Effectiveness Analysis Registry between 2000 and 2007. Data were extracted on publication year, target population, intervention, patient sample, disease, prevention status, and incremental cost-effectiveness ratio of each economic evaluation. Preven-
tive interventions were defined as measures preventing disease onset. Curative interventions related to measures identifying patients with risk factors or preclin-
cial disease or interventions limiting disability after harm has occurred. Results were displayed in the form of cost-effectiveness ratios. Preventive interventions included interventions that were more effective and less expensive than comparators (41% of incremental cost-effective-
ness ratio), and interventions that improved outcomes and increased costs (59%). Both preventive and curative interventions covered the full range of cost-effectiveness ratios. However, preventive interventions had a significantly lower median
dollar ratio of $6,255 per quality-adjusted life year and were thus more cost-effective than
curative interventions ($12,917 per quality-adjusted life year) (p = 0.002).

CONCLUSIONS: Although the cost-effectiveness of preventive interventions varies
substantially, preventive interventions tended to be more cost-effective than cura-
тив interventions.

PHP109 TENDERING OF BIOSIMILARS IN THE UK – DOES LAUNCH PRICE ACTUALLY MATTER?
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OBJECTIVES: In the light of the austerity drives and cost containment practices, payers increasingly resort to procurement procedures in order to award contracts for the supply of both conventional drugs and biosimilars. The tough reality of health care economics in conjunction with the commitment of large generic man-
ufacturers, who continue to invest despite the challenges, may mean that tender-
ing of biosimilars may actually be a tool to increase biosimilars’ market share by

demonstrating price competitiveness. This study aims to evaluate how initial list
price, together with other considerations about efficacy and safety, could influence
the hospital formulary inclusion of new biosimilar drugs in the UK.

METHODS: A data framework was developed from secondary research of existing biosimilar list
prices, product profiles, clinical data submitted and current landscape. The frame-
work was validated through phone-based interviews across different regions in the
UK (n = 12). Target group: Hospital Procurement Pharmacists in 2011. Results: Majority
of respondents indicated price to be the primary criteria for formulary inclusion,
although some pharmacists highlighted efficacy and safety parameters as influ-
encing factors.

CONCLUSIONS: The development of clinical commissioning consor-
tia and the expansion of the biosimilar market as major biologicals come off patent
mean that more decisions about biosimilar purchasing could be made jointly with
primary care. Tendering as a mode of procurement for biosimilars, removes the
prescriber’s influence which is the acceptance-limiting step for biosimilars cur-
rently due to the concerns on efficacy and safety. From a hospital procurement
pharmacists’ point of view, it is unclear whether a price discount strategy will favor the introduction of new biosimilars in the UK hospitals as other factors
might have a more important role in the final purchasing decision.

PHP110 UTILIZATION OF PHYSIOTHERAPY SERVICES IN HUNGARY
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OBJECTIVES: Physiotherapy services are reimbursed on a fee for service method in
the ambulatory care in Hungary. The aim of this study is to analyze the utilization of
physiotherapy services in Hungary.

METHODS: Data were derived from the fin-
nancial database of the National Health Insurance Fund Administration, the only
health care financing agency in Hungary. We analyzed the year 2008. Medical pro-
cedures which can be performed by physiotherapists were included into the study.
Medical procedures are listed according to the Hungarian version of the Interna-
tional Classification of Procedures in Medicine of WHO. RESULTS: Altogether 151
medical procedures were used by physiotherapists. The following top-11 medical
procedures were responsible for more than half (52.5%) of total activities: ultra-
sound therapy (8.2%), iontophoresis (6.5%), muscle strengthening exercise (4.8%),
individual training (4.4%), training for circulation improvement (4.1%), hand mas-
sage (4.0%), passive movement of multiple limb (4.0%), middle frequency treat-
ment (3.8%), mobilization of joints (3.3%), exercises against resistance (3.2%)
education of using medical devices (3.1%), extension of contracture (3.1%).
Total annual health insurance reimbursement of physiotherapy services was 7.34
billion Hungarian Forint (49.7 million USD; 29.2 million EUR). CONCLUSIONS: Physio-
therapy care proved to be a highly concentrated health service where 11 medical pro-
cedures out of 151 are responsible of more than half of activity and health insur-
ance reimbursement.

