vestment, recognising the NHS budget (providing free universal healthcare) was not unlimited. Local organisation of disinvestment policy was preferred, though some rational co-ordination was felt necessary to retain equity across geographical jurisdictions. Technologies of unproven or negligible clinical benefit, or obsolete technologies were cited as disinvestment priorities. Respondents preferred disinvestment decisions to be clinician-led. Other decision-making groups (e.g. patients) were involved in decision-making but were considered not sufficient or unknowable about the relevant issues. When existing technologies conferred clinical benefits to (even small numbers) of patients, responses suggested loss aversion, even under circumstances of increased risks alongside these benefits. Biases are uncontrolled when using a qualitative methodology to explore these issues. CONCLUSIONS: To maximise acceptability to taxpayers, disinvestment policy-making in Scotland should prioritise technologies of comparatively low or unproven benefit. Decisions should be locally- and clinician-led. Future research on disinvestment should utilise quantitative, preference-elicitation methods to minimise potential biases.

PHP130 USING ECONOMIC EVIDENCE AND STAKEHOLDER'S PARTICIPATION IN DECISION MAKING ON BENEFIT PACKAGE OF PUBLIC HEALTH INSURANCE IN THAILAND

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OBJECTIVES: With the increasing demands for health care from aging society and rapid technological advancement, the National Health Security Office (NHSO) of Thailand demands for the development of systematic, transparent, and participatory processes for selection of new health interventions to be included into the benefit package of universal health coverage scheme. This study aims to describe experiences in the development of guidelines for economic evaluation and participatory process of key stakeholders in submission and topic selection of new health interventions into the UC benefit package. Lessons learnt from this initiative are drawn, in order to share experiences to Thailand to other developing countries. METHODS: Research methods comprise comprehensive literature reviews, focus group discussion, and brainstorming meeting among key stakeholders, working groups, and subcommittee members. RESULTS: Research findings indicate that the draft guideline produced by several rounds of stakeholder consultations has been gradually accepted and adjusted by policy makers and key stakeholders. Key features of the guideline comprise a) transparency in topic selection for economic appraisal with full engagement of key stakeholders; b) economic evaluation on selected interventions using incremental cost-effectiveness ratio (ICER) criteria; c) requirement of economic evidence on ICER, budget impact assessment and other ethical social considerations. The NHSO subcommittee is the platform for interchange between evidence and policies.

PHP131 HOW CAN PHARMA INDUSTRY PREPARE ITSELF FOR THE CHANGING PRICING AND REIMBURSEMENT LANDSCAPE OF ORPHAN DRUGS IN EU

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OBJECTIVES: Health care reforms are inherent in almost every health care system across the globe in order to take into account changes and developments worldwide on new ways to evaluate innovative medicines. This has impacted drugs being launched in the rare disease space. The research is aimed at understanding the dynamics in pricing and reimbursement environment of drugs launched in rare diseases in key European markets. METHODS: The research involved desk research as well as interviews with selected stakeholders in EUS, The Netherlands, Sweden, Finland and Romania. RESULTS: In the past it was orphan drugs were able to achieve a high price or favourable reimbursement status, largely due to International and National adoption of rare diseases legislation. The results inferred that factors such as the level of unmet needs, severity of diseases, prevalence, innovation, clinical effectiveness influence the achievable price and reimbursement. To keep up to speed to the challenges of dynamic healthcare funding environments pharmaceutical companies have to ensure that the value of the product is well demonstrated with a clear value proposition. When products are launched in specific markets, the HTA bodies look for specific criteria to be fulfilled (e.g. the SME in the UK or HAS in France). CONCLUSIONS: Orphan drugs are facing significant challenges in the future. However, results from novel compounds to reach the market place and have an impact on how rare diseases are treated. Low patient numbers, high levels of both disease severity and unmet need and public perception can help boost the economic argument for Orphan Drug Approval and enable strong market access.

Health Care Use & Policy Studies – Prescribing Behavior & Treatment Guidelines

PHP132 USE OF A DISEASE SPECIFIC QUALITY OF LIFE TOOL IN A QUALITY ASSURANCE SCHEME FOR DAY CASE HERNIA SURGERY

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OBJECTIVES: Outpatient services in Germany are less controlled by external quality assurance programs. Comprehensive outcome data for benchmarking or health care planning e.g. for day case surgery is not available. An instrument specific to hernia repair with mesh has been recently proposed (Carolina Comfort Scale, CCS). This study evaluates the integration of CCS as part of a multicentre quality assurance scheme for outpatient surgery. METHODS: Sixteen ambulatory centres developed a web-based quality assurance scheme for hernia day surgery in Germany. In an evaluation phase, all patients who were intended to treat with 3-dimensioned meshes, were registered with consensus into a database through a web-based portal. CCS questionnaires were mailed to patients 4 and 12 weeks after surgery. Patients were requested to send questionnaires to an independent party for inputting answers into the database. Clinical examinations were made 4 and 12 weeks postoperatively. Additional follow-up is planned 52 weeks after surgery. CSS consists of 23 questions in 7 activity-categories and 3 dimensions: sensation of mesh, movement limitations, pain. RESULTS: During the first year (Oct 2009 to Sept 2010) 1429 patients were registered (1271 male, 158 female, median age 53 years) and treated for primary (88%) or recurrent (11%) hernia. 1300 (90%)/1246 (87%) patients were clinically reviewed 4/12 weeks after surgery. 1072 (75%)/1002 (70%) questionnaires were retrieved 4/12 weeks after surgery. Patient satisfaction rate was 98%. CSS scores are shown to be decreased from 4 to 12 weeks in all dimensions (Sensation: 0.51 to 0.59, Movement: 0.40 to 0.29, pain: 0.45 to 0.26). CONCLUSIONS: CCS, a short, hernia-specific quality-of-life questionnaire, is easy to use and well accepted by patients. It is shown to be a feasible instrument to evaluate patient-reported outcomes after day-case hernia surgery in a web-based multicentre quality assurance system.