SAFETY NET ACTIVITIES STRUCTURAL CHARACTERISTICS & MEMBERSHIP IN LOCAL HOSPITAL SYSTEMS  
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During the 1990’s, local hospital systems grew to dominate most urban hospital markets. The systems helped member hospitals’ protect against powerful hospitals’ rival and growing threat from managed care organizations. If hospitals that serve vulnerable populations, also known as “safety net hospitals”, had not joined the systems it is likely that they would have found themselves at a severe competitive disadvantage, threatening the survival of these facilities. OBJECTIVE: To examine the ability of urban safety net hospitals to join a local multi-hospital system and to study the determinants of system formation. Primary data sources were the Annual Hospital Survey from the American Hospital Association and Williamson Institute multi-hospital system data for years 1990, 1995 and 2000. Other sources of data included InterStudy Regional Market Analysis database, SMG Marketing Group data, US Census of population and housing data, and hospital discharge data from the Hospital Market Service Area Files and Medicare Provider Analysis and Review file (MedPAR). METHODS: Logistic regression analyses were performed to examine local system formation by safety net hospitals. Standard errors were adjusted for clustering on hospital to account for repeated observation. Independent variables included safety net characteristics, factors that measure market forces (e.g., managed care penetration), and hospitals’ characteristics (e.g., size, teaching status). RESULTS: In 1990, 22% of the hospitals were in a local multi-hospital cluster and by 2000 50% of all urban hospitals in the study were in local multi-hospital systems. The results indicate that safety net activities, especially Medicaid patient load, decrease hospitals’ membership in systems. CONCLUSIONS: Participation in a local hospital system is viewed as a key element in a strategy to respond to the pressures generated by the managed care industry; a lower involvement of safety net hospitals in the system is indicative of the competitive disadvantage of these hospitals.

TRENDS AND OUTCOMES ASSOCIATE WITH DTCA PRINT SUMMARY FORMATS: A FOUR YEAR STUDY OF PRINT ADS  
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OBJECTIVES: To evaluate the trends and changes in the print summary formats of direct-to-consumer prescription drug advertisements (DTCA) in consumer magazines. METHODS: Print advertisements appearing in the National Geographic magazine from the period January 2000 to October 2003 were analyzed in this study. Data on advertisement formats, drugs advertised, and manufacturers were collected, coded, and analyzed. National Geographic magazine was selected because of its worldwide readership and appeal. RESULTS: A total of 128 advertisements were identified. The print DTCA advertised included 16 drug products by 9 manufacturers and two different types of print summary formats. The manufacturers accounting for most of the ads were Pfizer (28.91%) followed by GlaxoSmithKline (21.88%), Merck (15.63%) and Aventis (14.84%). Results of the analysis showed that less than half (43.75%) of the print DTCA appearing in National Geographic were of the new easy to understand format. However, only four drugs were advertised with the new summary format, namely Avandia (15.63%), Viagra (14.06%), Vioxx (12.50%) and Singular (1.56%). Trend analysis showed that in the year 2000, the percentage of print ads with the new format was 54%, which dropped to 40% in 2001. In 2002, it further dropped to 36%, but has risen to 47% in the year 2003. CONCLUSIONS: Companies that have adopted the new format have not done so universally for all their products. These new print DTCA summaries by being user friendly may induce positive attitudes toward the product, thus leading consumers to request more information regarding such drugs from physicians and pharmacists. Further studies are needed to evaluate consumer comprehension with the new summary format in print DTCA.

UTILITY OF MEDIA ON HEALTH PROMOTION AND SELFMEDICATION  
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OBJECTIVES: Concept of self-medication and increased personal responsibility on health was relatively new in Serbia and SEE country. A different media and information resources could be very useful as a tools in promotion of health, drug and self-medication (HDSM). The goals of this investigation were the utility of media as information sources in comparission with health professionals information items on promotion of HDSM in Serbia population. METHODS: The questionnaire with 11 questions was spread through public pharmacy in tree provinces of Serbia (Vrsac, Belgrade, Kragujevac). The questions included observation of citizen regard: type of media channel; trust on media health information; process of checking information; satisfaction with information; useable of OTC drug news etc. The survey included the 300 people, respectively. RESULTS: General analyses of all answers from the tree Serbian provinces showed simillarity. The public trust on media (main media TV, afterthat newspapers) health informations is 66%, and satisfaction 61% . The media channels were explored 71% of his possibility to promote HDSM. In process of selfmedication the valuation and utility of drug product information from media have been several time used (43%), useless (57%) in personal health treatment. Only 12% of population used the internet as a source of HDSM. The main source of informations were health professionals (phiscians and pharmacist) and 83% of Serbian citizens before the selfmedication have had consultation with them. CONCLUSIONS: Utility of different media (particulur TV) on promotion of HDSM in Serbia was well, but no doubtless on health profesionals consultation before the selfmedication.

