project. The system is implemented in software to fill in the test through a touch screen. According to Item-Response Theory, items showed to the respondent are selected from a pool of items based on the answers to the previous questions. The test can vary from 5 to 15 questions. The C.A.T-Health system was installed during 1 week at 3 locations at the Hospital Central de Asturias: Hemodialysis Unit (HDU), Nephrology Hospitalization Unit (NHU) and Nephrology Outpatient Consultancy (NOC). Patients visiting each of these locations were allowed to answer the questionnaire, though they were not asked to do it. The sanitary staff and the patients' relatives were also allowed to answer the test. The percentage of patients who started and finished answering the C.A.T-Health system, the time of completion and the number of items showed were collected. **RESULTS:** 597 subjects started answering the C.A.T-Health system. 366 subjects (61.31%) completed the test: 96 patients, 180 sanitary staff and 80 patients' relatives. The percentage of patients who spontaneously answered the test was 64% and 55%, with respect to the total number of patients visiting HDU and NHU, respectively. The median number of items was 10 (HDU), 9 (NHU) and 8 (NOC). The median time of completion was 118.5 (HDU), 124.9 (NHU) and 113.13 seconds (NOC). The worst C.A.T-Health mean score was that of patients visiting HDU. **CONCLUSIONS:** The C.A.T-Health system is a feasible innovative HRQoL questionnaire which allows the use of patients' perceived health as an outcome variable in the evaluation of the health care process.

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PATIENT-CENTERED HEALTH CARE DELIVERY SYSTEMS: A DISCRETE CHOICE EXPERIMENT

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OBJECTIVES: Patient-centered care, in which health services are customized on the basis of patients' needs and values, is seen as a critical factor in a high-performance health care system. This project seeks to characterize patients' needs and values for specific features of health care delivery systems. **METHODS:** Quantitative data were obtained by means of a discrete choice experiment (DCE). Alternatives were described by specific attributes that described certain features of a health care delivery system. Each set included six attributes with three specific levels. The DCE was divided into four blocks based on thematic mapping (DCE 1, patient involvement; DCE 2, point of care; DCE 3, personnel; DCE 4, organization). **RESULTS:** In preliminary results, N=663 respondents have completed the survey so far. The feature "out-of-pocket costs" was the most important attribute across all 4 DCEs (DCE 1 coefficient, 0.59025; DCE 2 coefficient, 1.20715; DCE 3 coefficient, 0.99938. DCE 4 coefficient, 0.99079). In DCE 1 regarding patient involvement, "trust and respect" (0.50411) and "attention to personal situation" (0.33664) were of greatest importance. In DCE 2 addressing preferences at the point of care, "shared decision making" (0.77153) and "access to patient record" (0.51370) were nearly equally valuable to patients but of highest relevance. In DCE 3 focusing on personnel in health care delivery systems, "multidisciplinary care" (0.74468) was ranked highest. Lastly, in DCE 4 analyzing features of the organization of health care delivery systems, "travel time" (0.39266), "medical devices and furnishings" (0.41689), and "treatment guidelines" (0.41566) were of almost equal value to patients. **CONCLUSIONS:** The study is intended to close the gap between simplistic representations of patient preferences in today's health care systems and the complexity of actual patient decision-making processes by using the specification and explanatory power of DCEs.

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SOCIETAL UNMET NEEDS WITHIN SPAIN

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OBJECTIVES: The aim of the current study is to examine how unmet needs, defined as prevalence rates, treatment rates, and quality of life, compare between Spain and other countries in the EU. **METHODS:** Data from the EU National Health and Wellness Survey (NHWS) were used (N=57,805), with respondents from France, Germany, Italy, Spain, and UK ("5EU"). NHWS is an internet-based survey which relies on a random stratified sampling framework to ensure demographic representativeness of each country. Among the 10 most prevalent conditions in 5EU, differences in prevalence, treatment rates, and health utilities (using the SF-6D) were compared between 5EU and Spain (N=5,039). **RESULTS:** Prevalence rates were lower in Spain for 7 of the 10 conditions investigated. Despite the lower prevalence rates, treatment rates for these conditions were consistently higher. The single exception was dyslipidemia, which was more prevalent in Spain (24.2% vs. 14.7%) and had a lower treatment rate (50.7% vs. 56.0%) than elsewhere in 5EU. Stronger beliefs in seeing their physician and in prescription medications were also reported by Spanish patients relative to elsewhere in 5EU. The greatest unmet needs in Spain, defined as high prevalence estimates and low treatment rates and health utilities, were reported for patients with insomnia/sleep difficulties (Prevalence=27.6%, Treatment rate=31.4%, Utilities=0.67) and anxiety (Prevalence=23.3%, Treatment rate=41.2%, Utilities=0.62). **CONCLUSIONS:** The results suggest prevalence rates are generally lower in Spain than the rest of 5EU though treatment rates are higher. The latter finding could be due to a greater belief in regular contact with physicians and prescription medications in general. Nevertheless, several unmet needs exist for Spanish patients, particularly for insomnia/sleep difficulties and anxiety.

