

hazard function were run to estimate time to thresholds of vision loss. The resulting hazards were used to inform transition probabilities in a Markov model, to estimate effects (discounted at 3%) for an average patient. **RESULTS:** The estimate of vision years gained was 0.57 during the trial, and 0.82 at 5 years. Benefits decreased with age and baseline visual acuity. **CONCLUSION:** Based on one year data, the majority of benefit was estimated to accrue within the trial time frame, and benefits differ across subgroups. Treatment costs may be offset by delaying costs of blindness.

PDH23

RELEVANCE OF PHARMACOECONOMICS AND HEALTH OUTCOMES INFORMATION TO HEALTH CARE DECISION-MAKERS IN THE UNITED STATES

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A key purpose in conducting pharmacoeconomic (PE) and health outcomes (HO) research is to aid in the decision-making process. However, surprisingly few studies within the literature have evaluated the relevance of this information to decision-makers. **OBJECTIVES:** The purpose of this study was to evaluate the relevance of PE and HO information to health plan decision-makers in managing the pharmacy benefit. **METHODS:** A qualitative research method using telephone interviews on a convenience sample of managed care and PBM decision-makers was used. Participants were presented with 16 hypothetical statements incorporating key PE and HO concepts and asked to judge the relevance of the statements. Respondents were also prompted to provide a rationale for their judgement. Questions relating to respondent's training and familiarity with PE concepts were also included. **RESULTS:** Over 80% of respondents (n = 16) were pharmacists, with one-third working for PBMs. Statements related to quality-of-life, cost-of-prevention, cost/year of life saved, increased life expectancy, and 2-year savings were relevant to >80% of respondents. Willingness to pay (WTP), cost to society and global cost of illness statements were considered irrelevant by >35%. Response trends to the above indicate that copays preclude the relevance of WTP information; societal perspectives are generally not relevant to benefit management, and plan demographics are more relevant than global demographics. Statements related to PE modeling were relevant provided that inputs and assumptions were pertinent to the user. Statements reported in terms of quality adjusted life year were difficult for respondents to conceptualize. **CONCLUSIONS:** These findings suggest that some PE and HO information is more relevant than others in the management of the pharmacy benefit.

PDH24

PHARMACEUTICAL INDUSTRY PERCEPTIONS OF THE USE OF PHARMACOECONOMIC DATA BY HEALTH CARE ORGANIZATIONS

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The pharmaceutical industry (PI) is a principal provider of pharmacoeconomic (PE) data to health care organizations (HCOs). Therefore, assessing how this information is perceived and used by HCOs from the PI perspective can provide insights for future development of PE information. **OBJECTIVES:** The purpose of this study was to describe the PI perceptions regarding the use of PE information by HCOs. **METHODS:** A structured phone interview was conducted with PI personnel who routinely interact with HCOs, including account managers, scientific liaisons, and PE/outcomes research managers. Participants were asked to comment with regard to the frequency of use and importance of various types of PE information that is provided to HCOs. **RESULTS:** A total of 21 subjects were interviewed. About 95% stated that the PE information provided to HCOs in the previous year was helpful. The majority of respondents (76%) stated PE information was considered by HCOs for most or some decisions. There was significant variation when asked whether PE articles were relevant, credible, and understandable to HCOs. Reprints of PE data and HCO-specific information were most commonly listed as best-received by HCOs. A majority (81%) also felt there were barriers to using PE information in HCOs; "isolated focus on the pharmacy budget" was listed as the most common barrier. Only one-third of respondents felt their company met the PE needs of HCOs. The remainder listed lack of PE information as the primary cause for not meeting the PE needs of HCOs. **CONCLUSION:** While respondents felt that PE information is commonly used and is perceived as valuable, this study has identified potential limitations to the currently available information.