AN ASSESSMENT OF THE ASSOCIATION BETWEEN UNDERLYING WORKER MEDICAL CONDITIONS AND WORKER ABSENTEEISM IN THE US  
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OBJECTIVE: To examine the degree of association between medical conditions and work-loss and to estimate the costs associated with work absenteeism among workers in US during 2001. METHODS: Data were extracted from the 2001 Medical Expenditure Panel Survey, a nationally representative survey of medical care use and expenditures conducted by the Agency for Healthcare Research and Quality. The study sample included heads of household, 23–65 years old, who were employed for the entire year (not self employed). Of interest was the incidence of work loss during 2001. Additional information was collected on number of work days lost during the year, the associated medical conditions based on ICD-9-CM codes and other demographic and employment characteristics. Logistic regression was used to assess association of medical conditions with work absenteeism controlling for other characteristics. RESULTS: In total, 4687 persons were identified. Mean age was 40.6 years, 54.4% were male, 18.8% were non-white, and 51.2% had at least high-school education. Workers earned on average $16.8 per-hour, and worked 41.5 hours-per-week. Work loss was reported by 2614 persons (55.8%), who on the average lost 8.5 work-days per year (median 3.3 days), valued at $1069 based on reported hourly wages (median $365). After adjusting for other demographic and employment characteristics, logistic regression analysis revealed that medical conditions were significant predictors of absenteeism. Specifically (odds ratio; 95% confidence intervals): infectious diseases (5.0; 4.1–6.2), mental disorders (1.6; 1.3–2.0), respiratory system (3.3; 2.9–3.8), digestive system (2.5; 2.0–3.1), and musculoskeletal system (1.8; 1.6–2.2). Absenteeism was more likely to be reported among females (1.4; 1.3–1.7) and those with sick benefits (1.3; 1.1–1.5). CONCLUSION: Medical conditions are significant predictors of work loss and associated costs. To reduce incidence and costs associated with work loss, effective policies would need to address the use of effective disease prevention measures and chronic disease treatments.

OUTCOMES OF TECHNOLOGY APPLICATION ON PHARMACISTS JOB PERFORMANCE: THE ROLE OF PERSONAL DIGITAL ASSISTANTS

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OBJECTIVE: The objective of this study was to evaluate the outcomes associated with the use of Personal Digital Assistants (PDAs) by pharmacists’ working in retail and hospital setting using Extended Technology Acceptance Model (ETAM). METHODS: A cross-sectional study was conducted by administering a survey to pharmacists (N = 285, Retail = 138, Hospital = 147) in the Houston metropolitan area. A prevalidated questionnaire using thirty items, five-point strongly disagree (1)—strongly agree (5) Likert scale was used to measure pharmacists’ perceived usefulness and intention to use PDAs. Data along with demographic information such as age, gender, education, income and practice setting were collected, coded, and analyzed using SAS at a set priori significance level of 0.05. Descriptive, correlation and stepwise regression analyses were performed to predict pharmacists’ intention to use PDAs. RESULTS: Among the surveyed population only 35% of retail pharmacists’ owned a PDA in comparison to 64% of hospital pharmacists’. Overall, pharmacists’ in both retail and hospital settings indicated that PDAs’ can improve job efficiency (55%) and be a cost effective tool (63%) in providing patient care. Further, spearman correlation analysis indicated high correlation between perceived usefulness and intention to use PDAs in hospital setting (r = 0.78, p < 0.001). However, in retail setting result demonstrated, tangibility and communicability of the results associated with the use of PDAs was highly correlated with intention to use (r = 0.62, p < 0.001). ETAM was able to explain 55% and 71% of variance in retail and hospital pharmacists’ intention to use PDAs respectively. CONCLUSIONS: The ETAM model, specifically, variables such as perceived usefulness, attitude, and result demonstrability were useful in predicting pharmacist’s intention to use PDAs in both the settings. As technology advances, PDAs would provide pharmacists’ an affective tool for improving efficiency in job and subsequently the patient care related outcomes.

EXAMINING THE QUALITY OF HEALTH ECONOMIC ANALYSES SUBMITTED TO THE PHARMACEUTICAL BENEFITS BOARD IN SWEDEN.—DATA FROM THE FIRST TWO YEARS

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OBJECTIVES: To assess the quality of the health economic material submitted to the Swedish Pharmaceutical Benefits Board (PBB) as part of the application for reimbursement for new pharmaceuticals. The cost per QALY in the submitted material and how this has related to the PBB’s decision is also presented. METHODS: The health economic evaluations were reviewed independently by two reviewers against two check lists, marking each question Yes/No/Not Applicable. The checklists used were: 1) The PBB Guidelines transformed into yes or no questions and 2) The QHES check list, which is a validated instrument. The central estimate, or base case, cost effectiveness was collected (preferably cost per QALY) as well as whether the application was accepted or rejected by the PBB. RESULTS: The scores on the PBB check list range from 0.24 to 0.87 and on the QHES from 0.09 to 1, with a mean quality of 0.61 and 0.67 respectively. Due to Swedish-specific criteria in the PBB list, there is only a modest correlation between the two instruments of 0.7. The baseline cost per QALY in the applications range from negative values (i.e. a cost-saving drug) to approximately 65,000 Euros. There was a low observed correlation between quality score and acceptance by the PBB. Likewise, the correlation between cost per QALY and decision to accept/reject is low or non-existent. CONCLUSIONS: 1) Health economic material as part of applications to PBB varies heavily in quality. 2) Due to the relatively small number of applications supported by substantial health economic evidence and the even fewer rejections, it is difficult to draw firm conclusions regarding the value the PBB places on a QALY.

EVALUATING PHARMACEUTICALS FOR REIMBURSEMENT IN KOREA

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OBJECTIVES: Introduction of a compulsory economic evaluation policy for pharmaceutical reimbursement was enacted in Korea in 2000, but has yet to be fully implemented. Concerns about the quality and availability of population specific clinical data, treatment patterns, health care prices and subsequent cost-effectiveness data have been raised. We evaluated the quality of Korean economic evaluation studies of pharmaceuticals to understand gaps. From this, we propose policy options that might strengthen the research infrastructure in order to support such studies. METHODS: We reviewed 21 published studies of drugs conducted between 1996 and 2004. We utilized a pub-