productivity, and generational accounting, which accounts for a range of other govern-
ment fiscal transfers to citizens. The possible produced value for a life-time term
was assumed as calculating the total NPV depending on the life expectancy: CPD
was assumed as the difference between NPV on the year of life expectancy and each
decades as life years 50, 40, 30, 20, 10 and new born. The economic values for the
model were derived from World Bank, OECD, UNESCO or WHO. RESULTS: Possible
produced value for a life-time term for Turkey was calculated as US $483.928. Cost
of pre-mature death per person was calculated as US $ - 102,064, US $ - 271,716, US
10, 20, 30, 40 and 50 respectively
CONCLUSIONS: However the study was based on a hypothetical model that calculated the NPV with the taxes and spending in a
life-time term, cost of premature death was calculated as the highest in early ages and
was decreasing up to the retirement age. The results may be reference for the
decision makers. Health policy makers may improve the access to the treatments
in the early life years for the possible increased cost of premature deaths in Turkey

PHL124
EXPOSURE TO POTENTIAL DRUG-DRUG INTERACTIONS IN TEACHING HOSPITAL OF SOUTH PUNJAB, PAKISTAN
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OBJECTIVES: Drug-drug interaction is a common error in poly-medications and con-
tributes a major part in adverse drug reactions. The aim of the present study was to
evaluate the percentage of potential drug-drug interactions in the prescription in the
region of South Punjab Pakistan prescribed by the medical practitioner. METHODS: All the
cases included in the study were recorded. However, the study was performed in Nishter Hospital Multan, Pakistan, the 3rd oldest medical
institutions of Pakistan, which has a capacity of 1800 beds and having a best facil-
y to see the Drug - Drug interactions and compared with the standard reference of important DDI’s. The potential drug-drug interactions were categorized according to the
mechanism. Results: A total of 199 patients presented with 718 interactions and their severity level accounting as major
100 prescriptions (543 medicines), 41% of prescriptions have potential DDI’s. Mostly
prescribed drugs were the antibiotics (38%), and the drugs belonging to classance-
were found to contribute mostly in drug-drug interactions (26.50%). The survey shown
how a large number of interactions and severity level accounting as major (20.10%), moderate (63.4%) and minor (15.90). The mechanism by which the drugs interact with one another showed that there were pharmacokinetic (60.5%), pharma-
codynamic (38.6%) and few of them interact by the mechanism which was not provided in the available literature (0.9%). CONCLUSIONS: Drug-drug interactions occur
in poly-medications and need to be evaluated and monitored for the positive impact
on the medication use system and improvement of quality of patient care. A clini-
cal pharmacist with its accurate knowledge of drug, effect on human body, and their interaction with other can monitor and manage these drug interactions.

PHL152
VALUE OF LIFE AND COST OF PRE-MATURE DEATHS WITH THE PERSPECTIVE OF PRODUCTIVITY AS NET TAX REVENUE: A COMPARISON IN ARGENTINA, BRAZIL AND MEXICO
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OBJECTIVES: The Human Capital Theory emphasizes investments to the health care sector to improve productivity in evaluation of health investments to health care sector improves macro and micro economic outcomes for the whole society. The aim of this study is to calculate the possible produced value on lost lifetime and cost of premature deaths in Brazil and Mexico. METHODS: Net present value (NPV) of the taxes and spending for each year were calculated. For calculating NPV in the government perspectives, two modelling approaches were combined, human capital modelling based on lives saved and lost productivity, and generational accounting, which accounts for a range of other government fiscal transfers to citizens. The possible produced value for a life-time term for each country were assumed as calculating the total NPV for each country depending on the countries life expectancy CPD for each countries were assumed as the difference between NPV on the year of life expectancy and each decades as life years 50, 40, 30, 20, 10. The economic values for the model of each country derived from World Bank, OECD, UNESCO or WHO. Discount rate and inflation for wages were taken as 3% per year for all coun-
dtries. RESULTS: Possible produced VLT for each country were calculated as US $ 716,945, US $ 663,129 and US $ 653,598 for Argentina, Brazil and Mexico, respectively.
CONCLUSIONS: However the study was based on a hypothetical model that calculated the NPV with the taxes and spending in a life-time term, the results of each country were parallel.

PHL126
COMMUNITY PHARMACIST PERCEPTIONS OF GENERIC MEDICINES: A SURVEY IN TEHRAN
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Pharmaceutical expenditure as has been increasingly grown during the last decades so that policy makers have paid more and more attention to develop strategies to deal with this growing issue. Pharmaceutical industry is an important industry in the health
continuum to implement such strategies through dispensing and delivering generic medicines to consumers. So, the main objective of this study was to explore the per-
ception of Iranian pharmacists regarding generic substitution, and also to explore how Iranian pharmacists think about patients' role, physicians' role and government
role in generic substitution. A cross sectional descriptive study involving the entire
pharmacists in Tehran community pharmacies (n = 2000) was conducted using a self-administered anonymous questionnaire. A total of 1205 questionnaires were
returned indicating a response rate of 60%. Regarding to the first section, 62%
of participants agreed that pharmacists should be given right to generic substitu-
tion in the non-patented medicines and 73% believed that generic medicines are bioequivalent. Majority of the respondents (73%) stated that, they do substitution once generic
medicine is available. However, they think that patients, physicians and government
have important roles in generic substitution. More than half (55%) of pharmacists
believed physicians' prescription behavior highly influenced by the marketing
and promotion activities of foreign companies. 93% of respondents pointed to full
coverage of generic medicines by providers as a strategy to generic substitution.
Summarize the result of the study and also the most important findings of the study.

