NSAIDs are present in household drug supplies, and address the issue of possible inadequate NSAID use in special situations in non-specialized physicians to better limit the risk of antibiotic overuse and self-medication practice in households in the city of Novi Sad, Serbia over the 8 months period. Study consisted of personal insight into the drug inventory, and drugs were classified according to the Anatomical Therapeutic Chemical (ATC) classification system in order to prevent any kind of bias. RESULTS: Of 383 surveyed households, 280 (73%) households held at least one box of NSAID in their home-pharmacy and a total of 473 packages of NSAID have been inventoried. Most commonly encountered NSAIDs were ibuprofen (25.6%), diclofenac (12.6%), meloxicam (9.3%), and diclofenac (65.7%) were obtained without a prescription even though in Serbia all NSAIDs (except ibuprofen 200mg) are prescription medicines (POM). According to European Medication Agency, ibuprofen is classified as OTC but diclofenac is strictly FOM. Large amount of diclofenac used without consulting a physician and without diagnosis. Ibuprofen and meloxicam were almost exclusively bought with prescription (>80%). CONCLUSIONS: NSAIDs were present in most of Serbian home-pharmacies and were usually bought without prescription. Present this a serious problem, especially for unsupervised diclofenac use. Methicillin and resistical strains of Staphylococcus aureus were isolated in 11 (22.5%) and 6 (12%) patients, respectively. Other studies (Campbell et al., 2009) tend to show that respecting P4P targets and efficiency outside the P4P perimeter (De Pouvoirville, 2013). On the contrary, payments for performance (P4P) schemes are commonly used in many OECD countries in order to incite physicians to improve both quality and efficiency outside the P4P perimeter by National Public Health Insurance. P4P schemes may induce undesirable behaviors from GPs leading to a decrease both in quality and efficiency outside the P4P perimeter (De Pouvoirville, 2013). On the contrary, other studies (Campbell et al., 2009) tend to show that respecting P4P targets may imply a virtuous effect outside P4P. METHODS: Database used in this study were taken from the IMS-Health Disease Analyzer (DiA) database. It contains information on pharmaceutical prescriptions dispensed in French General Practitioners and related diagnoses. Quality and efficiency indicators are calculated both inside and outside the P4P perimeter. In a first step, each category—quality or efficiency—is calculated inside the P4P perimeter by averaging indicators pertaining to it. In a second step, each indicator outside the P4P perimeter is regressed on quality or efficiency aggregated scores, correcting for other character of its physicians to improve both quality and efficiency. There is no obvious link between quality and efficiency scores inside and outside P4P perimeter. As a matter of fact, descriptive statistics, correlation analysis and Principal Component Analysis do not show any straightforward relation. All these first results NECESSARILY need for further analysis. Further research may have implications for public policy design. If respecting P4P targets imply a virtuous effect outside P4P, there is no need to extend the P4P perimeter. If not, regulatory agency has to increase the number of indicators in order to improve quality and efficiency.
PHYP5


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OBJECTIVES: To described the changes of the Colombian multidimensional poverty index (MPI), Gini coefficient and inequalities in maternal and neonatal mortality since 1998 to 2011. METHODS: An ecological study was performed. MPI and Gini coefficient were obtained from National Statistics Department’s (DANE) databases. The Maternal Mortality Rate and Neonatal Mortality were estimated and standardized by age and sex respectively. The Attributable Fraction (AF) was estimated as the inequality indicator for these two variables. RESULTS: The total adjusted rate of the maternal mortality from 1998 to 2011 decreased by 3% and the Gini coefficient decreased from 0.57 to 0.54. CONCLUSIONS: The results indicated a smaller variability in these outcomes compared to other outcomes as education and income.

PHP76

NURSES VERSUS OTHER HEALTH PROFESSIONALS PERCEPTIONS ON QUALITY AND SAFETY CULTURE ELEMENTS IN GREEK HOSPITALS

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Quality and risk management together, are prerequisites of patient safety which forms the basis of health care quality management activity. OBJECTIVES: To explore the prevailing organizational climate-in terms of clinical governance factors “Climate of blame and Punishment” and “A planned and integrated QI program and proactive risk management”, in Greek hospitals and to compare nurses’ perceptions with those of the rest health professionals on the particular factors. METHODS: It is a cross-sectional study, including a representative sample of all specialties nurses working in a public and a private Greek hospital. The validated Clinical Governance Climate Questionnaire (CGCQ) was filled by N=261 nurses and N=115 professionals (response rate 79%). A lower score signifies greater satisfaction in a particular concept. Data mining took place from May to August 2012. Data analysis was performed with the SPSS 19.0 and included factor analysis, t-test, X2 and regression analysis. The two-tailed significance level was set at 0.05. Results: For the factor “Climate of blame and Punishment” and “A planned and integrated QI program and proactive risk management”, demonstrated a slightly positive trend (Means: 2.73 and 2.28 respectively) in the total population. Nurses, appear to perceive more negatively the climate related to: i) protected time for Quality Improvement initiatives (p<0.05), ii) systematic assessment of clinical risks (p<0.001), iii) sharing of a common vision (p<0.05), iv) dissemination of Risk prevention policies (p<0.03), v) proactive risk management (p<0.05), vi) systematic evaluation of Human Resources development needs (p<0.05), vj) employees’ valuation regardless of professional background (p<0.05). CONCLUSIONS: The views of nurses are essential, as they are important and direct factors of care provision. The assessment of climate produces conclusions which if exploited properly, can mark the beginning and support the effort of continuous improvement of patient safety.

