users access to a full assistance is the elaboration of a list of medical procedures. This list constituted the minimum obligatory coverage for all plans. It is periodically reviewed and incorporations and/or exclusions are made according to some precepts like: clinical evidence, epidemiological relevance, among others. The main action implemented by ANS is an adequate and integral assistance and it is in this study to the improvement of private health assistance. ANS established a collaboration term with the Brazilian Medical Association (AMB) to develop guidelines, to supervise and to monitor the implementation. CONCLUSIONS: The actions promoted are the main one promoted by ANS to regulate the access to an adequate and an integral assistance. They can also improve the sector efficiency along with the rational use of techniques and medical technologies. The instruments discussed should be a guide to develop policies and plans of the ANS to improve the quality and efficiency. The patients will have safer end more effective treatments and ANS keeps the balance and promotion of health in private health with a new model.

PH57
A MEDIAÇÃO DE CONFLITOS NA AÇÃO FISCALIZATÓRIA DO SETOR DE SÚPTE DE SUPRE<br>

Tanaka F.H.R., Franco S.
ANS - Brazilian Private Health Regulatory Agency, Rio de Janeiro, Brazil
OBJECTIVES: To demonstrate the efficacy of use of mecha of the means of resolution of conflicts by the Administration Public on the control and fiscalization of the fulfillment of the obligations by the suppliers of raw supplies and Plans (ANS). METHODS: From 2003-2004 on the current activities, An investigation was made of 42.672 the cases taking into account the 58% of its resolution. Conclusions: The actions developed by ANS to regulate the users access to a full assistance is the elaboration of a list of medical procedures. This list constituted the minimum obligatory coverage for all plans. It is periodically reviewed and incorporations and/or exclusions are made according to some precepts like: clinical evidence, epidemiological relevance, among others. The main action implemented by ANS is an adequate and integral assistance and it is in this study to the improvement of private health assistance. ANS established a collaboration term with the Brazilian Medical Association (AMB) to develop guidelines, to supervise and to monitor the implementation. CONCLUSIONS: The actions promoted are the main one promoted by ANS to regulate the access to an adequate and an integral assistance. They can also improve the sector efficiency along with the rational use of techniques and medical technologies. The instruments discussed should be a guide to develop policies and plans of the ANS to improve the quality and efficiency. The patients will have safer end more effective treatments and ANS keeps the balance and promotion of health in private health with a new model.

PH58
A MEDIAÇÃO DE CONFLITOS NA AÇÃO FISCALIZATÓRIA DO SETOR DE SÚPTE DE SUPRE