satisfaction level of university students towards the program. CONCLUSIONS: The results showed the satisfaction assessment model was suitable to this study. Based on the order of path coefficients, several reform proposals for improving university students’ medical insurance are proposed, including establishing a multi-level medical insurance system with corresponding regulatory and monitoring mechanisms of its performance; as well as enhancing awareness and education of students about health insurance.

PHP88 WORKPLACE-BASED SMOKING CESSATION PROGRAMMES – IDENTIFYING THE GAPS BETWEEN EVIDENCE AND PRACTICE Gan HH, Wee HL
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OBJECTIVES: Previous research has shown that workplace-based smoking cessation programme (WSPCP) is cost beneficial to employers due to improved productivity of employees. Yet, the number of companies in Singapore that support or provide smoking cessation talks (n = 31, 77.5%) in their workplace is as low as 27%. The main reasons for non-implementation of the programme include: the lack of employee willingness to participate in such programmes (n = 30, 75%); lack of management support (n = 29, 72.5%); and contests to help smokers quit (n = 28, 70%). Majority of the employers are willing to disseminate posters within the workplace (n = 32, 80%) or offer smoking cessation talks (n = 31, 77.5%). In contrast, employers did not support group counseling and pharmacological treatment although they were shown in a Cochrane review to have strong evidence of efficacy within the workplace. CONCLUSIONS: Interestingly, interventions shown to be effective in experimental settings were not supported by employers and they were unwilling to implement these strategies. This gap between evidence and practice needs to be addressed possibly through employer education.

PHP89 PERCEPTION ANALYSIS OF PHARMACEUTICAL CARE PRACTICES AMONG GENERAL PHYSICIANS FROM PART OF SOUTH INDIA

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OBJECTIVES: To analyse perception of Pharmaceutical Care Practices among General Physicians from Part of South India. METHODS: Study was conducted in Selected Part of South India including Udupi District. Sample size was calculated by using market research statistical software. Sample size was calculated to achieve confidence level of research up to 93%. A questionnaire was designed including closed and open ended questions. Questionnaire was administered to General Physicians to elicit their opinion. Information collected was processed to derive results and conclusion. RESULTS: Results derived from above study shows that, General Physicians from selected Part of South India are aware about the concept of Pharmaceutical Care. Majority of respondents are of opinion that Concept of Pharmaceutical Care is very useful for people to maintain their health. CONCLUSIONS: Results shows that, there is a need of introduction of Pharmaceutical Care in India.

PHP90 THE RISK OF WITHDRAWAL FROM LABOR FORCE IN PATIENTS WITH BIPOLAR DISORDERS IN TAIWAN

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OBJECTIVES: Bipolar disorder is associated with high unemployment rate and job-related difficulties in small-scaled qualitative, cross-sectional studies and observational surveys. This study was designed to assess the risk of withdrawal from labor force in bipolar disorder patients using a national claim-based database in Taiwan. METHODS: The Psychiatric Inpatients Medical Claims Data (PIMC) dataset from National Health Insurance Research Database was used and enrollee with a DSM-IV diagnosis of bipolar disorder (N=502) between 1998 and 2001 were matched with a cohort of controls (N=2,008) for comparison. Each patient was observed since one year before the incidence and up to the end of the 10th year (12/31/2008) of withdrawal or government provided social benefits. RESULTS: Risk of withdrawal from labor force after adjusting for covariates were investigated between two groups. RESULTS: The risk of withdrawal from labor force was found higher in patients with bipolar disorders with an adjusted HR of 2.10 (p<0.001), revealing a 110% higher hazard than controls. At one year of time since first contact with the health system, the probability of withdrawal from labor force went up greatly by 47% and 22%, respectively for bipolar disorders and controls and became steadily increasing ever since. It was 64% and 38%, respectively at the end of the 5th year. Notably, the probability of withdrawal from labor force were also significantly different even before the incidence (time point: -1 to 0), as 27% and 14% for bipolar disorders and controls, respectively. The median time of withdrawal from labor force was 1.39 years (95% CI = 0.8–2.1) for bipolar patients compared with 9.67 years (95% CI = 8.71–10.63) for controls (p<0.0001). CONCLUSIONS: Bipolar disorders had an increased risk of withdrawal from labor force with a longitudinal follow-up up to 10 years using national claimed data in Taiwan.

