OBJECTIVES: Access to sexual reproductive health information is a right and a means for empowerment and protection. Information provides opportunities for youth to be informed, empowered and educated, thus, enhancing their ability to make informed decisions and choices on sexual reproductive health related matters. The objective of this study was to investigate sources of sexual reproductive health information in Brazil. The impact of the fieldwork was measured by a survey carried out in June 2012 where 10 sub locations randomly selected were surveyed. A structured questionnaire was used to collect reproductive health rights information from 1347 youths between 12-25 years in the households of whom 53% were females. Consent to administer the tool to the minors was sought from the parents and guardians. Statistical Package for Social Scientist (SPSS) computer program was used to analyze data. RESULTS: The study showed that 28% (373/1347) of the youth received sexual reproductive health information from youth support (peer) groups; however, only 2% (27/1347) belonged to youth support groups. Thirty two percent (431/1347) received the information in audio format for 39% (517/1347) by web. Focus groups centered on the scope of work conducted by HEOR units and how decision making is made. We subsequently developed and administered a survey that presented the HEOR representatives with 20 target product profiles and asked respondents to rate the perceived value that HEOR evidence should have on reimbursement decisions for each product and to identify the types of HEOR evidence that would be most useful for payers. RESULTS: We identified eight types of HEOR evidence that are used to inform reimbursement decisions. Seven product attributes, four market attributes, three data quality attributes, and seven exogenous factors were identified as factors in the decision to invest in HEOR. We report the most influential factors and trends in the types of evidence used. CONCLUSIONS: This more nuanced understanding of the drivers of private HEOR investment and perceived value to payers will assist companies in planning future investments. These hypotheses will be evaluated with payers to assess the sensitivity of their decisions to HEOR evidence under specific product and market scenarios.

PHP75 UNDERSTANDING ATTITUDES TOWARD PHYSICIAN-NURSE COLLABORATION IN PATIENT-CENTERED MEDICAL HOMES Coscignano C1, Karagiannis T2, Polesani L1, Messina F5, Zoli R2, Maio V3 1Casa delle Salute, Scandicci, Italy, 2Jefferson School of Population Health, Philadelphia, PA, USA, 3CFSMG Regione Toscana, Prato, Italy, 4CFSMG Regione Toscana, Firenze, Italy, 5CFSMG Regione Toscana, Scandicci, Italy. 6Thomas Jefferson University, Philadelphia, PA, USA

OBJECTIVES: The primary care landscape is constantly changing to meet the increased demand on physicians and health care delivery systems worldwide. A major objective of primary care reform is the creation of patient-centered medical homes (PCMH) to manage the needs of an aging population with chronic conditions and complex comorbidities. To be successful, this model requires physicians and nurses to redefine their roles to redefine the patient care space and build a multi-professional culture through valuing the contributions of each team-member. Our objective was to examine the attitudes of nurses and general practitioners toward physician-nurse collaboration in PCMHs in the Tuscany region, Italy. METHODS: The Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration was web-administered to a total of 218 general practitioners and 46 nurses in 2 PCMHs. The scale consists of four subscales that assess: a) shared educational experience b) seeing nurses in their roles as primary care providers c) shared responsibility in decision making and d) professional dominance. The t-test was used to compare the total subscale scores between nurses and general practitioners. RESULTS: A total of 39 nurses and 83 general practitioners completed the survey. The overall response rate of 61% showed that nurses had an overall significantly higher attitude toward physician-nurse collaboration than general practitioners (p<0.001). This significant difference in attitudes was also seen in each subscale component of the Jefferson Scale. CONCLUSIONS: Nurses appeared to have a more positive attitude toward multiprofessional collaboration than general practitioners in PCMHs of the Tuscany region. These results correspond with previous studies that attributed this physician-nurse relationship to a hierarchical physician model that persists in Italy. The disparity in attitudes between nurses and general practitioners raise concerns about the current development of PCMHs and calls for further examination into the activities needed to change practice culture.