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DETECTION OF MEDICATION ERRORS IN THE THAI FDA DATABASE OF ADVERSE DRUG REACTIONS REPORTS

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OBJECTIVES: Preventable adverse drug reactions (ADRs) are some of the most common consequences of medication errors (MEs). Database of ADR reports can provide information on wide range of different adverse events and other medication related problems including MEs. The aim of this study was to identify MEs from ADR reports in the Thai Food and Drug Administration (Thai FDA) database. **METHODS:** ADR reports of Statin drugs in the Thai FDA database between 1993 and 2009 were retrospectively analyzed. Reports were assessed for identifying MEs regarding type of MEs that caused ADR and the subsequent adverse outcome. **RESULTS:** Of the 1682 reports assessed, 74 reports (4.40%) were identified as MEs that caused ADR. Regarding the type of MEs, most of them were related to failure to adjust for drug-drug interaction (86.5%) following by overdose (13.5%). Among 74 ADRs resulting from MEs, 49 (66%) were serious outcomes and 25 (34%) were considered as non serious outcomes. **CONCLUSIONS:** Analysis of ADR database identified circumstances that are most prone to errors. This capacity can contribute to the detection and prevention of medication related problems, therefore enhance patient safety.

PHP90

THE REFORM OF THE COMMUNITY PHARMACY IN ITALY BETWEEN NEW ROLE AND MANAGERIALISM

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OBJECTIVES: In Italy the role of community pharmacies is changing. The reform the country is undertaking aims at designing a community pharmacy delivering a number of services and highly involved in the health system. Consequently, new skills and knowledge are required for the pharmacists to be successful regard both the health objectives and the economic ones. The aim of the paper is to analyze a) the perceptions of the pharmacists toward the new context defined by the recent reform, and b) their attitude to play the changing agent role. Thus, the ability of the pharmacists to have a strategic orientation, the nature of its information system, and the his/her knowledge of the context will be investigated. **METHODS:** A survey has been designed, and a questionnaire submitted to a national sample of 500 community pharmacies. The questionnaire was organized in 4 sections: the general profile and training; his/her perception of the role played; the strategic orientation; the pharmacy information system. Answers were graded according to the Likert scale 1-7. The response rate was 32%. **RESULTS:** Data highlight how the pharmacies are already challenging the changing context offering a range of services: prevention campaign (71,8%), booking diagnostic exams and specialists' visits (50,9%), participation to health education programs (49%). However, the strategic attitude of respondents is not very high (m=4.90). Pharmacies deliver a range of services to improve customers fidelity, and their image toward the community. It has not been detected a correlation between range of services delivered and profit targets. Pharmacies have a good control of the global financial results, but a poor ability to monitor partials results. **CONCLUSIONS:** Pharmacies know the new model of pharmacy the government is introducing, however it doesn't seem they have the right background and attitudes to challenge the new context.

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PATIENT SAFETY ACTIVITIES ASSOCIATED WITH HOSPITAL PHARMACY IN A NATIONWIDE SURVEY ON MANAGEMENT SYSTEM FOR PATIENT SAFETY

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OBJECTIVES: A business hours study by pharmacy practice was examined as a part of patient safety activities associated with hospital pharmacy. **METHODS:** We surveyed nationwide the situation of patient safety activities in hospitals allowed for additional costs on patient safety measures under the social insurance medical fee schedule. Of targeted 2674 hospitals (all hospitals: 8706 as of June 1) in Japan, 669 hospitals responded (response rate: 25.0%). Pharmacy practice includes medication teaching and history administration, brought drugs review on admission, drug adjustment and dispense, question reference from out-of-hospital pharmacy, drug information for safety use. **RESULTS:** We classified 669 hospitals into three classes; additional cost I (85 points) implementing hospitals with more than 401 beds (A group: 173 hospitals), additional cost I (85 points) implementing additional cost I with less than 400 beds (B group: 306 hospitals), and additional cost II (35 points) implementing hospitals (C group: 180 hospitals). The time spent for medication teaching and history administration was 20.6% of all pharmacy practices in A group, 20.4% in B group, and 18.1% in C group. Similarly, the time for brought drugs review was 6.6% in A group, 8.2% in B, and 7.5% in C, and the time for drug adjustment and dispense of anti-neoplastic drugs was 9.4% in A, 5.9% in B, and 1.9% in C. The time for question reference from out-of-hospital pharmacy was 2.9% in A, 4.3% in B, and 4.6% in C. **CONCLUSIONS:** The time for medication teaching and history administration, and drug adjustment and dispense of neo-plastic drug and IVH were spent much more time at large scale hospitals like A group hospitals than at small scale hospitals like C group hospitals.

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LACK OF CLINICAL EFFICACY AS A MAIN REASON FOR AHTAPOL NEGATIVE RECOMMENDATIONS FOR ORPHAN ONCOLOGY DRUGS

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OBJECTIVES: The objective of this study is to verify if the clinical efficacy is the main reason on which negative recommendations issued by AHTAPol (Agency for