chronically treated patients could be considered as a positive trend. The project was fully supported by grant No. 103107 from the Charles University Grant Agency.

GREEK NHS CAPACITY CONSTRAINTS REGARDING IV TREATMENT FOR RHEUMATOID ARTHRITIS PATIENTS

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OBJECTIVES: Intravenous (iv) infusion of biologic agents is a highly effective therapeutic option in treating active Rheumatoid Arthritis (RA) patients. In Greece, it is mandatory that all infusions are administered in a hospital setting, therefore, they are strongly correlated with the system's capacity in terms of resources. The objective of this study was to assess the capacity of the Greek National Health System (NHS) to meet current and projected demand for the iv treatment of RA patients.

METHODS: Semi-qualitative interviews on the basis of a strictly structured questionnaire were conducted with the Heads of all NHS RA infusion sites, to record available resources (staff, equipment, facilties), service utilization and ability and projected demand. The questionnaire was externally reviewed and piloted to a small sample before administration. Data were analyzed using SPSS15.0. RESULTS: From a total of 31 NHS infusion sites (rheumatology clinics, outpatient departments, pathology clinics, day clinics), 28 responded (Response Rate 90.3%). On average, 41.6% of Greek NHS RA patients are treated with a biologic agent. 64.2% of respondents stated that available resources are insufficient to meet current demand. The most important constraints in selection order were: space (92.8%), staff (89.2%), equipment (iv-pumps, beds and chairs—44.2%) and working hours (60.7%). A total of 56% of respondents stated that they may decline treatment to patients due to capacity constraints. Overall, respondents estimated that the number of iv patients could be increased by 104% on average, were there no capacity constraints. CONCLUSIONS: An increase proposed from the estimated of 40.000 RA patients in Greece, for whom iv biologic treatment in the hospital setting is essential for disease control, may be declined treatment due to constraints in RA-specific resources. Rationalization and reallocation of NHS resources is required to ensure equity in access to effective treatment for all RA patients.

MANAGEMENT AND DIAGNOSIS OF OSTEOPOROTIC VERTEBRAL FRACTURES ACCORDING TO PRIMARY CARE PHYSICIANS

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OBJECTIVE: Osteoporotic vertebral fractures (OVF) are an important health concern which remain underdiagnosed in 70% cases. According to recent data, approximately 450,000 and 700,000 symptomatic vertebral fractures are diagnosed each year in the EU and in the US, respectively. The aim of this study is to understand the use of osteoporosis therapy for OVF patients and to 44% in WE patients; hospitalization costs amounted to 24.9% of total costs for WoE patients and to 35.87 in WE patients. Drug cost amounted to 53% of total cost for WoE patients and to 44% in WE patients; hospitalization costs amounted to 24.9% of total cost for WoE patients and to 34% for WE patients; day hospital and diagnostic procedures amounted to around 7% and 15% respectively in both groups, CONCLUSIONS: The analysis of a large database showed that patients with RA are frequently affected by other important chronic pathologies and that patients affected by RA and WE have an annual NHS cost 40% lower than patients affected by RA and WE.

ARE THE ADMINISTRATIVE DATABASE A STRATEGIC TOOL IN DECISION MAKING? CASE STUDY: RHEUMATOID ARTHRITIS IN PIEMONTE REGION

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OBJECTIVES: The aim of this study was to evaluate retrospectively the average annual direct costs of treating patients affected by rheumatoid arthritis (RA) with and without concomitant pathologies. METHODS: Resources, medical costs of patients with a diagnosis for RA were estimated using year 2007 data from the administrative database of Piemont Region (4,491,266 inhabitants). Patients affected by RA were divided in two sub-groups: with Regional Health Service (RHS) concomitant exemptions due to other chronic pathologies (WoE) and without concomitant exemptions (WoE). Resource consumption measured was the following: reimbursed drugs, diagnostic procedures, hospitalizations (including day hospital). The analysis was performed from the RHS perspective. Unit costs considered were prices for reimbursement tariffs. RESULTS: WoE Patients: Annual average cost of treatment per patient amounted to €31,182.52 in WoE patients and to €33,87.42 in WE patients. Drug cost amounted to 53% of total cost for WoE patients and to 44% in WE patients; hospitalization costs amounted to 24.9% of total cost for WoE patients and to 34% for WE patients; day hospital and diagnostic procedures amounted to around 7% and 15% respectively in both groups, CONCLUSIONS: The analysis of a large database showed that patients with RA are frequently affected by other important chronic pathologies and that patients affected by RA and WE have an annual NHS cost 40% lower than patients affected by RA and WE.

FACTORS INFLUENCING REIMBURSEMENT AND PRESCRIPTION DECISIONS ON THE RHEUMATOID ARTHRITIS MARKET IN GERMANY, ITALY, FRANCE AND UK

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OBJECTIVES: There is a growing emphasis in understanding reimbursement decisions for RA due to the capacity of the Rheumatoid Arthritis (RA), which ultimately affect patient access to treatment. Despite a wide variety of treatment options there are still patients who do not achieve an adequate response. To analyse demand and supply side of RA treatment the effects of multiple factors on prescriptions decisions (as written by the doctors) and reimbursement (Reimb) such as logarithmized prescriptions (lnRx), relevant therapeutic classes (ATC), logarithmized prices (lnPrice) and sales (lnSales) and disease prevalence (Preve) will be determined. METHODS: According to the underlying dependent variables different model specification has been used. To explore the multiple variables affecting RA prescription a mixed model has been implemented whereas to analyse the shares of RA reimbursement levels a logistic regression has been chosen. RESULTS: The analyses include 6 years period (2003-2008) of prescription data for the EUS covering all ATC classes prescribed for RA. We found significant effects on reimbursements for lnRx (0.1668, p < 0.0001), lnPrice (0.1859, p < 0.0001), and country (France = 1.1934, Germany = 0.2542, Italy = -0.1914 and Spain = 1,1966). On prescriptions the results are highly significant for lnSales (0.1797, p < 0.0001), Reimb (0.1718, p < 0.0001), ln_Price (0.2576, p < 0.0001), Preve (0.5012, p < 0.0001), and 77% of all ATC classes. CONCLUSIONS: The results show that reimbursement seems to be negatively influence by supply (e.g high retail prices in Germany) and demand (prescriptions) effects. These results are in line with national cost containment endeavours of payers. However, different factors such as promotion of generic drug usage in UK or high pharmaceutical consumption per person as in France combined with low prices seem to have stronger positive effects on reimbursement then in Spain, Germany, or Italy. As expected sales and further reimbursement opportunities are positively influencing the prescription of RA drugs whereas increasing prices are reducing RA related prescriptions. Interestingly, we see significant positive epidemiological demand factors such as an increasing RA prevalence.