framework for studying access to health care. ED visits were classified into avoidable or not using the New York University algorithm. Patient complexity was measured using the Chronic Care Case Mix Index (CCMI) to measure the need of case management intensity. We performed logistic regression models to test for significant association between AEDV, and population at risk and health care delivery characteristics. RESULTS: We found that 69% (179) of our population had AEDV during 2008-2009. Of these visits, 60% were classified as AEDV. The analysis showed that women were 33% less likely to have an AEDV per month. Age was negatively associated, with younger patients being more likely to have AEDV. More complex patients were 6.6% more likely to have an AEDV. For every extra year in a patient visited, the probability of having an AEDV per month increased by 2.4%, however this was not significant (p = 0.06) at 95% confidence interval.

CONCLUSIONS: Among high cost, high risk Medicaid patients there are certain patient characteristics that can allow us to identify those at higher risk of having an AEDV. Further research is needed to identify groups that would benefit from interventions to reduce ED utilization.

**PHP55**

**A REVIEW OF THE NICE ALPACES APPROACH**

**Eaton JN**, Hawkins N 2


**OBJECTIVES:** Formal systems of health technology appraisal (HTA) can directly inform resource allocation in healthcare systems and have contributed to the equitable and efficient allocation of such resources. To engender and maintain support from a wide range of stakeholders it is important that HTA systems are seen as socially just, particularly in the face of contentious decisions. Effective appeals processes, internal or judicial, can have an important role in meeting this goal, enabling stakeholders to directly question the evidence considered, its interpretation, and the decision making process. We conducted an empirical review of the results of all appeals made to the National Institute for Clinical Excellence (NICE) between the years 2000 and 2010, and consider whether NICE fulfills these requirements.

**METHODS:** A retrospective review of all completed NICE technology appraisals published between March 2000 and October 2010 was conducted. Each technology appraisal was investigated for appeals. Published appeals were then categorized by appeal substance, stakeholder, and outcome. The results were presented as absolute numbers and proportions of overall responses.

**RESULTS:** In this study 29% of appraisals resulted in a published appeal of which 41% were upheld. The most common ground for an appeal, 59% of total, was perversity of the decision, the main substance for those appeals was misinterpretation of the clinical or cost-effectiveness evidence. By proportion of appeals upheld the most successful appeal point was that the HTA did not meet the scope or was deemed to be inequitable. Appeals involving a professional body or patient group were also more likely to be successful.

**CONCLUSIONS:** Examination of appeals to NICE would suggest that a socially just and effective appeals process is in place. Decisions are reversible and transparent and stakeholders can both participate in and question the decision process.

Health Care Use & Policy Studies – Formulary Development

**PHP56**

**THE EMERGING ROLE OF THE SPECIALIST PHARMACIST AS AN IMPORTANT STAKEHOLDER IN MARKET ACCESS**

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**OBJECTIVES:** Over the last decade, specialist pharmacists across Europe have seen an emergent role in many areas of the healthcare pathway. This research examined how the information could be used to inform clinical policy, education and research of specialist pharmacists with goal of understanding how they can impact market access of drugs.

**METHODS:** Structured interviews with 25 specialist oncology pharmacists from EU5 exploring various aspects within the four identified domains of influence. A233

**RESULTS:** A selection of the most important roles of the specialist pharmacist by domain is presented below:

1. **Clinical**: 1) Coordinate safe and timely administration of drugs and supportive treatment; 2) Coordinate outpatient support; 3) Provide therapy management of patients; 4) Enable pharmacotherapy intervention and patient education.

2. **Policy**: 1) Provide input to recommendations to inform resource allocation in healthcare systems and have contributed to the equitable and efficient allocation of such resources.

3. **Education**: 1) Educate patients and members of the HC team about guidelines to ensure optimal use of supportive care medications.

4. **Research**: 1) Support the research of the PT to inform resource allocation in healthcare systems and have contributed to the equitable and efficient allocation of such resources.

**CONCLUSIONS:** Specialist pharmacists are key stakeholders with the potential to influence multiple aspects of market access, providing a valuable input to healthcare decision-making processes. A deeper understanding of the role and impact of specialist pharmacists is needed to identify opportunities for further engagement and influence on market access decisions.