PHP111 ISPOR: AWARENESS, DRIVERS AND BARRIERS TO INVOLVEMENT OF UK CANCER NETWORK STAKEHOLDERS
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OBJECTIVES: ISPOR’s mission is to increase the efficiency, effectiveness, and fairness
with which the available health care resources are used to improve health
together with a strong vision be recognized globally as the authority for outcomes
research and its use in health care decisions towards improved health. Despite
modest increases in membership and conference attendance of health care de-
cision makers still remains low, relative to those involved in academia, industry
and consultancy. Assessing if some of those responsible for utilizing HEOR data in
care provision and care practice are aware of ISPOR and its full resources and the
driver or barriers for involvement could provide an opportunity for increased
membership and active involvement. METHODS: To elucidate the level of aware-
ness of ISPOR, its publications and other resources, interviews were undertaken
with stakeholders within 12 NHS Cancer Networks in the UK. A framework
was developed to support a series of structured telephone interviews according
to the British Healthcare Business Intelligence (BHBIA) Legal and Ethical Guidelines
for Healthcare Market Research. RESULTS: Spontaneous awareness of ISPOR is
relatively limited within the NHS Cancer Network stakeholders, with even less
awareness to Value in Health. Notable areas of interest were Oncology, Patient Ad-
hherence and Persistence and Patient Reported Outcomes Measures. The main bar-
rier to membership of ISPOR was its initial awareness and more effective involve-
ment would be limited due to existing NHS commitments, financial resources and
levels of individual interest/relevance to existing NHS role. Organisational involve-
mence and care provision and care practice are aware of ISPOR and its full resources and the
driver or barriers for involvement could provide an opportunity for increased
Conclusions: To enhance the awareness of ISPOR, its resources, conferences and educational support, ISPOR should consider a more targeted awareness campaign with key NHS clinical networks such as NHS Cancer Net-
works, British Oncology Pharmacy Association and evolving Clinical Commission-
ning Groups.

PHP112 INTER-INIDIVUAL COUNTRY VARIATION IN MONOCLONAL ANTIBODIES (mABs) REIMBURSEMENT AND COVERAGE FOLLOWING EMA APPROVAL
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OBJECTIVES: Therapeutic monoclonal antibodies (mAbs) are capturing an increas-
ingly larger proportion of the pharmaceutical market. Their specificity for biologi-
cal targets allows them to effectively treat a variety of indications. Yet, despite their
successes, the various stakeholders’ viewpoints in European Union (EU) countries
are often at odds. We explore mAbs as a drug class, specifically, how they are
approached and managed across European Union (EU) countries.

METHODS: The following were summarized for mAbs approved for use in EU coun-
tries from 2000-2011: regulatory approval decisions; comparing and contrasting
country’s decisions made by regulators and payers for forced drug manufacturers
to offer price concessions in selected EU countries; and position statements from
patients, advocacy groups, and medical organizations.

CONCLUSIONS: Differences between initial or post-approval regulatory decisions and the statements of the other stake-
holders were highlighted. RESULTS: Nineteen mAbs have been approved by the
EMA during the past 10 years. The summary data show how stakeholders use
clinical data to reinforce their agenda. For instance, bevacizumab has been under-
going battles in both the US and the EU: regulators want to remove specific labeled
indications based on safety and effectiveness data and NICE has advised against
coverage for treating metastatic colorectal cancer, citing inadequate benefits for
the costs, while patients fight for continued access to the therapy to extend their
life at all costs.

PHP113 MEASURING THE ORGANIZATIONAL PERFORMANCE IN TENNESSEE: A CASE OF COMMUNITY HOSPITALS
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OBJECTIVES: Recent increase in competition among hospitals, and managed care, and the impact of Medicare Prospective Payment System; properly measured hos-
pital performance has become important to evaluate the impact of policies on the hospital industry. This study assessed the influence of hospital governance on hospital’s economic performance and efficiency, and it also attempted to system-
atically address the issue of ‘whether participation by insider and outsider busi-
ness community stakeholders on the hospital governing board is related to hospi-
tal’s economic performance’. METHODS: The study was focused on 144 community hospitals in Tennessee; those provided general and acute care services from 2000 to 2006. An input-oriented and output-oriented Data Envelopment Anal-
ysis (DEA) using multiple input and output variables, which is non-parametric, flexible, and a mathematical programming approach for the performance assess-
ment, was used to measure the efficiency by estimating the optimum level of output conditional upon the mix of inputs. RESULTS: It was found that in Tennessee, urban community hospitals were relatively more efficient than rural community hospi-
tals, and smaller community hospitals were relatively more efficient than their larger and medium-sized counterparts. Interestingly, the results revealed that small-sized urban hospitals were relatively more efficient than any other commu-
nity hospital type. From a management and policy perspective type, the study
indicates that both urban and large community hospitals may use urban or small

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