such events in the light of available evidence and discussion with the treating physi-
cians. Of these, 275 patients were included in the study for case review as per the study criteria. Out of 275 patients, 150 patients had at least one indicator (55%) and detection of adverse events was about 19.2%. Ratio of actual adverse event as per the study criteria. Out of 275 patients, 150 patients had at least one indicator (55%) and detection of adverse events was about 19.2%. Ratio of actual adverse event as per the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) study showed that indicator tool could be used to review the cases prospectively and identify adverse events. The identified indicators showed the pattern and frequency of adverse events. Findings of our study supported the idea of making the indicator tool as a practical aid for identification of adverse events.

PHP130 BARRIERS OF PHARMACEUTICAL CARE IN COMMUNITY PHARMACIES: EVIDENCES FROM EMERGING COUNTRIES

Mehran G1, Jawadi arjmand A2, Rangchian M3, Petrasian F1
1Shahid Beheshti University of Medical Sciences, School of Pharmacy, Tehran, Iran; 2Aazad University, Iran; 3Assorted

The pharmaceutical care concept has been popular in the world during past dec-
ades, but it did not reach well to its maturity in some countries, so the investigation
on barriers to the implementation of the pharmaceutical care in these countries
would be great of interest. OBJECTIVES: The aim of the study was to identify and
prioritize barriers to the provision of pharmaceutical care in Iranian community
pharmacies based on Tehran community pharmacists' perceptions. Setting: The pre-
sent study was performed in 12 participating countries in the community
pharmacies settled in Tehran, the capital city of Iran. METHODS: A cross-sectional
descriptive study was performed using an anonymous questionnaire between August
and November 2013. 55% community pharmacists expressed their perceptions
on items by a 5-point Likert-type scale. Besides descriptive analysis, data was
also analyzed through structural equation modeling. Main outcome measured was the
importance of indicators perceived in the case of barriers. Results: The results showed
resources, attitude and vision, education and training, skills, regulatory and environ-
mental issues. RESULTS: Five major domains included in the survey instrument
were confirmed by confirmatory factor analysis. According to the model developed
based on experts' opinions, lack of pharmacists' skills and lack of appropriate
regulation and environment are the two most important barriers of the provision of
pharmaceutical care, and the least important is lack of resources. CONCLUSIONS:
Findings of the present study showed that importance of various barriers vary
from country to country based on the pharmacists' perceptions, and corrective actions
should be made accordingly.

PHP131 COSTS AND EFFECTIVENESS OF THE MEDIGUIDE TECHNOLOGY IN THE PHARMACISTS’ PERCEPTIONS AND THE CONDITIONS OF THE CZECH REPUBLIC

Jurickova I., Jarosova V.
Czech Technical University in Prague, Kladno, Czech Republic

OBJECTIVES: MediGuide technology is designed to monitor the position of diagno-
sis and therapeutic catheters equipped with a sensor MediGuide and navigation in vascu-
lar catheterization procedures. MediGuide technology is being further developed
by Medisense MediGuide is designed to facilitate and improve the accuracy of
empowered physicians. MediGuide compared to conventional technology, offers the 3D display on the live fluoroscopy or recorded background, radiation burden reduction, fluoroscopy
time reduction, and increase patient safety. The aim of this study is to assess
Results of the analysis are being compared to the studies of the German Cardiac
where technology is positively evaluated. METHODS: The evaluation methodology
was based on economic evaluation, with the perspective of the provider, and
the cost-effectiveness analysis which compares technology system MediGuide to a
comparator angiography Siemens Artis Zee. Value of the effect was determined by
TOPSIS in which they were entered weight values obtained by Saaty method of pair
comparison by group of experts. The cost of intervention was included in the analysis.
CONCLUSIONS: The results show that MediGuide technology is an expensive and
safety-effective tool for physicians, and can be a great benefit to patients.

PHP132 CAN A GLOBAL VALUE Dossier Meet HEADQUARTERS AND AFFILIATES’ EXPECTATIONS?

Koecker A1, Casamayor M2, Schuchardt M1, Van Engen A3
1Quintiles Consulting, Hoofdary, The Netherlands; 2Quintiles Consulting, Barcelona, Spain

OBJECTIVES: Gaining Reimbursement is a complex process that involves gaining
the right evidence and communicating it successfully to stakeholders. To ensure alignment of the value story across countries and help affiliate in their local submis-
sions, headquarters (HQ) develop the global value dossier (GVD). We have
investigated the extent to which current GVDs in HQ and local affiliates (LAf)
meet expectations. METHODS: Pharma HEOR and market access professionals from HQ
and LAf were invited to participate in telephone interviews to assess their views on
current use, strengths and limitations of the GVD. Results were used to identify differences
and alignments between HQ and LAf. RESULTS: 43 [HQ:27, LAf:16] professionals were
invited; 22 [HQ:14, LAf:8] tentatively agreed to participate and 15 [7HQ,8LAf] were finally included. Compared to LAf, HQ perceive the GVD useful (HQ: 100%, LAf:63%) and capable of positively influencing the final outcome of submissions (HQ: 86%, LAf: 50%). Compared to HQ, LAf consider the GVD is delivered too late (LAf: 88%, HQ: 13%) and that LAf should be involved in GVD development (LAf: 100%, HQ: 71% but only for review). HQ consider that LAf involvement should be restricted to the GVD review while LAf think they should participate in building the value story (LAf: 63%, HQ: 68%) or the economic model (57%). LAf prefer a modular GVD with each component delivered separately (LAf: 88%, HQ: 66%), request national data to be
included (LAf: 63%, HQ: 14%), and cannot see the utility of new technologies for the
GVD (LAf 75%, HQ 33%). HQ and LAf expect the GVD to be updated continuously (HQ:6%, LAf:75%) and be supplemented with phase IIIb data for potential resubmis-
sions (HQ: 100%, LAf: 88%). CONCLUSIONS: HQ and LAf expectations differ particu-
larly on how soon the GVD should be made available, the involvement of affiliates
during its development and the applicability of the GVD contents to local submis-
sions. How to address these discrepancies to ensure alignment will be discussed.

