maceutical health care standards and outcomes. Without close monitoring of key health care indicators and outcomes, volume (prescription) limitations introduced by the recent Health Care Reform can have adverse and inevitable long-term impact.

PHP49
THE PHARMACIST’S PERCEPTION OF THE SPLITTING EXTENDED RELEASE AND ENTERIC-COATED FORMULATION DRUGS
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OBJECTIVES: Extended release and enteric coated formulations make up 7% of all drugs, and the most frequently used drug is an agent affecting circulatory, digestive system. The objective of this study is to analyze of extended release and enteric coated drugs pharmaceutical reimbursement item list in Korea and evaluate the dispensing of extended release and enteric coated drugs, which is enforced by the National Health Insurance. METHODS: The analysis used a questionnaires survey for 169 pharmacists in the hospital pharmacy and community pharmacy. Response rate: 75.7%. RESULTS: Metabolic syndrome patients were prescribed multiple drug therapies. Our results show that the average pill burden among private health care South African patients receiving anti-diabetic, antihypertensive- and lipid-lowering agents concurrently were the highest among men and were associated with age to peak in review. Further studies are necessary to determine the influence of pill burden on adherence, drug interactions and treatment cost.

Health Care Use & Policy Studies – Equity And Access

PHP52
INEQUALITIES IN THE UTILIZATION OF HOME HOSPICE SERVICES IN HUNGARY
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OBJECTIVES: Hospice service appeared in 1991, when Hungarian Hospice Foundation was established. More and more hospice institutions were started their works in this period, which type was home care, palliative hospital ward and complex, which provides both of them. In our study we are analyzing the spatial distribution of Hungarian hospice service. METHODS: In 2008, number and activities of hospice service was examined and we have been drawn attention for financial data by our survey with data of National Health Insurance Fund and Central Statistics Office. We analyzed the county and regional distribution of hospice services. RESULTS: The number of hospice provider was increased since 2008 and the number of paid in the National Health Insurance Fund Administration in 2008. The total number of nursing days were 53,113 in Hungary. The number of nursing days per 10,000 populations showed a significant difference across the regions with a national average of 52.88 days. Western Transdanubian Region had the highest use of hospice care (1.68) and Northern Transdanubian Region (59.62), Central Hungarian Region (32.23) and Northern Great-Plan Region (1.68). At county level we found similar within country differences with the highest value in Nógrád county (190.83 days per 10,000 population) and the lowest in county Jás-Nagy-Kun-Szolnok and Fejér (< 7 days per 10,000 population).

PHP53
ASSESSMENT OF THE ATTITUDES OF THE GENERAL PUBLIC TOWARDS SUPPLEMENTARY CRITERIA TO BE USED IN P&D DECISION-MAKING PROCESS IN POLAND
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OBJECTIVES: To explore the attitudes of the general public towards the principle of QALY maximization in pricing and reimbursement decision-making process in Poland. METHODS: Cross-sectional survey of a random representative sample of 1,000 individuals was performed. Respondents were asked to allocate a given limited budget to 400 patients with non-fatal disease, 100 patients with fatal disease, or a combination of patients with fatal and non-fatal disease. The QALY gain per patient was assumed the same for both groups. In the second experiment, if survival gain per patient from the new treatment was eight years for first group and varied from two to eight years for the second group. RESULTS: The study indicated strong support for the statements about equity (42% agreed and 44% strongly agreed). In the first experiment, 75% chose to allocate budget to both groups of which 50% preferred equal distribution. In the second experiment, if survival gain per patient was equal for both groups, 57% chose treatment for group with shorter baseline life expectancy. If survival gain per patient was larger for group with longer baseline life expectancy, 40% still chose treatment for group with shorter life expectancy. CONCLUSIONS: General support for statements expressing equity was confirmed by two experiments. Instead of QALY maximization, a significant group of respondents took into consideration needs of both patients’ groups irrespective of costs and disease severity irrespective of QALY gain.

PHP54
PREDICTORS OF AVOIDABLE EMERGENCY ROOM VISITS AMONG HIGH COST MEDICAID ENROLLEES
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OBJECTIVES: Research has shown that Medicaid enrollees in the USA are the most frequent users of the emergency department (ED) services. Several studies have demonstrated that a high proportion of the ED visits could be avoided. The purpose of this analysis is to examine the demographic and health system delivery characteristics that are associated with avoidable ED visits (AEDV) among a high risk, high cost Medicaid population between 2008 and 2009. METHODS: One year claims dataset of a sample of high cost, high risk Medicaid enrollees in Houston, Texas was used for the analysis. This was design following the Andersen-Aday theoretical