principle: delivering utility in the future. A determined cost-effectiveness threshold requires specification in the method of delivering utility. In the new version of the Hungarian guideline the threshold will be changed from 5% to 3.7%, the cost-effectiveness threshold will be explicitly determined (twofold and threefold of GDP per capita) and the direct comparisons will be preferred instead of indirect comparisons. CONCLUSIONS: Generally we concluded that the Hungarian guideline published in 2002 and the new one mostly in version basically require the same approach and expectations as the European ones. Changes in three main things (discount rate, cost-effectiveness threshold, direct comparison preference) makes our guidelines more elaborated that could help the rational decision-making. The explicitly determined cost-effectiveness threshold requires specification in the method of delivering utility in the future.

PHP170 THE SWISS HEALTH TECHNOLOGY ASSESSMENT (HTA) CONSENSUS: GUIDING PRINCIPLES
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OBJECTIVES: Swiss Health Technology Assessment (HTA) initiatives have been fragmented, and official HTA processes by the Federal Office of Public Health (Bundesamt für Gesundheit, BAG) have been limited to new technologies and innovations. The aim was to identify a clear cut separation of assessment and reimbursement criteria. METHODS: Therefore, santésuisse (the national association of sick funds) and Inpharma (the representatives of the Swiss research-based pharmaceutical industry) initiated “SwissHTA”, a transparent and inclusive project designed to develop a national consensus how Switzerland might better use HTAs. The process was led by a project team, with membership from santésuisse (and Helsana), Inpharma (and Roche), the Swiss federal government (BAG), the Swiss Medical Association (FMH), and the Swiss Academy of Medical Sciences (SAMW). After seven retreats of the project team and three workshops in the course of 12 months, the team reached a consensus. RESULTS: The Swiss HTA consensus statement emphasizes the need for a broad technology focus (covering both new and existing ones by specific approaches following a common set of core principles) and recommends opportunities for stakeholder involvement throughout the HTA processes. Primary evaluation criteria should be determined by the social preferences of the Swiss population, constrained by a priori normative commitment in line with constitutional provisions and the principled, rights-based legal tradition of Switzerland. The full range of health-related benefits should be evaluated, and assessment of clinical significance should take into account acceptability and responsiveness, explicitly be given a context, rating the degree of confidence in outcomes in relation to the relevance and the magnitude of the effects observed. Economic viability should be evaluated based on budgetary impact and cost benefit ratios, whereas the consensus rejects the idea of uniform cost per QALY benchmarks. CONCLUSIONS: The Swiss HTA consensus combines a pragmatic approach with well-defined evolutionary options.

PHP171 HTA PRINCIPLES INCLUSION IN NEW EUROPEAN UNION MEMBER STATES
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OBJECTIVES: HTA has the increasing role in decision-making process in new EU member states. Health care systems inconsistencies causes differences in HTA exploitation and its characteristics. Our objective was to make an overview about how HTA is developed within these countries to show similarities and its differences. METHODS: Literature search was done on governmental and governmental like sites to find HTA related Acts, regulation, guidelines or other relevant documents which describes HTA in each state. First search was relevant to presence of HTA. In those of where HTA is defined in legislation we compared several characteristics: model, role, type of HTA, role of pharmacoeconomic threshold, discounting factor, sensitivity analysis and differentiation of approaches. RESULTS: HTA has the increasing role within EU member states (accessed in May 2004 or later) 10 applies HTA, 8 as light version, 2 as robust Nice like version. HTA has impactful position in 5 of them (Poland, Slovenia, Slovakia, Estonia and Latvia). Only Poland applies full HTA approach. Rest of countries use narrow pharmacoeconomic approach. Threshold is officially published in primary legislation in 2 countries (Poland, Slovakia). Discounting factor varies between 3% and 5%. There was no difference recognized in evaluation of either therapeutic or prophylactic approaches. CONCLUSIONS: HTA form and role differ in new EU member states, but some similarities were identified. The HTA role depends on the factors like health care system, composition of costs and methods of its reimbursement by different bodies within relevant country. But certain common areas for cooperation could be established based on the results.

HEALTH CARE USE & POLICY STUDIES - Patient Registries & Post-Marketing Studies
PHP172 CHALLENGES IN DEVELOPING A NEW SYSTEM FOR REGISTRATION OF PATIENT REGISTRIES
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OBJECTIVES: Patient registries are an important tool for many types of clinical research, including studies of comparative effectiveness, cost-effectiveness, treatment patterns, patient outcomes, and natural history of disease. Use of registries is increasing, but there is no central database in the U.S. designed specifically to list patient registries. A searchable public database that is designed to provide information about patient registries would support research collaborations, reduce redundancies, encourage the efficient use of resources, and improve transparency in observational clinical research. The goal of this project, funded by the Agency for Healthcare Research and Quality, is to design and develop a Registry of Patient Registries (RoPR) system that meets the needs of a diverse set of stakeholders. METHODS: Stakeholders from a broad range of organizations and with varying levels of familiarity with patient registries were identified and invited to participate in a series of remote and in-person meetings to gather and refine the RoPR system requirements. Requirements were also reviewed through public comment and usability and pilot testing. Over 320 individuals participated in RoPR design activities. RESULTS: Stakeholders identified a range of challenges facing the RoPR system. Challenges include improving understanding of the distinction between observational studies, patient registries, and other types of clinical research; determining how to provide useful information to assess registry quality; ensuring that registry listings are sufficiently complete; and motivating registry sponsors to list their registries in the voluntary system. CONCLUSIONS: In response to stakeholders’ feedback, the RoPR was designed as an integrated system with ClinicalTrials.gov that collects information on registry purpose, classification, objectives, data collected, progress reports, and interest in collaboration and data sharing. Some challenges identified through stakeholder discussions were addressed in the system design. Other challenges must be addressed through education and collection of stakeholder feedback following the RoPR launch in September 2012.

HEALTH CARE USE & POLICY STUDIES - Population Health
PHP173 SHAPING THE RELATIONSHIP BETWEEN DISABILITY, SOCIOECONOMIC STATUS AND SOCIAL CAPITAL IN CHILE: A POPULATION-BASED STUDY
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OBJECTIVES: Disability is a global public health priority strongly related to socioeconomic status (SES). Social capital (SC) is a complex construct and little is known about how it relates to SES and disability in a middle-income country. This study’s purpose is to explore the association between SES and disability in Chile. METHODS: We performed a cross-sectional analysis of the 2010-2011 National Health Survey in Chile. RESULTS: In response to stakeholders feedback, the RoPR was designed as an integrated system with ClinicalTrials.gov that collects information on registry registry purpose, classification, objectives, data collected, progress reports, and interest in collaboration and data sharing. Some challenges identified through stakeholder discussions were addressed in the system design. Other challenges must be addressed through education and collection of stakeholder feedback following the RoPR launch in September 2012.

PHP174 PHYSICAL ACTIVITY MATTERS: THE ASSOCIATIONS BETWEEN BODY MASS INDEX, PHYSICAL ACTIVITY AND HEALTH-RELATED QUALITY-OF-LIFE TRAJECTORIES OVER 10 YEARS

A319