PHL127
BUILDING A “HIGH-ALERT/HIGH RISK MEDICATIONS REMINDER SYSTEM” TO IMPROVE PATIENT SAFETY
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OBJECTIVES: This paper was aimed to introduce how we developed a “high-alert/
high risk medications reminder system” operated in the computer system to
improve medication safety in our hospital. METHODS: This reminder system was
designed in a 2,400-bed health institute with 2,000 nurses, consisting of 12 nursing
divisions and 75 units. The new module was added to the current BCM system with
VB. net. The functions of this computer system include seven steps. RESULTS: A simple reminder system to improve the application of the new, computerized “high-
alert/ high risk medications reminder system” was done to MCIU nurses (N=36). The
survey response rate was 100%. The results showed high rate of positive support
on the new system at 45%. The error rate from 5% in 2010 improved to 1% in 2011;
2012. CONCLUSIONS: Our early experience showed that an efficient and user-
friendly “High-Aart/High Risk Medications Reminder System” could be helpful
for medical staffs to improve medication safety although a longer follow-up time to
evaluate the effect of system is still needed before a final conclusion can be established. In addition, we are also keen to investigate whether this system could reduce the waste of time, expenditure, and manpower in a medical center in our future study

PHL128
COST-EFFECTIVENESS OF TELEMEDICINE: LESSONS TO LEARN FROM AN INTERNATIONAL REVIEW
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OBJECTIVES: At the global level the large deployment of telemedicine raises needs
for cost-effectiveness evaluations. The objective of this literature review is to explore
what extend telemedicine innovations that were implemented in many countries were
useful to improve overall economic efficiency. The literature review was performed us-
ning applied sciences in health economics, and the identification of the studies were based on the title, abstract and keywords. Finally, the 286 articles written between 2000 and 2013, 74 studies that imple-
mented economic evaluation of telemedicine are analysed. Three axis of analysis
were defined: cost-effectiveness method, economic evaluation of telemedicine
and the organisation) to be evaluated using the standards of cost-effectiveness
analysis.
CONCLUSIONS: This literature review did not allow proposing a classifica-
tion of telemedicine practices identified as efficient, depending on the strategies
comparison, field of application or speciality, types of telemedicine or an organisation
of care model. Despite all, one focus can be the management of chronic diseases
that remains a central topic at the international level. The increase in the number of
medical specialties or fields of application concerned with telemedicine and the
increased volume of activity necessitate the dissemination of methodological recommenda-
tions to promote the coherent development of economic evaluations. Our literature
review shows that there is need to develop innovative methods to assess the cost-effectiveness of telemedicine technologies.

PHL129
ASSESSMENT OF VIRTUALITY OF AN INDICATOR MODULE IN IDENTIFICATION OF ADVERSE DRUG EVENTS IN PATIENTS OF MEDICINE DEPARTMENT
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OBJECTIVES: An indicator is a clue that helps a health care organization to iden-
tify adverse drug events and assess the overall harm that occurs from medical
care within that organization. The main aim of the study was to investigate use of
an indicator list for identification of adverse events in the health care setting
and the organisation) to be evaluated using the standards of cost-effectiveness
analysis.
CONCLUSIONS: This literature review did not allow proposing a classifica-
tion of telemedicine practices identified as efficient, depending on the strategies
comparison, field of application or speciality, types of telemedicine or an organisation
of care model. Despite all, one focus can be the management of chronic diseases
that remains a central topic at the international level. The increase in the number of
medical specialties or fields of application concerned with telemedicine and the
increased volume of activity necessitate the dissemination of methodological recommenda-
tions to promote the coherent development of economic evaluations. Our literature
review shows that there is need to develop innovative methods to assess the cost-effectiveness of telemedicine technologies.

A425
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such events in the light of available evidence and discussion with the treating physi-
cians. Findings of our study supported the idea of making the indicator Error Reporting and Prevention (NCC MERP).

The observed adverse events as per National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) study showed that indicator tool could be used to review the cases prospectively and identify adverse events. The identified indicators showed the pattern and frequency of adverse events. Findings of our study supported the idea of making the indicator tool as a practical aid for identification of adverse events.

