PHP140
"TROICA" HEALTH CARE ECONOMICS IN GREECE
Kyriopoulos FP, Mylonas K, Tsiantou V, Kyriopoulos J
1University of Athens, Athens, Greece, 2National School of Public Health, Athens, Greece
OBJECTIVES: On May 2010 Greece reached an agreement with a joint team of the International Monetary Fund, the European Commission and the European Central Bank, concerning severe fiscal problems. According to the Agreement, public pharmaceutical expenditure should be reduced from 1.9% to 1% of GDP, while the reduction on health services and social security expenditure should be accounted for 1.5 billion euros and 1.2 respectively. The aim of the study was to evaluate the impact of the measures taken to meet these expenditures reduction in health expenditure and provision of services. METHODS: For the purpose of the study, we used data from the Stand-By Arrangement and its reviews, Hellenic Statistical Authority and Greek System of National Accounts, as well as published data in the literature. RESULTS: The main costs in public sector (% of total health expenditure) is the increase of unemployment (from 9% to 15%) resulted in increased demand for public hospital care by 24% as a consequence of reduced demand (>30%) in hospital units of private sector, while a decrease in demand for primary health care in both public and private sector by 10% and 35% respectively was observed. In addition, the cost of time in public hospitals is steadily increased, due to surgical interventions and the use of high technology services, as well as because of reductions on hospital budgets for medical equipment procurements. CONCLUSIONS: Although the impact of the implemented reforms and policies in private health expenditures is already visible, the significant reduction of health services inputs causes a decrease in quantity and quality of services. The need for balanced development relating both to supply and demand side requires structural reforms in healthcare sector as well as transition from a costly technological model to a health system based on primary care and public health.

PHP141
IN SEARCH OF REFORM FOR THE GREEK HEALTH CARE SYSTEM: DEPICTING THE KEY OPINION LEADERS’ VIEWS
Tsiantou V, Athanasakis K, Favi, Kyriopoulos J
National School of Public Health, Athens, Greece
OBJECTIVES: Financial crisis in Greece raised the need for more efficient use of resources in the health care sector. A number of policies have been proposed for this purpose. The aim of this study was to investigate the views of healthcare Key Opinion Leaders (KOLs) on the proposed interventions. METHODS: Seventy-two KOLs were invited to participate in an expert panel survey. For the purpose of the study, the KOLs were asked to develop a ranking of six of predefined proposals i.e. audit, economic evaluation, financial management, pricing, health care funding and procurement system. During the meeting KOLs were asked to select the answers that best represented their views on the appropriateness/feasibility of each policy under study and express their opinion in an open discussion that followed. RESULTS: Forty experts (55.5%) accepted the invitation. The majority of participants argued that audit is necessary in the health sector but half of them believed that at present it is not feasible. They thought that a certified public institution should be responsible for the audit process. The indicators and targets related to the audit should be set centrally and not organized locally. Very interesting was the finding that the audit report should be a criterion for each institution’s (hospital) funding and if results are negative then a penalty should be applied. Implementation of economic evaluation in decision-making was considered extremely important. The KOLs’ financing was reported as necessary and the most suitable reimbursement technique is a combination of global budget and DRG system. Physicians should be reimbursed based on qualitative criteria. Finally, procurement system should and can be reformed immediately according to the expert panel. CONCLUSIONS: All proposed interventions were evaluated positively but experts considered that there is a greater relevance of policy mechanisms and reform of the procurement system to be implemented first.

Health Care Use & Policy Studies – Risk Sharing/Performance-Based Agreements

PHP145
THE BURDEN OF EVIDENCE IN THE PHARMACEUTICAL APPRAISAL PROCESS
Costello Medical Consulting, Cambridge, UK
OBJECTIVES: The emergence of evidence-based medicine (EBM) in the past decade has raised the level of the scientific data required during the drug appraisal process. It is no longer sufficient to prove that a new treatment is better than placebo in one clinical trial; healthcare decision makers additionally require information on how it performs in multiple trials, including against other treatments in the disease area. Systematic reviews, meta-analyses, comparative effectiveness studies and head-to-head trials are becoming essential in the appraisal process as decision makers demand higher levels of evidence from manufacturers. This analysis of PubMed articles in the number of studies published between 2001-2010. METHODS: The titles of PubMed articles were searched for “systematic review”, “meta-analysis”, “comparative effectiveness” and “head-to-head” along with the year of publication. RESULTS: The mean annual change in the number of articles published by PubMed each year was 6.6%, which represents the background increase in the body of scientific evidence. In contrast, the mean annual change for systematic reviews was 27.4% (from 388 in 2001, to 3406 in 2010), 23.2% for meta-analyses (462 to 2,996), 80.5% for comparative effectiveness studies (5 to 247) and 23.1% for head-to-head trials (11 to 53). These increases are all substantially higher than the background increase in PubMed articles. The increase in comparative effectiveness studies in particular illustrates the strength of interest in this area of research. CONCLUSIONS: EBM is now accepted globally as the preferred method of appraising new treatments, as the pharmaceutical industry adapts to this landscape, the number of studies examining the evidence base has increased considerably in the past decade. The next movement in the industry has already arrived, that of direct comparative effectiveness, and whilst the number of head to head studies has already increased we can expect to see further increases over the next decade.

PHP146
CURRENT STATUS AND TRENDS IN PERFORMANCE-BASED SCHEMES BETWEEN HEALTH CARE PAYERS AND MANUFACTURERS
Carlson JJ, Gries K, Sullivan SD, Garrison L
University of Washington, Seattle, WA, USA, 2University of Washington Department of Pharmacy, Seattle, WA, USA
OBJECTIVES: To identify and characterize publicly available cases and related trends for performance-based schemes. METHODS: We performed a systematic review of performance-based schemes over the past 15 years (1996 – 2011) using publicly available databases and reports from colleagues and health care experts. These were categorized according to a previously published taxonomy of scheme types and assessed in terms of the underlying product and market attributes for each scheme. Macro-level trends were identified related to the timing of scheme adoption, countries involved, types of schemes, and product and market factors. RESULTS: Our search yielded in excess of 110 schemes. From this set, we identified:

VALUE IN HEALTH 14 (2011) A233-A510