treatment of 16,035 patients in 2009 (7,150,000 CHF, new service) with 2007 (7,184,000 CHF, old service), adjusted to 16,035 patients) showed slightly reduced costs (13,400 CHF, 95% CI: -6,000 to -12,700). CONCLUSIONS: The cost reduction of 0.5% is a conservative estimate as wages have increased since 2007. The reor- ganisation has the potential to be a dominant intervention: While quality of service provision improved, treatment costs slightly decreased against the secular trend of increase. Data has to be confirmed in follow-up measurements for decision mak- ers.

PHP65
PHARMACEUTICAL EXPENDITURE IN PORTUGAL – POLICIES AND IMPACT
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OBJECTIVES: The Stability and Growth Pact approved by the Portuguese Govern- ment in 2010 limits the expenditure growth in 1% for reimbursed pharmaceuticals in outpatient and hospital sector. A tendering process (called 'ADSE' (civil servants subsystem) for NHS. At the end of 2010, the Government increased the requirements to reduce public expenditure. Considering the pricing and reimbursement changes, this study aims to 1) analyze public expenditure trends on medicines, and 2) identify the main factors and impacts. METHODS: We have analyzed the database sales and prescription data from Portuguese community pharmacies, and performed simulations to measure the impact of policy mea- sures. The statistical analysis of monthly data by product was performed with SAS.

RESULTS: The NHS expenditure in outpatient medicines has increased 5.6% in 2010. The legislation approved in June 2009, that established generics reimburse- ment at 100% for some pensioners (withdrawn in June 2010), was responsible for more 26.8 million euros of NHS spending in 2010. Nevertheless 117.1 million euros were explained by new molecules reimbursed in the last three years. After July 2010 and discount, the expenditure increased 7.5 million euros. The Health Subsystems (special security schemes for certain professions) had also contributed positively: By December 7 million euros were transferred from the ‘ADSE’ (civil servants subsystem) for NHS. At the end of 2010, the Government adopted several measures to control public expenditure, such as 6% prices deduc- tion and several reductions in pharmaceuticals reimbursement levels. Immediately the NHS medicines expenditure decreased 21.2% in the first four months of 2011. In opposition the hospital market is growing 3.5%. CONCLUSIONS: Besides price and reimbursement administrative reductions, with limited impact in the short term, it is important to consider near-term impacts, that should be assessed on a periodic basis to identify the best strategies to promote rationality and efficiency in the outpatient and hospital sector.

PHP66
IMPACT OF TYPE OF DRUG INSURANCE ON THE USE OF HEALTH CARE SERVICES AMONG USERS OF ANTIDEPRESSANTS
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OBJECTIVES: To compare the use of health care services between patients with private and public drug insurance, respectively.

METHODS: We have analyzed the database sales and prescription data from Portuguese community pharmacies, and performed simulations to measure the impact of policy mea- sures. The statistical analysis of monthly data by product was performed with SAS.

RESULTS: The pharmaceuticals consumption and several reductions in pharmaceuticals reimbursement levels. Immediate- ly the NHS medicines expenditure decreased 21.2% in the first four months of 2011. In opposition the hospital market is growing 3.5%. CONCLUSIONS: Besides price and reimbursement administrative reductions, with limited impact in the short term, it is important to consider near-term impacts, that should be assessed on a periodic basis to identify the best strategies to promote rationality and efficiency in the outpatient and hospital sector.

PHP67
TENDERING FOR OUTPATIENT PRESCRIPTION PHARMACEUTICALS: WHAT CAN BE LEARNED FROM CURRENT PRACTICES IN EUROPE?
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OBJECTIVES: To explore the current status (2010) of tendering programs for outpa- tient pharmaceuticals in the European countries and how these programs operate.

METHODS: A survey was designed to assess the features of tendering programs in European countries. All 27 countries of the European Union plus Norway were included in the study. The survey was sent to national representatives of authori- ties and organizations and to academic researchers with expertise in the domain.

RESULTS: Nineteen of the 28 countries have responded to the questionnaire (68%). Several tendering programs for pharmaceuticals in ambula- tory care. Tendering was more popular in countries with a mature generic med- icines market (54%) than in countries with a developing generic medicines market (12.5%). Authorities with financial interest for possible savings issued the tenders and therefore price/benefit was amongst the criteria to award the tender in the most cases. The frequency varied from only once to once every two weeks and the number of winners was between one and four. The objectives of achieving cost savings were achieved in the short term but results on long term are still unclear.

CONCLUSIONS: Tendering programs can achieve savings in the short term, but the effects in the long term are still uncertain. It can be concluded that the policy can work, but the features of the programs such as the legal framework, the criteria to grant the tender, the number of winners, the reward of the winner and the fre- quency, have to be well-thought-out.

