in several methodologies and usually combine qualitative and quantitative evaluations. Indeed, documenting several aspects of the burden associated with RMIs, such as costs, time required to comply with specific requirements or healthcare professionals’ opinions is critical to obtain a comprehensive overview of the situation and develop targeted strategies aiming to enhance RMIs implementation and outcomes.

Several methods have been identified on the methods used to evaluate the utility and burden of RMIs.

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IS ASSIGNMENT OF FINANCIAL VALUE STIMULATING FRENCH RESEARCHERS OF PARIS ACADEMIC HOSPITALS TO PUBLISH IN INTERNATIONAL JOURNALS?

RESULTS OF THE DIAZEPAM SURVEY

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OBJECTIVES: To investigate publishing behavior and identify and analyse Medline-indexed publications produced by researchers. It takes account of the author’s ranking on the paper and the journal’s impact factor. Results are used to assign a financial value to hospital facilities. One of the objectives of this study is to determine the impact on publishing.

METHODS: The DIAzeFaM (Difficulties for Authors to Publish Articles in Medical journals) survey used the electronic address book of the bibliometric unit of the Paris Public Academic Hospitals Organisation (AP-HP), France to address a dedicated 39-item electronic questionnaire.

RESULTS: Between 28 May and 15 June 2015, 1191 subjects (female: 55%; <45 years of age: 63%; doctors: 81%; pharmacists: 9%; hospital practitioners: 51%; academics: 25%) anonymously completed the questionnaire (response rate: 17%). 80% of respondents had published at least 1 article in the previous 2 years (40% at least once as 1st author). The main reasons for publishing were scientific (96%) or reputation (76%); only 17% of respondents reported publishing to obtain SIGAPS points pointing to the difficulty to assess the true value of respondents claims not published enough. Major barriers to publication were lack of time to write (79%) or submit (27%), limited English (40%) or writing skills (32%). Difficulties for most staying the most solved, authors should be in support for English reediting (79%), critical reediting (63%), formatting (52%), writing (41%). This support was expected to save time and increase high impact factor. Journal subscription and acceptance 56% of respondents thought the financial value of SIGAPS should be used to pay for support services. The impact factor remains decisive in choice of journal, French researchers do not publish to earn SIGAPS points, possibly because the financial value is not currently exclusively allocated back to researchers.

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QUALITY ANALYSIS OF PHARMACOECONOMICS EVALUATION AND APPLICATION LITERATURE IN CHINA DURING 2009-2013

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OBJECTIVES: To investigate the scientific research quality level of pharmacoconomics evaluation literature in China. METHODS: From 2009 to 2013, a total of 1127 papers published in academic journals in China were evaluated in terms of an assessment framework of 5 first-class indexes and 24 second-class indexes. The score of 1 was given if the literature reported the information required by the index, while 0 was given without reporting. Quality of overall papers and different types of authors, with/without funding sources and evaluation technique were compared. RESULTS: The average score for all sampled papers was only 0.347 (SD=0.476). The quality of papers with stating funding sources (P=0.006), applying cost-utility analysis (P=0.003) and multiple databases including Medline and Embase. Relevant search strategies. Abstracts and posters from the relevant conferences were also hand searched. Included studies were primarily conducted in India, and reported the utility and impact of social networks, with a focus on SNA methods and tools in healthcare settings in India. Two researchers independently reviewed studies using the Cochrane methodology. Quality assessment of the included studies was conducted using the STROBE checklist. Results: In total, 1100 potentially relevant studies were screened. Following screening of abstracts and titles and full text review of the remaining 58 publications, 27 studies were included in the review (11 case reports, 11 cohort studies, 4 cross-sectional studies, 1 qualitative study, 2 cross-sectional interviews, and community-based intervention studies) were included. SNA was primarily used in studies disease transmission networks such as HIV, and successful implementation of interventions leads neonatal mortality, and better maternal health. Further use included identification of knowledge dissemination networks in geriatric care, use of contraceptives, mental health, epilepsy, and autism. Detailed analyses of the findings from studies are still ongoing and will be presented in the poster. CONCLUSIONS: Preliminary analysis shows that limited evidence exists on the use of SNA and impact of social networks on healthcare in India. It also highlights the disparity in the awareness among Indian health communities regarding the utility and potential networks. For a country with divergent health systems and a huge rural population, the use of social networks may be very impactful in improving healthcare.

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A SYSTEMATIC LITERATURE REVIEW TO ASSESS THE IMPACT OF SOCIAL NETWORKS ON HEALTHCARE IN INDIA

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OBJECTIVES: Social network analysis (SNA) has been globally used to successfully implement intervention programs, and track contagious diseases. Social capital and social support are also being recognized as predictors of improved health and well-being. However, not much data is available on the use of social networks in India. This systematic literature review was carried out to evaluate the utility of social networks as a change implementation tool in Indian healthcare.

METHODS: Studies were retrieved from Embase, Pubmed and Cochrane databases, using relevant keywords and strategies. Abstracts and full text papers were also hand searched. Included studies were primarily conducted in India, and reported the utility and impact of social networks, with a focus on SNA methods and tools in healthcare settings in India. Two researchers independently reviewed studies using the Cochrane methodology. Quality assessment of the included studies was conducted using the STROBE checklist. Results: In total, 1100 potentially relevant studies were screened. Following screening of abstracts and titles and full text review of the remaining 58 publications, 27 studies were included in the review (11 case reports, 11 cohort studies, 4 cross-sectional studies, 1 qualitative study, 2 cross-sectional interviews, and community-based intervention studies) were included. SNA was primarily used in studies disease transmission networks such as HIV, and successful implementation of interventions leads neonatal mortality, and better maternal health. Further use included identification of knowledge dissemination networks in geriatric care, use of contraceptives, mental health, epilepsy, and autism. Detailed analyses of the findings from studies are still ongoing and will be presented in the poster. CONCLUSIONS: Preliminary analysis shows that limited evidence exists on the use of SNA and impact of social networks on healthcare in India. It also highlights the disparity in the awareness among Indian health communities regarding the utility and potential networks. For a country with divergent health systems and a huge rural population, the use of social networks may be very impactful in improving healthcare.

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CHALLENGES AND BENEFITS OF CONDUCTING VALUE OF INFORMATION ANALYSIS FROM THE PERSPECTIVE OF INDUSTRY: A SIMULATION STUDY

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OBJECTIVES: Value of information (VOI) analyses are performed to assess opportunity cost of uncertainty, usually from a payer or societal perspective. The aim of this study was to simulate the Expected Value of Sample Information (EVI) from a decision-maker’s perspective and study the factors affecting the EVI.

METHODS: A model linking the probability of acceptance of a new treatment to the incremental cost effectiveness ratio (ICER) and uncertainty around it was assumed, based on acceptable ranges of ICER reported in the literature. Uncertainty was characterized as the variance of the willingness to pay of £20,000/QALY. The probability of acceptance of £20,000/QALY. Different scenarios describing the sensitivity to the ICER and uncertainty were considered. The manufacturer was assumed to earn a revenue of £20 million over 10 years if the technology got accepted. EVI was calculated for several values of prior ICER and uncertainty, using 10,000 simu-