PHP77

PHARMACEUTICAL MARKET ACCESS IN EMERGING MARKETS THROUGH INNOVATIVE PATIENT ACCESS SCHEMES

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OBJECTIVES: Emerging markets are a major priority for pharmaceutical manufacturers, and continue to grow as areas of interest for many firms. However, coverage from 3rd party payers, whether public or private, is often limited, and as a result the patient is the primary payer. Pharmaceutical companies must devise innovative strategies in order to provide access while driving sales. In this study, we aimed to analyze the most commonly prescribed and company engaged strategies in emerging markets. METHODS: We undertook a secondary research horizon scan, utilizing public resources to examine a variety of strategies, including innovative patient access schemes as crossing emerging markets. RESULTS: We then filtered a total of 14 patient access schemes into three categories, it is important to note that many schemes incorporate elements from across the categories identified. OBJECTIVES: To define the possible ways of participation of patients in the decision-making processes in order to analyze the current status of patient participation in the reimbursement process in Slovakia and to define barriers to the participation. METHODS: To identify the relevant literature, a survey was carried out using a search engine to the literature in PubMed 2000-2013. The survey was carried out in the Slovak, English and German language. We included the terms “Priority Setting”, “Innovation” or “Pharmaceutical Innovation”. Results: We found that 53 names of substances used active substances and exipients. That should be noted that different formulations are made: medicine, tinctures, solutions, suspensions, drops, ointments, pastes, suppositories. Among the most commonly prescribed, it was described by doctors’ prescriptions are liquid dosage forms, topical solution (solution furacillin 0.02 - 500.0; Ranol 0.5%, 0.1% - 500.0; hydrogen peroxide 3% - 500.0, a solution of 1% - 10.0% - for the treatment of superficial wounds), suppositories (by prof. Maslyak) ointments, pastes, suppositories, powders. Among the most commonly prescribed, it was noted that the patient has a lower score signifies greater satisfaction in a particular concept. Data mining took place from May to August 2012. Data analysis was performed with the SPSS 19.0 and included factor analysis, t-test, X2 and regression analysis. The two-tailed significance level was set at 0.05. Results: For the factor “Climate of blame and Punishment” and “A planned and integrated QI program and proactive risk management”, demonstrated a slightly positive trend (Means: 2.73 and 2.28 respectively) in the total population. Nurses, appear to perceive more negatively the climate related to: i) protected time for Quality Improvement initiatives (p<0.05), ii) systematic assessment of clinical risks (p<0.001), iii) sharing of a common vision (p<0.05), iv) dissemination of Risk prevention policies (p<0.03), v) proactive risk management (p<0.05), vi) systematic evaluation of Human Resources development needs (p<0.05), vj) employees’ valuation regardless of professional background (p<0.05). CONCLUSIONS: The views of nurses are essential, as they are important and direct factors of care provision. The assessment of climate produces conclusions which if exploited properly, can mark the beginning and support the effort of continuous improvement of patient safety.

PHP78

PATIENT INVOLVEMENT IN REIMBURSEMENT OF DRUGS IN SLOVAKIA

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OBJECTIVES: To define the possible ways of participation of patients in the decision-making processes in order to analyze the current status of patient participation in the reimbursement process in Slovakia and to define barriers to the participation. METHODS: To identify the relevant literature, a survey was carried out using a search engine to the literature in PubMed 2000-2013. The survey was carried out in the Slovak, English and German language. We included the terms “Priority Setting”, “Innovation” or “Pharmaceutical Innovation”. Results: We found that 53 names of substances used active substances and exipients. That should be noted that different formulations are made: medicine, tinctures, solutions, suspensions, drops, ointments, pastes, suppositories. Among the most commonly prescribed, it was described by doctors’ prescriptions are liquid dosage forms, topical solution (solution furacillin 0.02 - 500.0; Ranol 0.5%, 0.1% - 500.0; hydrogen peroxide 3% - 500.0, a solution of 1% - 10.0% - for the treatment of superficial wounds), suppositories (by prof. Maslyak) ointments, pastes, suppositories, powders. Among the most commonly prescribed, it was noted that the patient has a lower score signifies greater satisfaction in a particular concept. Data mining took place from May to August 2012. Data analysis was performed with the SPSS 19.0 and included factor analysis, t-test, X2 and regression analysis. The two-tailed significance level was set at 0.05. Results: For the factor “Climate of blame and Punishment” and “A planned and integrated QI program and proactive risk management”, demonstrated a slightly positive trend (Means: 2.73 and 2.28 respectively) in the total population. Nurses, appear to perceive more negatively the climate related to: i) protected time for Quality Improvement initiatives (p<0.05), ii) systematic assessment of clinical risks (p<0.001), iii) sharing of a common vision (p<0.05), iv) dissemination of Risk prevention policies (p<0.03), v) proactive risk management (p<0.05), vi) systematic evaluation of Human Resources development needs (p<0.05), vj) employees’ valuation regardless of professional background (p<0.05). CONCLUSIONS: The views of nurses are essential, as they are important and direct factors of care provision. The assessment of climate produces conclusions which if exploited properly, can mark the beginning and support the effort of continuous improvement of patient safety.