PHP91 USING OBSERVATIONAL COMPARATIVE EFFECTIVENESS STUDIES TO INFORM DECISION MAKING: THE NEED FOR A TWO-PHASE APPROACH TO ASSESSING QUALITY AND APPROPRIATENESS

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OBJECTIVES: Observational studies are increasingly being used in comparative effectiveness research (CER) because they provide information on ‘real-world’ use of therapies. Most decision makers, however, have little experience in evaluating observational CER. We assessed whether existing standards and scales were sufficient for identifying observational studies of high enough quality to inform decision making. METHODS: We identified standards and quality scales for observational studies published in the peer-reviewed literature. We then administered these standards and scales to observational studies published in recent years. RESULTS: Few standards and quality scales are available to assist decision makers in evaluating the quality of observational CER studies. Once a baseline level of methodological rigor has been achieved, selecting specific studies to inform decision making is likely to be guided by nuanced factors related to the specific research question and decision at hand. Rather than attempting to develop scales or standards that can independently be used for all types of research questions and decisions, a two-phase approach, in which a tool like the GRACE Checklist is used to identify studies of sufficient quality and then a framework is used to select the most appropriate studies for a specific research question, may be most useful to decision makers.

PHP92 THE IMPACT OF THE SURVEILLANCE IN PHARMACOTHERAPY BY HOSPITAL HEALTH CARE RISKS MANAGEMENT (HHRM)

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OBJECTIVES: Pharmacology is considered as the main basis of medical science and so the Pharmacotherapy is a valuable therapeutic tool, however adverse drug events (ADE) are harmful just it may increase the morbidity and mortality, so the importance of surveillance in all this therapy process. The present study performed by the HHRM aims to point out what are the most common faults that can lead to ADE and plan improvements to provide greater security and quality in pharmacotherapy process. METHODS: Active searches from May to August of 2011 by pharmacists and multidisciplinary team in the pharmacotherapeutic process routinely applied in the ICU and in two clinical and surgical wards of a public metropolitan teaching hospital with about 300 beds, by checking dosages, routes of administration, correct medical orders, correct patients, correct drugs and possible drug interactions. RESULTS: There were about 5 big events of pharmacotherapy risks in a week, with non-compliance in the medical prescriptions of medicine by not recommended route (15%), wrong solutions for drugs administrations (25%), using wrong medical devices for drugs administration (10%) and electrolyte abnormalities (5%); there was one administrative error in patients. The method of copy and paste in the medical prescription is a dangerous process and deserves a big attention. CONCLUSIONS: Pharmacotherapy process is very complex which errors should occurs at various stages, in any different manners and situations, so it needs the support and involvement of every health care professional and their training in order to ensure greater security and quality in health care, specially in pharmacotherapy knowledge. So avoiding ADE may reduce the time of hospitalization, the cost of treatment, the morbidity and even mortality. Active searches by HHRM in acting in presenting ADE risks or even correcting the possible risks is paramount for every health care service.

PHP93 DOES PUBLIC HEALTH SPENDING MATTER? EVIDENCE FROM CHINA PROVINCIAL PANEL DATA

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OBJECTIVES: The prevailing view in the literature is that additional government health input has little effect on mortality and/or morbidity. In China, however, this is not an accepted consensus. Researchers and policy makers are still debating whether market or government should take more responsibilities in the health care area. In this paper, we aim to investigate the efficiency of China public health spending. METHODS: We obtain unique China provincial level panel data and use fixed effect model to test the relationship between public health spending and morbidity probability of thirteen common infectious diseases. RESULTS: We find that budgetary allocation to epidemic prevention and control expenses has little impact on reducing the morbidity rate of the sample infectious diseases in China. CONCLUSIONS: Understanding the efficiency of public health spending is crucial in designing public health policy in China, especially when the health care system reform peters the deep water. The above finding suggests that the policy maker should seriously consider the role of government in the future health care reform.