PHP68
ASSESSMENT OF THE NHS HOSPITALS’ PRODUCTIVITY IN THE REGIONAL HEALTH AUTHORITY OF THESALY IN GREECE
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OBJECTIVES: To assess the performance in seven homogenous specialty clinics across all NHS hospitals in the Regional Health Authority of Thessaly (RHA), over the period 2002-2006. METHODS: Data Envelopment Analysis by using the Manco procedure. Data on hospital productivity Index and its different compositions were used in order to measure the technical efficiency and productivity. Clinics were considered to transform inputs (medical and nursing staff) and capital (hospital beds) into health services, approximated by the number of in-patient discharges and in-pa- tient days, used as outputs. The model is output oriented and assumes variable returns to scale. Data were collected from hospitals’ annual financial reports. RESULTS: Hospital productivity progressed in all clinics, led by technical change rather than technical efficiency. Over the whole period the size of the clinics influences the overall effects on hospital performance and the maximum level of outputs produced has not been achieved using the given labour and capital inputs, except orthopaedic clinics. The highest productivity changes were achieved by the gynecology (22.5%), the urology (15.7%) and the paediatric clinics (15.4%). All clinics experienced high technological change level, except general medicine clinics which drops by 6.5%. The highest technological changes were experienced by gynecology clinics (48.4%), the paed- iatrics (26.2%) and ophthalmolmology (22.3%). CONCLUSIONS: Homogeneity in assessing hospitals’ performance provides evidence on the efficiency and productivity gains among clinics and suggests improvements in those which appear inefficient. The difficult economic situation Greece is facing nowadays makes the assessment of NHS hospitals’ performance a priority in the decision making.

PHP69
CAN WE INCREASE HOSPITAL REVENUE WITH DIFFERENT NEUROMUSCULAR BLOCKERS? AN ANALYSIS OF SAVING COST FOR HOSPITAL BUDGET WITH TIME SAVING EFFECT OF DIFFERENT NEUROMUSCULAR BLOCKERS IN SHORT OPERATIONS
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OBJECTIVES: Muscle relaxants are used in anesthesia to obtain adequate muscle relaxation. Our aim is obtaining improvement in hospital budget by selecting ad- equate neuromuscular blocking agents for short-term (under 60 minutes)pediatric operations for hospital management. METHODS: There is a basic investigation of the duration to recovery time of atracurium and rocuronium administrations dur- ing anesthesia induction in ASA I-II children. In order to evaluate the effect on hospital budget, direct expenses were used. RESULTS: The mean time to reach TOF75 in recovery with rocuronium and atracurium were calculated 38 and 51 minutes, respectively. In atracurium group, time to reach TOF75 was 51 minutes, but operation time was 46 minutes(atrocromium groups) and patients needed an additional 5 minutes for recovery. During additional minutes, patients were kept in the operation room(OR), thus preparation for the next patient was delayed. After extubation of patients, to determine the period of preparation of an OR for the next patient was questioned. This preparation was determined to be 14 minutes. These means, in the rocuronium and atracurium groups one needs 60 minutes (46+14) and 65 minutes (51+14), respectively from the start of an opera- tion to the start of next operation. In a pediatric surgery department, lower abdom- inal and urogenital surgery unit income with rocuronium or atracurium are the in- formation to the start of next operation. In a pediatric surgery department, lower abdom- inal and urogenital surgery unit income with rocuronium or atracurium are the income of US$ 2436 per month for one OR. In other words, in short operations, using rocuronium rather than atracurium may lead to savings which is 30-35% of total income of US$ 2436 per month for one OR. In other words, in short operations, using rocuronium rather than atracurium may lead to savings which is 30-35% of total cost.

PHJP0
VALUE BASED PRICING (VBP): IS THIS THE WAY FORWARD FOR THE UK NHS?
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OBJECTIVES: The British government has decided to impose a system of value based pricing (VBP) in the pharmaceutical industry about NHS reform and concept of value as it pertains to pharmaceutical industry and representative members of the NHS, were involved in qualitative order to understand health economists’ evaluations about VBP and stakeholders’ criterion and specified guidelines based around innovation and value. It is also questioned whether VBP would indeed spur innovation of drug development or in fact hamper research and development due to increased market access requirements and decreased profitability in the pharmaceutical sector.

CONCLUSIONS: The presence of SIADH in hospitalized patients was significantly associated with increased total ICU cost and LOS, likelihood of ICU admission, and 30-, 90-, and 180-days readmission. The Premier hospital database was utilized to identify US hospital inpatients discharged between January 1, 2007 and June 30, 2009. Hyponatremic/SIADH patients were identified using primary or secondary ICD-9 codes (n=430,731) and were matched to a control group (n=430,731) using exact matching on age, gender, provider region and 3M™ APR-DRG assignment. Matching was further refined using propensity scores based on additional patient and hospital covariates. Due to the contribution of congestive heart failure and cirrhosis on hyponatremia development, these patients were excluded from the analysis. The final analytic sample contained 65,973 SIADH patients and 407,874 non-hyponatremia/SIADH patients. Cost was analyzed using gamma regression, LOS with negative binomial regression. ICU admission and hospital readmission were analyzed using multivariate logistic regression. RESULTS: In contrast to non-SIADH patients, patients with SIADH had significantly higher total inpatient cost ($53,536, CI=52.53-54.53; p<0.0001), ICU cost ($32,114, CI=31.84-32,39; p<0.0001), total LOS (45.11%, CI=43.20-47.03; p<0.0001), and ICU LOS (42.72%, CI=38.34-47.23; p<0.0001). SIADH patients were significantly more likely to be admitted to the ICU (OR=8.01; 95% CI=7.08-8.99; p<0.0001) and readmitted at 30-, 90-, and 180-days (OR=1.459; p<0.0001) in comparison with non-SIADH patients. CONCLUSIONS: The presence of SIADH in hospitalized patients is significantly associated with increased total ICU cost and LOS, likelihood of ICU admission, and likelihood of readmission.