OBJECTIVES: Medication analysis (MA) and medication management (MM) are increasingly implemented in community pharmacies. However, little is known about the main intention of pharmacy owners to provide medication analysis in Germany. Thus, the objective of this study was to explore awareness of MA and MM and to predict the intention to provide MA. METHODS: Approxi mately 2,700 pharmacies listed in a German pharmacy database were invited to complete the web-based online survey (February/March 2015). The survey instru ment was designed to assess the constructs of attitude, perceived behavioral control, subjective norm, and intention to provide MA. These data, along with data from 465 of 600 behavior. Data were analyzed by using descriptive statistics. Linear regression models were used to predict the intention to provide MA. RESULTS: A total of 295 pharmacy owners completed the survey. More than half of the respondents (66.8%) rated themselves as familiar or very familiar with the concept of MM, whereas only 25.1% rated themselves as familiar or very familiar with the concept of MA. Overall, 70.9% of the respondents rated their pharmacy as providing a comprehensive approach to pharmacy. Perceived control was significantly higher in owners who themselves directly linked with the proportion of prescriptions containing injectables. While the CCG Outcome Indicators, and their respective performance against them, to quantify the economic burden of these events to the health care system, in order to understand the trends and drivers of local decision-making by health commissioners, and how they may vary across localities, in the U.S. healthcare spending on high-cost biologics has escalated over the past decade. The Biologics Price Competition and Innovation Act allows for biosimilar products in the U.S., which will be lower-cost alternatives to reference biologics. This study explored payer attitudes to the reimbursement and adoption of biosimilars. The frequency of specific types of errors (dosing, labelling) for specific drug types (opioids, other IV medications). No studies assessed the cost of errors. CONCLUSIONS: Results of studies at both the national and regional level demonstrate that medication errors pose a significant clinical burden to patient care in Canadian acute care settings. Further research is needed to quantify the economic burden of these events to the health care system, in order to assist policy-makers and health administrators in prioritizing policies that support prevention efforts.

PHLP17 CAN PATIENTS RELY ON RESULTS OF PHYSICIAN RATING WEBSITES WHEN SELECTING A PHYSICIAN? - A CROSS-SECTIONAL STUDY ASSESSING THE ASSOCIATION BETWEEN PHYSICIAN ONLINE RATINGS AND PATIENT SATISFACTION WITH QUALITY OF CARE MEASURES FROM TWO GERMAN PHYSICIAN RATING WEBSITES Adelhardt T1, Emmert M1, Sander U1, Wambach V1, Lindenthal J2 1FAU-Erlangen-Nuremberg, Nuremberg, Germany, 2Friedrich Alexander University Erlangen- Nürnberg, Nuremberg, Germany, 3Hochschule Hannover, Hannover, Germany, 4QuE, Nuremberg, Germany OBJECTIVES: Even though physician rating websites (PRWs) have become more important in recent years, little is known about the relationship between patient ratings of physicians and patients' online ratings. It still remains unclear whether these ratings are a reliable source for patients for choosing a physician. The aim of the study was to measure the association between structural and quality of care measures and online ratings in a German Integrated Healthcare Network (QuE). METHODS: Data from 65 QuE practices were collected and comprised 21 indicators related to process quality (N=10), structural information (N=6), inter mediate outcomes (N=4) and costs (N=5) and patients’ online ratings for one of the two websites (PRW1) and for patients (PRW2) from the German ambulatory physician database (GAPDD). We applied Spearman rank coefficient of correlation to measure the association between practice-related information and patient ratings. RESULTS: For both PRWs, patient satisfaction results from offline surveys and the patients per doctor ratio in a practice were shown to be significantly associated with online ratings. Significant associations could be shown between online ratings and cost-related measures for medication, preventative examinations, and one diabetes type 2-related intermediate outcome measure on one PRW. Results from the second PRW showed significant associations between the number of patients per practice and the age of the physici ans, one cost-related measure for medication and four process-related quality measures. CONCLUSIONS: Significant associations observed in this study varied across different PRWs. When choosing a doctor, patients interested in the satisfac tion of other patients are more likely to choose a physician based on patient ratings. Through our results indicate associations with some diabetes and asthma measures, but not with coronary heart disease measures, there is still insufficient evidence to draw strong conclusions. Findings may be weakened due to the limited number of practices considered.

PHLP18 PAYER EXPECTATIONS FOR REIMBURSEMENT OF BIOSIMILARS Malik AN, Keeping K, Fletcher-Louis M 1Decision Resources Group, London, UK OBJECTIVES: To understand the payer preferences and drivers of local decision-making by Clinical Commissioning Groups (CCGs), and how they may vary across localities, therapies areas, and by respective performance against key performance indicators (KPIs). METHODS: The MIMS website was searched to derive an exhaustive list of new biologic and non-biologic therapies currently being discussed between May 2013 and August 2014. A total of 130 articles were cross-checked against all assessments conducted by the National Institute for Health and Care Excellence (NICE). The products that had been reviewed by NICE were included, and the NICE recommendations were cross-referenced to the cost savings biosimilars offer; however, tendency to seek clinical stakeholder buy-in, coupled with “grandfathering”, indicates some need for more robust evidence of cost-effectiveness.

PHLP19 UNDERSTANDING LOCAL COMMISSIONING DECISIONS ON NEW PHARMACO/ THERAPIES IN THE UK Singh S, Purchase J 1Pope Woodhead and Associates Ltd., St Ives, UK OBJECTIVES: To understand the decision-making processes and drivers of local decision-making by Clinical Commissioning Groups (CCGs), and how they may vary across localities, therapies areas, and by respective performance against key performance indicators (KPIs). METHODS: The MIMS website was searched to derive an exhaustive list of new biologic and non-biologic therapies currently being discussed between May 2013 and August 2014. A total of 130 articles were cross-checked against all assessments conducted by the National Institute for Health and Care Excellence (NICE). The products that had been reviewed by NICE were included, and the NICE recommendations were cross-referenced to the cost savings biosimilars offer; however, tendency to seek clinical stakeholder buy-in, coupled with “grandfathering”, indicates some need for more robust evidence of cost-effectiveness.