number of outpatient visits was 4,423,451 before and 4,258,894 after the withdrawal of visit fee. Both represent a 3.7% decrease in the number of outpatient visits. CONCLUSIONS: The withdrawal of visit fee in the Hungarian outpatient care resulted in a significant decrease of outpatient visits on a short term. The reason of this contradictory result can be that other elements of the health care reforms could have also influenced the number of outpatient visits. For example the scare health care budget can be another limitation towards patient visits. Further investigation is needed to clarify the long-term effect of visit fee withdrawal.

HEALTH CARE USE & POLICY STUDIES – Formulary Development

PHP43 DEVELOPING A FRAMEWORK FOR THE INCLUSION OF PHARMACEUTICALS IN HEALTH INSURANCE BENEFIT PACKAGE, A PRAGMATIC STUDY ON IRANIAN SOCIAL SECURITY ORGANIZATION

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OBJECTIVES: An increasing number of health care systems, both in developed and developing countries are using results from economic evaluations to inform decisions on including pharmaceuticals in their reimbursing lists. In Iran, however, lack of clear guidelines that fully describe the submission process on the one hand and the existence of different decision making bodies on the other hand lead to inefficiency and dissatisfaction among insurance and pharmaceutical companies, as well as the public. This paper evaluates the Iranian current pharmaceutical policy on pharmaceutical inclusion in insurance reimbursement lists and proposes a framework for a more systematic and reliable process to solve this problem. METHODS: We first capture the current situation by conducting a number of exploratory interviews and reviewing relevant official rules and regulations documents; thereafter, within a comparative study, we evaluate the performance of a number of developed countries including Australia, UK, France, and Germany. In addition to Turkey as a developing country, in terms of a number of pre-defined themes. Coming to an agreement on the conceptual framework, we then devised a framework for the inclusion of pharmaceuticals in health insurance benefit package for Iranian Social Security Organization, detailing the processes, forms and timing of the process. The framework was finalized using a Delphi technique. RESULTS: The resulted framework consists of a secretariat, an advisory committee and a temporary committee of three consultant physicians. The secretariat has the responsibility to receive the drug submissions and insures of the completeness of subscribed files in addition to communicating with the drug companies. The advisory committee assesses the file and makes the final decision with the help of three independent physicians. CONCLUSIONS: Current system of including pharmaceuticals in insurance benefit package suffers from lack of transparency and clarity and the need to implement a clearer and more predictable system is evident.

PHP44 WILLINGNESS TO PAY FOR PHARMACIST’S DISPENSING SERVICE: A CROSS SECTIONAL PILOT STUDY IN THE STATE OF PENANG, MALAYSIA

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OBJECTIVES: Dispensing is an important pharmacist’s role but in some countries the role is still played by physician. The perceived negative society benefit is seen as the main reason for the government reluctance in implementing the separation in Malaysia. This pilot study aims to assess the society value of pharmacist dispensing service using the contingent valuation technique in the State of Penang, Malaysia. METHODS: Participants were conveniently sampled from malls and were given a self completed questionnaire that collects patients demographic information, and knowledge about pharmacists dispensing service. Then, they were presented with a description of the pharmacist’s dispensing service, the risk of medication error in prescription and its consequences, and the risk reduction of medication error associated with pharmacist intervention. Their willingness to pay (WTP) was later assessed using a contingent valuation interview which asked their likelihood and maximum WTP amount. RESULTS: The financial members of the public participated, with mean age of 13.86 years (SD = 8.79). Fifty-one percent were women and 46% earned more than MYR1000 per month. Eight percent of the participants have never visited a community pharmacy. Sixty-seven percent of the participants were WTP for pharmacist dispensing service and the median (IQR) amount that participants were WTP for community pharmacist’s dispensing service was MYR10 (8, 16). The amount of WTP was moderately correlated with their knowledge towards community pharmacist's dispensing services (r = 0.377, p = 0.02). CONCLUSIONS: Generally, the public awareness regarding pharmacist’s dispensing service can be further improved by educating the public on the role of the pharmacist.