Health Care Use & Policy Studies – Health Care Costs & Management

**PHP57**

**CENTRALIZED DRUG ASSESSMENT IN CATALONIA: WHERE WE HAVE GONE SO FAR?**

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**OBJECTIVES:** The Committee for the Assessment of Hospital Drugs, led by the Catalan Agency of Health Information Assessment and Quality, has provided evidence on the added therapeutic value (ATV) of centralized approved drugs fit into the orphan or advanced therapies category or have conditional approval or were approved in exceptional circumstances. This study describes the committee’s activity since its creation.

**METHODS:** The main substance for those appeals was misinterpretation of the clinical or cost-effectiveness evidence. By proportion of appeals upheld the most successful appeal point was that the HTA did not meet the scope or was deemed to be inequitable. Appeals involving a professional body or patient group were also more likely to be successful.

**CONCLUSIONS:** Examination of appeals to NICE would suggest that a socially just and effective appeals process is in place. Decisions are reversible and transparent and stakeholders can both participate in and question the decision process.

Health Care Use & Policy Studies – Formulary Development

**PHP58**

**TOWARDS COST-EFFECTIVENESS ANALYSIS OF THE HEALTH AND WELLBEING BENEFITS OF URBAN GREEN SPACE: A MAPPING REVIEW**

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**OBJECTIVES:** Urban green spaces (UGS) are thought to impact on health and wellbeing. Cost-effectiveness analysis (CEA) can help to determine if provision or intervention of urban green spaces can contribute to population health in a cost-effective manner. This mapping review aims to characterise the study designs, independent variables, outcomes and outcome measures reported in the literature.

**METHODS:** Key health and medical databases were searched. Studies of any design (except reviews) which attempted to evaluate the health and wellbeing effects of UGS were included. One reviewer selected studies with a proportion checked by a second and third reviewer. Data were extracted from abstracts using a standardised form. Data were coded using a grounded theory approach and synthesised in graphical and tabular form.

**RESULTS:** A total of 189 citations were included. The most common study design was cross sectional regression analyses; there were only three randomised controlled trials. Many putative independent variables were identified, including psychological, socio-economic, environmental and interventional variables. Settings and populations also varied. Outcomes coded as health behaviours included physical activity, visit frequency, nutrition and social interaction; those coded as health outcomes included general health, mental health, quality of life, wellbeing, mortality, obesity and cardiovascular in-dices among others. Outcome measures were generally not compatible with CEA. Amongst 61 economic studies, the most common study type was hedonic pricing. Only 13 studies identified outcomes aimed to characterise the study designs, independent variables, outcomes and outcome measures reported in the literature.

**CONCLUSIONS:** Few randomised controlled studies have been performed and available evidence would not allow a traditional CEA. Existing trials have limited external validity according to criteria normally used in health contexts. Current evidence may better lend itself to logic modelling, as the causal pathways are long and complex and green space is likely to act at both the individual and population level. To aid CEA, future research should carefully choose study design, outcomes and outcome measures.

**PHP59**

**ESTIMATION OF INCREASES IN DIRECT MEDICAL EXPENDITURES ASSOCIATED WITH MEDICATION NONADHERENCE AND POTENTIAL SAVINGS FROM INCREASED ADHERENCE**

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**OBJECTIVES:** We estimated increases in medical expenditures due to medication nonadherence and potential savings of increasing adherence for members of a prescription-drug benefit plan taking medications in four drug therapy classes (TCs).**

**METHODS:** We used data from the Medical Expenditure Panel Survey (MEPS) to estimate the functional relationship between adherence and resource utilization for patients taking medications in four TCs. Resource use included all-cause and disease-specific annual hospitalizations and emergency room (ER) visits. TCs included depression, diabetes, high blood cholesterol (cholesterol), and high blood pressure. Adherence was measured as possession ratio (MPR). MPR less than 80% was considered nonadherence. Average medication expenditures, by TC, was obtained from a large prescription-drug database. Expenditures per hospitalization and ER visit were estimated from MEPS.

**RESULTS:** Expenditures per hospitalization and ER visit were estimated from MEPS. Unit costs and functional relationships between adherence and resource use were applied to estimate annual resource use and medication expenditure. Increased expenditures due to nonadherence were estimated for nonadherent patients verifying...