Health Technology Assessment in Poland) for orphan oncology drugs are based. The role of AHTAPol is to prepare for the Minister of Health recommendations on financing all medical technologies from public funds. Orphan oncology drugs undergo pharmacoeconomic evaluations and coverage decision processes similar to other molecules. AHTAPol's reimbursement recommendations are based on evidence of clinical benefit and efficacy/safety ratio, cost-effectiveness, costs and their impact on the payer's budget. **METHODS:** Among recommendations of AHTAPol published until the end of May 2011, we identified all related to orphan oncology drugs. Having categorized into types of recommendations then we analyzed rational for granted decision. **RESULTS:** Among 420 AHTAPol decisions analyzed, 32 (21,7%) applied to non-drugs technologies, 91 (21,7%) to health care programs and 297 (70,7%) to drugs technologies. Among 297 drugs recommendations only 15 (5%) was related to oncology orphan molecules. Granted were 10 (out of 15) positive recommendations. For 3 out of 15 drugs AHTAPol issued conditional recommendations (with restriction related to reducing the cost- effectiveness outcomes). Only two orphan oncology drugs were assessed negatively. In both cases main criteria on which recommendations were based refer to low clinical efficacy and safety. **CONCLUSIONS:** Neither cost-effectiveness nor costs and budget impact were significant arguments in negative recommendations of AHTAPol. As a matter of fact, lack of clinical efficacy and insufficient safety profile were the key issues for orphan oncology drugs negatively assessed by AHTAPol.

PHP93

REGIONAL DIFFERENCES AMONG METHADONE MAINTENANCE PROGRAMS IN SPAIN

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OBJECTIVES: Methadone maintenance programs (MMP) offer the best treatment for opioid dependence. In Spain, methadone hydrochloride is prepared as a magistral formulation. Despite the organization and the management of the MMP is in hands of the Delegación del Gobierno para el Plan Nacional sobre Drogas, each autonomous region (AR) is responsible for its planning and financing. The aim of this study was to identify planning MMP differences among AR in Spain. **METHODS:** A structured literature review on the IME, SciELO, Doyma, Medline, national and AR official bulletins and health web pages, and general and specialised press, up to July 1, 2010. **RESULTS:** Planning differences were found around four areas. First, in 13 AR the regional health department establishes the health care provision and legal framework for MMP, whereas in 4 AR this is a shared responsibility between health and social security regional departments. Second, three health care networks for the provision of MMP coexist in Spain. Andalusia has drug care centers, 6 AR specialized or mental health centers and 10 AR combine both structures. Third, in 11 AR methadone prescribing and dispensing is performed in one center, in 6 AR in separate centers and in Cantabria coincide both systems. Fourth, in the majority of AR a central laboratory or the hospitals elaborate the greater part of the methadone; however, in 2 AR it is elaborated in pharmacies and in 2 AR in the prescribing center. **CONCLUSIONS:** In Spain, patients are not always normalized into the health care system. Methadone provided in the MMP shows different elaboration, prescribing and dispensing processes across the different AR. This may lead to heterogeneity in the magistral formulation of methadone and patient access to it across the territory.

PHP94

ANALYSIS OF RESULTS OF THE REFERENCE PRICING OF TURKEY

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OBJECTIVES: IEGM (General Directorate of Pharmaceuticals and Pharmacy) is responsible for setting all human medicinal products prices. Reference pricing system is used for setting prices. Reference countries are reviewed annually and may be subject to certain alterations. The aim of this study is to show the distribution of reference countries which were used for reference pricing. **METHODS:** The price list of pharmaceuticals which was published by IEGM on 15.04.2011 was used for the analysis. Distribution of reference countries and prices were evaluated. **RESULTS:** Prices of 6251 jeneric and 3703 original products were set. 5283 of jenerics and 3306 of originals were in the positive list for reimbursement. Reference pricing was used for 2352 jenerics and 2281 originals. Prices of the remaing were set outside of reference pricing. 32 different countries were used for reference pricing. Italy was the most popular country for reference pricing (24.47%). Italy was followed by Spain (21.96%), Greece (19.69%), France (11.8%) and Portugal (8.7%). Even if Germany was not a reference country, Germany was used in 3.71% of pharmaceuticals. Other 25 countries were used by 13,29%. However the ranking was changed only in pharmaceuticals with prices above 200 Turkish Liras (TL) or original pharmaceuticals; Greece was the most popular country in these rankings by 27.85% and 24.25%, respectively. Italy was the most popular country for reference pricing in sub groups like generics, prices ranging between 0 and 50 TL, 50 and 100 TL, and 100 and 200 TL. **CONCLUSIONS:** It has been shown that Italy has the highest impact on the pricing of all pharmaceuticals in Turkey. Greece has the highest impact on the pricing of originals. Even if Germany was not a reference country, it has been seen that it affects pharmaceuticals more than other countries which were also not used for reference pricing.