PHP130
BARRIERS OF PHARMACEUTICAL CARE IN COMMUNITY PHARMACIES:
EVIDENCES FROM EMERGING COUNTRIES

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The pharmaceutical care concept has been popular in the world during past dec-
dades, but it did not reach well to its maturity in some countries, so the investigation on barriers to the implementation of the pharmaceutical care in these countries would be great of interest. OBJECTIVES: The aim of the study was to identify and prioritize barriers to the provision of pharmaceutical care in Iranian community pharmacies based on Tehran community pharmacists’ perceptions. Setting: The pre-
sent study was conducted with the participation of various key players in the medi-
cal care, human resources, supply and IT-systems in the context of various simu-
lated risk scenarios as well as to develop adequate risk management tools. In this study, various indicators of indicators present per medi-
cation activities in order to prevent the occurrence of hospital crises especially

RESULTS:

Conclusions: The pre-

reduction, fluoroscopy time, and associated costs. MediGuide compared to conventional technology, offers the 3D display on the fluoroscopy screen and evaluation method is currently being used. The conclusion of the study was that MediGuide values technology as an effective, safe and value-added reduce the incidence of adverse events.

PHP131
COSTS AND EFFECTIVENESS OF THE MEDIGUIDE TECHNOLOGY IN THE CONDITIONS OF THE CZECH REPUBLIC

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OBJECTIVES: MediGuide technology is designed to monitor the position of diagno-

s and therapeutic catheters equipped with a sensor MediGuide and navigation in vascular procedures, which can be applied in the environment of electrophysio-

logic and endovascular therapy. MediGuide compared to conventional technology, offers the 3D display on the live fluoroscopy or recorded background, radiation burden reduction, fluoroscopy time and associated costs. MediGuide reduces the risk of incorrect positioning of the catheters and guides the operator to the desired point. MediGuide is a comparator angioplasty Siemens Artis Zee. Value of the effect was determined by TOPSIS in which they were selected weight values obtained by Saaty method of pair comparison by group of experts in the field. Conclusion: MediGuide reduces the risk of incorrect positioning of the catheters and guides the operator to the desired point. MediGuide is a comparator angioplasty Siemens Artis Zee. Value of the effect was determined by TOPSIS in which they were selected weight values obtained by Saaty method of pair comparison by group of experts in the field. Conclusion: MediGuide reduces the risk of incorrect positioning of the catheters and guides the operator to the desired point.

RESULTS: More appreciated criteria in Saaty method were: safety and effect-

PHP132
CAN A GLOBAL VALUE Dossier MEET HEADQUARTERS AND AFFILIATES’ EXPECTATIONS?

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OBJECTIVES: Global remuneration is a complex web of processes that involves ger-

manizing the right evidence and communicating it successfully to stakeholders. To

ensure alignment of the value story across countries and help affiliates in their local submissions, headquarters (HQ) develop the global value dossier (GVD). We have reviewed 80% of the current global dossier (GVD) and local affiliate dossier (LAD) expectations. METHODS: Pharma HEOR and market access professionals from HQ and LAD were invited to participate in telephone interviews to assess their views on current use and remuneration. We conducted a survey to identify differences and alignments between HQ and LAD.

RESULTS: 43 [16HQ/27LAF] professionals were invited, 22 [HQ/14LAF] tentatively agreed to participate and 15 [7HQ/8LAF] were finally interviewed. Compared to LAF, HQ perceive the GVD useful (HQ: 100%, LAF:63%) and capable of positively influencing the final outcome of submissions (HQ:86%, LAF:50%). Compared to HQ, LAF consider the GVD is delivered too late (LAF:88%, HQ:13%) and that LAF should be involved in GVD development (LAF:100%, HQ:25% but only for review). HQ consider that LAF involvement should be restricted to the GVD review while LAF think they should participate in building the value story (LAF:63% or the economic model) (37%). LAF prefer a modular GVD with each segment delivered separately (LAF: 88%, HQ: 66%), request national data to be included (LAF:63%, HQ:14%), and cannot see the utility of new technologies for the GVD (LAF:75%, HQ:33%). HQ and LAF expect the GVD to be updated continuously (HQ:6%, LAF:75%) and be supplemented with phase IIIb data for potential resubmis-
sions (HQ:70%, LAF:88%). CONCLUSIONS: HQ and LAF expect differences particularly on how soon the GVD should be made available, the involvement of affiliates during its development and the applicability of the GVD contents to local submis-
sions. How to address these discrepancies to ensure alignment will be discussed.

PHP133
MANAGEMENT OF CRISExS AND RISKS IN GERMAN HOSPITALS - FACTORS ASSOCIATED WITH MEDICATION ERRORS

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OBJECTIVES: In German hospitals there is a need for optimized crisis- and risk management. About one third of all hospital-acquired patient damages are due to medication errors. The aim of our interdisciplinary project “Risk Management in Hospitals” is to analyze the treatment of various key players in the medi-
cal care, human resources, supply and IT-systems in the context of various simu-
lated risk scenarios as well as to develop adequate risk management tools. In this study, various indicators of indicators present per medi-
cation activities in order to prevent the occurrence of hospital crises especially

RESULTS:

Conclusions: The pre-

preference for the uptake of a new technology compared to conventional technology is 3:1 with 33% of the respondents preferring new technologies in the Czech Republic.