PDH25

A QUALITATIVE ASSESSMENT OF MANAGED CARE DECISION-MAKER'S VIEWS AND USE OF PHARMACOECONOMIC INFORMATION

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Much emphasis is currently being placed on determining the proper methodology for conducting economic analyses of pharmaceuticals. However, perhaps equally important is the need for consideration of how this information is actually being used by decision-makers. The most recent examination of this issue occurred in 1996. **OBJECTIVES:** The purpose of this study was to increase our understanding of how pharmacoeconomic information is used by decision-makers in managed care and to identify perceived strengths and weaknesses of the available information given the current state of the pharmacy bene-

fit. **METHODS:** A semi-structured phone survey of managed care decision-makers was conducted between September and October, 1999. This survey consisted of approximately 50 questions. Descriptive statistics were generated. **RESULTS:** About 30% of participants worked for a PBM and 70% for various types of HMOs. Pharmacoeconomic information was most commonly (53%) used to add a drug to the formulary. Approximately 25% of respondents found studies difficult to understand and irrelevant to their organization. Frequently suggested areas for improvement included more rigorous methods and development of standardization. Cardiovascular disease was considered one of the most relevant diseases for pharmacoeconomic analysis because of its impact on morbidity, mortality, and cost. Most respondents (71%) experienced barriers to using pharmacoeconomic information. More than 70% stated there was pharmacoeconomic information they desired but is unavailable. **CONCLUSIONS:** While decision-makers are using pharmacoeconomic information and most find it helpful to their organization, many question the relevance of the available data, and experience barriers to using pharmacoeconomic information. This study provides numerous insights for enhancing the value of pharmacoeconomic data to decision-makers.

PDH26

A NATIONAL SURVEY OF DECISION-MAKERS IN MANAGED CARE ON THEIR VIEWS AND USE OF PHARMACOECONOMIC INFORMATION

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The applicability of pharmacoeconomic research in decision-making continues to be an issue of critical importance. While some research has examined this issue, studies have consisted of very small sample sizes, prohibiting generalizable conclusions. **OBJECTIVE:** The objective of this study was to examine how decision-makers in health plans view and use pharmacoeconomic information in a large and geographically diverse population. **METHODS:** A random sample of 3000 *Formulary* subscribers who were pharmacists or physicians working in a health care organization (non-institutional) was identified. Subjects were randomized to three different groups of 1000 with a different survey mailed to each group. A notification postcard, reminder postcard, and follow-up survey were sent, for an anticipated response rate of 30%. **RESULTS:** While data collection is still in progress, analysis of surveys inputted to date (n = 241) indicate that respondents represent the majority of states, 66% serve on P&T committees, 78% are pharmacists, and the majority work for HMOs. While 90% of respondents are considering pharmacoeconomic information in their decision-making, 20% rarely or never act upon this information while two-thirds occasionally do. About 25% said that if pharmacoeconomic studies were no longer published,

this would have little or no effect on their organization, and 60% said it would have some effect. Respondents identified therapy classes for which pharmacoeconomics is most and least relevant. They identified the value of various sources of pharmacoeconomic information, study types, and specific journals and indicated various barriers to the use of pharmacoeconomic information. **CONCLUSIONS:** These results provide insight into how to better develop and target pharmacoeconomic information to managed care decision-makers.

PDH27

THE SATISFACTION AND ECONOMIC EVALUATION OF CONVERTING A TRADITIONAL HOSPITAL SYSTEM USING A UNIT DOSE SYSTEM, AT A HOSPITAL IN BARBADOS, WEST INDIES

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OBJECTIVES: The objectives of this study were (1) to oversee patients, pharmacists, and other health professional's satisfactions of traditional hospital pharmacy services at Barbados, West Indies. (2) To evaluate whether or not the unit dose machine will improve efficiency and productivity for the hospital without increasing health expenditure. **SETTING:** The study setting is a 600-bed community hospital located at Barbados, West Indies. It is the only hospital on this 250,000-population island. **METHODS:** Three surveys among patients, pharmacists, and health professionals were used to assess their opinion on the performance of the Pharmacy. Next, we evaluated the cost saving of using unit dose machine and unit dose carts for the hospital. **RESULTS:** The surveys showed that most of the patients (n = 200) and health professionals (n = 100) were dissatisfied with the wait time. And most pharmacists were looking for ways to improve their functions and services. Using the ANOVA statistics to compare seven health professionals' opinions on the wait time ($P = 0.01$), the convenience of pharmacy services ($P = 0.019$) and improving the efficiency of the pharmacy by use of the computer ($P = 0.047$) showed statistically significant difference. The drug expenditure in this hospital for 1998 was 7.1 million dollars. It is proposed that the hospital might be able to save approximately \$1,420,000 per year (20% saving), which would be able to pay for the new equipments and the cost of improvements. **CONCLUSION:** The study found that the use an automation system along with a computer system could reduce both the cost of medication, while improving productivity and quality of work.