PHP95

PAYER PERSPECTIVES ON EVIDENCE FOR FORMULARY DECISION MAKING IN THE UNITED STATES

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OBJECTIVES: The role that payers play in the pharmaceutical market has been increasing in prominence. Much research has focused on public payers and how drug reimbursement policies change in response to data from drug effectiveness studies. However, the commercial payer perspective has not been well researched. This study seeks to describe how U.S. commercial payers use different types of comparative evidence to make reimbursement and formulary placement decisions. **METHODS:** We recruited 20 US commercial payers who currently participate in or lead pharmaceutical and therapeutics committees for their plans. Our participants represent managed care organizations that cover a total of more than 95 million members. We conducted semi-structured qualitative interviews comprised of five representative scenarios and asked payers to rate how they value different study designs for each scenario. The interviews were transcribed, the responses were tabulated, and then analyzed for content. **RESULTS:** The reported value of the study designs differed between national and regional payers as well as between medical and pharmacy directors. National payers have more resources and are more likely to value and conduct retrospective analyses and decision modeling than regional payers. Pharmacy directors tend to favor retrospective analyses and medical directors value RCTs, pragmatic trials, and prospective non-experimental studies. Although RCTs were often the highest ranked study design, payers still found prospective non-experimental studies and retrospective analyses valuable for certain uses. Payers are currently unable to manage most oncology products beyond labeled indications due to political pressure to cover all drugs regardless of price. **CONCLUSIONS:** Payers value and utilize data from a broad range of study designs to inform formulary placement decisions. However, the disease state, market condition, and type of payer will influence what sort of comparative evidence is of the most value.

PHP96

MITIGATING EMERGENCY DEPARTMENT OVER-CROWDING UTILIZING FOCUSED OPERATIONS MANAGEMENT TOOLS

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OBJECTIVES: Emergency Department (ED) overcrowding (OC) is plaguing EDs worldwide with grave implications on patient and caregiver comfort and quality of care. Alleviating this problem tops agendas of governmental and professional agencies. Many contributing factors have been cited and many approaches have been tried, without widespread success. Focused Operations Management (FM) integrates novel managerial theories and practical tools {such as the theory of constraints (TOC) and the Pareto diagram} into a systematic approach, helping managers to analyze complex operational systems, find bottlenecks and root causes and finally, chart routes to improved throughput and quality. This approach has proved effective in the industry and service sectors, radically improving performance at little additional cost. The FM approach has never been implemented in the ED and could considerably enhance the management of its operations. In this first phase of the research, we use semi-structured interviews with experts, to identify potential high-yield interventions. **METHODS:** A review of the ED operations literature was performed to identify major ED operational challenges, metrics and alleviating measures. Semi-structured interviews with ED head nurses and managers, hospital administrators and Health ministry administrators were conducted. The interviews centered on validation of major challenges identified in the literature search and assessing potential utility of FM tools. **RESULTS:** The major challenges we identified included ED boarding, prolonged length of stay, unjustified ED utilization and slow access to specialist consults, lab tests and imaging studies. Of the FM tools presented to specialists, those assessed to be most promising were "the "complete kit" concept and TOC methods to identify and alleviate bottle necks and to reduce "work in progress". **CONCLUSIONS:** implementation of the novel FM management strategies has enhanced operations and performance in many industries and services. The ED is in dire need and a good candidate for the use of these tools.

PHP97

USE OF PAEDIATRIC "OBSERVATION STATUS" AND EFFECT ON IN-PATIENT ADMISSION RATE IN ACCIDENT AND EMERGENCY (A&E) DEPARTMENTS

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OBJECTIVES: To describe the use of paediatric "observation status" in the accident and emergency department (A&E). **METHODS:** A prospective survey was performed in 12 Belgian hospitals during 2 weeks straddling October and November 2010. All patients (<16 years) attending A&E were included. "Observation status" was defined when after the first medical evaluation, instead of hospitalization or home discharge, the situation required further observation of the patient. The clinicians in charge were asked at the start of the "observation" period to prognosticate whether the child would be discharged or admitted. **RESULTS:** Among 3220 children included in the study, the observation rate was 38.6%. The characteristics of these children were as follows. Median age: 5.0 years old (IQR: 1.7-11.3), boys: 53.5%. The median length of stay in A&E was 110 minutes (IQR: 65-175) and 14.3% were admitted as in-patient. The most common observations concerned orthopaedic, medical digestive and respiratory affections. The three main reasons for observation were additional procedures (69.0%), diagnostic determination (10.7%), and treatment testing (8.3%). Most of the observations (86.9%) were performed in a waiting room (not in a bed), 9.7% in an observation unit dedicated to children and