vention to improve treatment guideline adherence would increase compliance with recommendations.

Health Care Use & Policy Studies – Equity and Access

PHP29
EVALUATING THE PERFORMANCE OF AN INNOVATIVE PUBLIC HEALTH INSURANCE: THE CASE OF A DECENTRALIZED PROVINCE IN ARGENTINA

Maceira D
CEDES, Buenos Aires, Argentina

OBJECTIVES: In Argentina, the public health system is deeply decentralized and organized mainly at the provincial level. In this context, differences regarding income distribution and access to health services require the creation of regulatory devices and State intervention. One of the answers provided by the Buenos Aires Health Ministry was the creation of Provincial Public Health Insurance. This program included an innovative mechanism of human resources payment for the public sector– a capitated system with the possibility to generate a plus over the fixed salary- and aimed to reach the coverage of 2.4 million of citizens. The object of this research is to analyze the performance of the strategy in terms of focalization and development of preventive tasks associated to a higher quality at the primary healthcare level. **METHODS:** A database of 1.7 million of consultations in 59 municipalities during the period 2004 to 2006 was analyzed, considering the evolution of preventive and curative consultations. Logistic regression models were implemented to determine the variables conditioning those tendencies. **RESULTS:** The program was appropriately focalized in poor municipalities. Preventive consultations increased 107% during the three-year period, and curative consultations decreased by 56%. Preventive consultations were significantly associated with young and female patients, as well as younger physicians. Also, poor and populated municipalities showed high associations with preventive consultations. Differences between municipalities were relevant, showing significant associations on both signs. **CONCLUSIONS:** The insurance's hiring and payment mechanisms, result to be innovative and successful in the context of public health subsector, conditioning the professionals to increase their efforts towards higher quality preventive care. The strategy might be seen as one of the instruments with the potential to enhance care quality and performance. Nevertheless, municipalities show particular characteristics regarding their management and administrative structures that affect the success of the program.

PHP30
CAN PRICING SCHEMES IMPROVE MARKET ACCESS FOR INNOVATIVE HIGH PRICED DRUGS?

Anastasaki E, Colasante W, Imbeah-Ampiah R
PriceSpective Ltd., London, UK

OBJECTIVES: European payers are facing high levels of uncertainty about the value of innovative drugs and their budget impact. These uncertainties are related to both the drug's actual usage such as dosing requirements as well as external factors such as patients' clinical response and drug's relative effectiveness. Over the years, pricing schemes have been proposed to increase budget predictability. Due to the varying perceptions of attractiveness, these schemes are not similarly adopted across Europe. The research assessed the attractiveness of various schemes as a way to reduce budget impact uncertainties and improve patient access to innovative high priced drugs. **METHODS:** Both primary and secondary research was conducted. The secondary research of published data, such as payers' assessments of pricing schemes and countries' past policies allowed us to develop a framework to understand the relative weights of the factors affecting payers' uncertainty regarding innovative-high priced drugs. The framework was then validated through qualitative primary research. **RESULTS:** The results revealed payers' preference towards the cost per cycle proposition, because of its ease of implementation. Nevertheless, of the countries examined, only the UK and Italy were experienced with pricing schemes. Few others appeared to be relatively open to schemes, sometimes at the local level and/or when more traditional approaches are present. Most countries were very resistant to pricing schemes, primarily due to the perceived complexity of schemes management and the transparency associated with it. Respondents' opinions regarding pricing schemes also varied in terms of the line of therapy they are targeted to. **CONCLUSIONS:** The heterogeneity of Europe makes it difficult to have one scheme fit all. Schemes can reduce uncertainties associated with therapy outcomes and budgetary expenditures; however payers are not willing to take additional risks associated with pricing schemes for innovative high price drugs and prefer traditional straight discounts.

PHP31
REVIEW OF HIGHLY SPECIALIZED MEDICAL SERVICES IN KAZKAHSTAN WITHIN AN INTRODUCTIN OF UNIFIED NATIONAL HEALTH SYSTEM

Yergaliyev K, Issayeva R, Umralin T
Ministry of Health of Republic of Kazakhstan, Astana, Kazakhstan

OBJECTIVES: As a consequence of the sweeping reforms in 2010 Kazakhstan has introduced newly Unified National Health System (UNHS), which aims at improving the health of citizens through free choice of doctors and medical organizations, and introduction of new financial models and economic incentives for health care providers, among others. Within UNHS reimbursement of highly specialized medical services (HSMS) is based on increased tariffs. According to Law of Kazakhstan, HSMS are services provided using new (high) health technologies. Objectives for the paper were to review current condition of HSMS in the country, to identify problems and to provide appropriate recommendations to meet needs of evolving UNHS. **METHODS:** Retrospective analysis of health services provided by Secondary care regional medical centers (Regional centers) (n=848) and Republican level tertiary care medical centers (Republican center) (n=22) over 10 months in 2010, review of regulatory documents related to HSMS. **RESULTS:** 6% of Regional centers and 59% of Republican centers provide HSMS. Only 12% of case mix of Republican center is HSMS. A list of HSMS technologies that is approved by Ministry of Health mostly consists of surgery protocols (94%). There are no clear criteria to define HSMS. Republican centers have transferred 37 high technologies to Regional centers. **CONCLUSIONS:** Introduction of UNHS created a base for competitive environment in Kazakh Healthcare system. First time in a history, Regional centers have started to provide HSMS and Republican centers report about significant decline in a number of patients that need HSMS and reduction of waiting list. As a result, an access of Kazakh population to HSMS has improved. These findings have shown an urgent need for health technology assessment methodology and tools, as it helps to define truly effective health technology and to manage scarce government budget for health services.