PHP133 MANAGEMENT OF CRISIS AND RISKS IN GERMAN HOSPITALS - FACTORS INFLUENCING MEDICATION ERRORS

Draheim M1, Flessa S2, Glasberg R1, Hartmann M3, Schermerly C4, Stanchev V5, Tamm G6, Hessel P1
1SRB University Berlin, Berlin, Germany; 2University Medicine Greifswald, Greifswald, Germany

OBJECTIVES: In German hospitals there is a need for optimized crisis- and risk
management. About one third of all hospital-acquired patient damages are due to
medication errors. The aim of our interdisciplinary project “Risk Management in HOSPITALS” was to analyze the basic knowledge of hospital staff with regard to crisis
management, human resources, supply and IT-systems in the context of various simu-
lated risk scenarios as well as to develop adequate risk management tools. In this
study, the most relevant risks were presented as scenarios to a network of experts, systematic literature searches and expert workshops, the five most relevant crises from different disciplines (medical, HR, supply and IT) were identified in a survey. From each scenario, 10-12 risk factors were collected. Further
data were collected on these crises, their management and influencing fac-
tors. The results on medication errors presented here are based on the survey data
using a linear regression model. RESULTS: The analysis was based on fully com-
pleted data from 331 hospitals. 70% of the hospitals state that crises due to medical errors occurred in the last 5 years, which could not be handled with established risk management tools. Although the crisis-appearence was lower in private hospitals (28%) compared to publicly funded (31%) and nonprofit (41%) hospitals, this difference was not significant. We recognized that a high frequency in the occurrence of medical errors was significantly associated with a lower evalua-
tion of risk management issues (e.g. the presence of a staff member responsible for risk management, scenario management during crisis training). CONCLUSIONS: Our study confirms that German hospitals have to expand their targeted risk man-
agement activities in order to prevent the occurrence of hospital crises especially
due to medical and medication errors. All survey results will be incorporated in a
decision-making and benchmarking tool for hospital managers to improve crisis
management in German hospitals.

PHP134 COMPARISON OF EXPECTED VERSUS ACTUAL COST CONSEQUENCE OF REIMBursed DRUGS IN THE NETHERLANDS BETWEEN 2009 AND 2013

Chakraborty A1; Tempelaar S2; Verheij M3
1SRH University Berlin, Berlin, Germany; 2University Medicine Greifswald, Greifswald, Germany

OBJECTIVES: A Budget Impact Analysis (BIA) analyses the financial consequence associated with the uptake of a new treatment option in the market; which can improve the timing and forecasting of health care budgets. Therefore, BIA forms a key component of the Dutch Health Care Insurance Board (ZVLN) when making a reimbursement decision regarding a new treatment intervention. The current study examines the consistency observed between the predicted budget versus the actual budget spent on reim-
bursed drugs in the Netherlands. METHODS: Forecasted data specific to new drugs reimbursed under list 18 between 2009 and 2013 and all reimbursement reports available from the ZVLN website. Actual data of the selected drugs were extracted from the Drug and medical devices Information Project database (GIP database). Per year and cumulative (between 1 and 5 years) data on total drug cost, total number of users and total cost per patient were compared between the forecasted values and the actual values. RESULTS: In total 20 drugs were included in the analysis, of which 12 presented data for 3 years or more. Compared to the actual data, the expected total drug cost was overestimated for 14 drugs, total number of users was overestimated for 12 drugs and for 10 drugs the total cost per patient was overestimated. Total number of users was most accurately estimated, presenting a pooled cumulative overestimation of 5 times the actual number of users. Total drug cost was least accurately estimated (pooled cumulative overestimation of 13 times the actual total cost), since the total drug cost includes the uncertainty reflected in both the total number of users and total cost per patient. CONCLUSIONS: The expected cost of 18 drugs in the GIP database is realistically overestimated the actual budget presented in the GIP database between 2009 and 2013.

PHP135 PREDICTED VERSUS ACTUAL BUDGET IMPACT OF HIGH-COST DRUGS IN IRELAND

Maguire C1, Barry M2
1Pharmaceutical Centre for Pharmacoeconomics, Dublin, Ireland; 2HSE Medicines Management Programme, Dublin, Ireland

OBJECTIVES: Budget impact analyses are an essential component in the economic
evaluation of new drugs. These analyses allow the health care payer to consider
the likely impact of the drug on the payer’s budget, and to plan for short- and long-term