**PHP0**

**CLINICAL EFFECTIVENESS OF PORTABLE ULTRASOUND IN SMALL EMERGENCY DEPARTMENTS: A SYSTEMATIC REVIEW**


**OBJECTIVES:** In the 2001 policy statement from the American College of Emergency Physicians, they considered a large number of conditions as primary indications for emergency ultrasonography (US). Early trials of US did not take place in emergency departments (EDs) and the US interpreter was not an emergency physician (EP). The objective of this review was to determine if there is evidence to evaluate whether US conducted by non-radiologists in a small emergency department is an effective diagnostic tool.

**METHODS:** A systematic review was conducted to identify health technology assessments (HTAs), systematic reviews (SRs), meta-analyses (MAs), randomized controlled trials (RCTs), and controlled clinical trials published in the last 5 years.

**RESULTS:** The search identified nine trials, and two systematic reviews. The primary indications in these reports were: trauma, deep vein thrombosis (DVT), pain, undifferentiated hypotension and US-guided procedures. Reports regarding US-guided procedures took place in small EDs and the success rates of US-guided cannulation were significantly larger compared to the traditional technique. Sensitivity and specificity estimates for EP performed US in the diagnosis of trauma, and DVT are high, and similar to those who reported when radiologists interpreted the US scans. The addition of US in diagnosing pelvic pain increases physician confidence and was especially valuable in the evaluation of a patient who is also obese. The addition of an US protocol to standard care afforded physicians the ability to compile a significantly shorter and more accurate list of possible causes of non-traumatic undifferentiated hypotension.

**CONCLUSIONS:** People in Hungary are optimistic about their life expectancy, especially males and younger age groups. A decrease in HRQoL with age is expected but its gradient and severity differs by health dimensions.

**HEALTH CARE USE & POLICY STUDIES – Regulation of Health Care Sector**

**PHP1**

**USE OF SELF-REPORTED HEALTH STATUS TO PREDICT EMPLOYEE MEDICAL EXPENDITURES**

Huse D, Lenhart G

**OBJECTIVES:** To quantify the relationship between employees’ self-reported health status obtained from annual health risk assessments (HRAs) and subsequent year medical expenditures.

**METHODS:** Data were obtained from the MarketScan Databases, which includes health care information pooled from large US employers. Employees were identified who completed HRAs in 2006 and had full-year data on medical expenditures in 2007. Four general health status measures, each with 5-point Likert scales, were considered: overall health the past 6 months, physical health, mental health, and quality of life expectations. Medical expenditures for each individual included total 2007 payments to health care providers for inpatient, outpatient, and pharmacy services covered by the employer health plan. General linear models were used to estimate the association between health status and future expenditure.

**RESULTS:** A total of 72,940 employees met the eligibility criteria at least one health status measure in 2006 and had full-year claims data for 2007. Mean age was 42 years and 56% were female. The four health status measures were highly intercorrelated (Pearson’s r: 0.15–0.52). Each measure was strongly associated with future medical expenditures (p < 0.0001). The range of medical expenditures per one point increment was 30.2% for overall health, 49.5% for health impact, 16.4% for mood, and 5.0% for stress. Inpatient and pharmacy expenditures were generally more responsive to worsening health status than outpatient. **CONCLUSIONS:** Self-reported health status of employees is strongly associated with future medical expenditure. Data from employer-sponsored HRAs may therefore provide a useful indicator of population health and of the benefits of wellness interventions.

**PHP2**

**ASSESSMENT OF LIFESPAN AND HEALTH STATUS EXPECTATIONS IN HUNGARY: RESULTS OF A WEB-SURVEY**

Péntek M1, Brodziková V1, Gulácsi LÁ2, Érsek K2, Exel NJA3, Brouwer WBF3, Gulácsi L2

**OBJECTIVES:** To assess the expectations in a Hungarian sample.

**METHODS:** Data were derived from the nationwide administrative dataset of the National Health Insurance Fund Administration, Pécs, Hungary. We carefully reviewed the formal legislation and informal background papers related to this issue. The number of hospital beds was evaluated before and after the 1st of April 2007. The new act on developing of the Hungarian health care system cut the acute care hospital beds by 17,000 (28%) from 60,000 to 43,000 (from 59.2 to 43.7 beds per 10,000 inhabitants). The number of acute care hospital beds per 10000 inhabitants was the following before the reforms: Central-Hungary: 67.2; Southern-Greatplane: 42.6; Western-Transdanubia: 44.0; Northern-Hungary: 42.8; Southern-Transdanubia: 42.6; Eastern-Transdanubia: 58.3; Northern-Hungary: 55.9; Western-Transdanubia: 53.3; Central-Transdanubia: 47.3. The number of acute care hospital beds per 10000 inhabitants slightly changed after the reforms: Central-Hungary: 48.3; Northern-Transdanubia: 44.7; Southern-Transdanubia: 38.8; Central-Transdanubia: 37.2. We did not find significant changes among regions. **CONCLUSIONS:** Although the new legislation reduced the number of acute care hospital beds significantly in Hungary, there were no significant changes in the regional distribution.

**PHP3**

**EVALUATING PHARMACEUTICAL MARKETING TOOLS IMPLEMENTED BY THE COMPANIES, OBSERVED AND EXPERIENCED BY PHYSICIANS IN PAKISTAN**

Masood I1, Ibrahim MIM2, Hassali MAA1, Ahmad M1

**OBJECTIVES:** To identify and document various marketing tools commonly used by the pharmaceutical companies in Pakistan. **METHODS:** Cross-sectional, a total sample of 238 physicians was recruited. Physicians, they considered a large number of conditions as primary indications for emergency ultrasonography (US). Early trials of US did not take place in emergency departments (EDs) and the US interpreter was not an emergency physician (EP). The objective of this review was to determine if there is evidence to evaluate whether US conducted by non-radiologists in a small emergency department is an effective diagnostic tool. **METHODS:** A systematic review was conducted to identify health technology assessments (HTAs), systematic reviews (SRs), meta-analyses (MAs), randomized controlled trials (RCTs), and controlled clinical trials published in the last 5 years. **RESULTS:** The search identified nine trials, and two systematic reviews. The primary indications in these reports were: trauma, deep vein thrombosis (DVT), pain, undifferentiated hypotension and US-guided procedures. Reports regarding US-guided procedures took place in small EDs and the success rates of US-guided cannulation were significantly larger compared to the traditional technique. Sensitivity and specificity estimates for EP performed US in the diagnosis of trauma, and DVT are high, and similar to those who reported when radiologists interpreted the US scans. The addition of US in diagnosing pelvic pain increases physician confidence and was especially valuable in the evaluation of a patient who is also obese. The addition of an US protocol to standard care afforded physicians the ability to compile a significantly shorter and more accurate list of possible causes of non-traumatic undifferentiated hypotension. **CONCLUSIONS:** People in Hungary are optimistic about their life expectancy, especially males and younger age groups. A decrease in HRQoL with age is expected but its gradient and severity differs by health dimensions.