Health Care Use & Policy Studies – Formulary Development

PHP32
ANALYSIS OF PHARMACISTS' INTERVENTIONS ON ELECTRONIC VERSUS TRADITIONAL PRESCRIPTIONS IN TWO COMMUNITY PHARMACIES

Gilligan A, Miller K, Mohney A, Montenegro C, Schwarz J, Warholak TL
University of Arizona, Tucson, AZ, USA

OBJECTIVES: The purpose of this study was to: 1) measure the incidence of prescription problems that require pharmacist intervention; 2) determine the types and relative frequency of prescription conveyance which contain problems that require pharmacist intervention; and 3) estimate the pharmacy personnel time and related practice expenses for prescriptions requiring intervention. **METHODS:** This prospective study utilized an adaptation of the medication therapy intervention (MTI) data collection form. Data were collected at two chain grocery store pharmacies by directly observing pharmacists for 3 weeks, during the hours of 9am to 6pm. Information recorded with each intervention included the type of prescription, medication in question, reasons for intervention, intervention outcome, and time spent performing intervention. Chi square analysis was conducted to compare percentage of intervention rates between prescription conveyances. Kruskal-Wallis rank test was utilized to compare the time on task values for the interventions. Poisson regression was used in order to determine if significant differences existed among the total number of interventions per group. **RESULTS:** Pharmacists reviewed 1678 new prescriptions and intervened on 157 (9.4%) over a 13 day period. A total of 12 hours and 11 minutes was required to perform all interventions for an overall average of 4.79 (SD=0.34) minutes per intervention. Percentage of intervention rates between prescription conveyances was not statistically significant ($p=0.21$). The time on task values for the interventions were also not statistically significant ($p=0.39$). However, compared with handwritten interventions, e-prescribing interventions occurred 1.57 times less ($p<0.0001$), faxed interventions occurred 1.52 times less ($p<0.0001$), and verbal interventions occurred 2.05 times less frequently ($p<0.001$), on average. **CONCLUSIONS:** E-prescribing interventions occurred less frequently compared with handwritten interventions, which may present a potential benefit. Future efforts to develop and enhance e-prescribing are needed to add measurable value to patient care.

PHP33
IMPACT OF PHARMACY AND MEDICAL PLAN INTEGRATION ON OVERALL MEDICAL COSTS

Bunz TJ, Nguyen HV, Regine ML
CIGNA HealthCare, Bloomfield, CT, USA

OBJECTIVES: Studies published by Aetna and Health Partners have demonstrated the value of integrated medical and pharmacy benefits in their populations. Combined coverage provides the opportunity for coordinated patient outreach and aligned policy decisions. The purpose of this analysis is to determine if integrated benefits result in lower total medical costs when compared to plans that utilize a carve-out pharmacy benefit. **METHODS:** A retrospective matched cohort study was utilized in order to compare the total medical costs associated with customers in integrated health plans with customers with a carve-out PBM. Individual customers were included if they were continuously enrolled for at least 12 months within the same plan type, had a full set of demographic, risk, and clinical data, and were between the ages of 18 and 65. The two groups were matched based on demographic, comorbidity, and employer characteristics. **RESULTS:** This analysis matched 39,896 customers in 2007 (19,948 in each group) and 151,144 customers in 2008 (75,572 in each group) for the final analysis. Medical costs were $13.77 (p-value 0.067) and $11.39 (p-value 0.006) per customer per month lower for customers with an integrated pharmacy benefit as compared to carve-out customers in 2007 and 2008 respectively. In 2007 and 2008 the bulk of the savings ($6 and $7 pcpm respectively) were associated with lower utilization of outpatient services. **CONCLUSIONS:** When controlling for demographic, clinical, and employment characteristics, there is a significant savings associated with integrating medical and pharmacy benefits.

PHP35
DECISION MAKING IN BRAZIL BASED ON HEALTH TECHNOLOGY ASSESSMENT: THE GOOD, THE BAD, AND THE FUTURE

Machado M[1], Fonseca F[2], Fonseca M[3]
[1]*GlaxoSmithKline Brazil, Rio de Janeiro, Brazil,* [2]*Federal University of São Paulo, São Paulo, Brazil,* [3]*Axia.Bio, São Paulo, Brazil*

OBJECTIVES: Despite the premise of universal access supported by its Constitution, the Brazilian healthcare system is subject to similar financing issues as in other jurisdictions worldwide. A misunderstanding between Constitutional rights and