Health Care Use & Policy Studies – Equity and Access

**PHP12**
THE RATIO OF PUBLIC REIMBURSEMENT AND PATIENTS' CO-PAYMENT IN THE FINANCING OF SPA SERVICES IN HUNGARY

Tursanyi K, Dobján P, Baricz I

**OBJECTIVES:**
- To study the ratio of public reimbursement and patients' co-payment in the financing of spa services in Hungary.
- To analyze the geographical distribution of reimbursement and co-payment.

**METHODS:**
- Data were derived from the nationwide administrative dataset of the National Health Insurance Fund Administration (OEP), which covers the year 2007.
- The ratio of patients' co-payment was calculated for different regions.

**RESULTS:**
- The average ratio of patients' co-payment was 28.0%, while the remaining 72.0% was reimbursed by the National Health Insurance Fund Administration.
- The highest co-payment was observed in the counties of Zala (53.4%), Baranya (46.6%), and Somogy (33.3%).

**PHP13**
GEOGRAPHICAL INEQUALITIES OF HOME CARE (NURSING) IN HUNGARY

Cs. Horváth Z, Móricz B, Agoston I, Sebestyén K, Baricz I

**OBJECTIVES:**
- To analyze the geographical inequalities in home care (nursing) in Hungary.

**METHODS:**
- Data were derived from the nationwide administrative dataset of the National Health Insurance Fund Administration (OEP), which covers the year 2007.
- The ratio of home care (nursing) was calculated for different regions.

**RESULTS:**
- The average number of patients in the Hungarian home care system was 50/10,000 population.
- The highest utilization was in the counties of Zala (65), Baranya (65), and Zala (53.4%).

Health Care Use & Policy Studies – Formulary Development

**PHP17**
MEXICO'S NATIONAL AND INSTITUTIONAL ESSENTIAL MEDICINE LISTS

CENETEC, México, D.F., México

**BACKGROUND:**
- Essential medicines are those that satisfy the priority health care needs of the population. They are selected with due regard to public health relevance, evidence on efficacy and safety, and comparative cost-effectiveness.

**OBJECTIVES:**
- To compare the national essential medicine list with the institutional lists of IMSS and ISSSTE.
- To analyze the differences between the national and institutional essential medicine lists.

**METHODS:**
- Secondary research was conducted to identify prices in Brazil and Mexico.
- Comparative cost-effectiveness was evaluated.

**RESULTS:**
- There was a wide difference between the national and institutional essential medicine lists.
- The national list included more medicines than the institutional lists.

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

**PHP18**
IMPACTO DE LA PARTICIPACIÓN DEL FARMACÉUTICO COMO PARTE DEL EQUIPO DE SALUD EN EL PRIMER NIVEL DE ATENCION SOBRE LOS COSTOS

Mino-Leon D, Contreras-Hernández I, Anaya P, Reyes A

**OBJECTIVES:**
- To compare by product key and by generic name for each of the 23 therapeutic groups excluding the groups referring to vaccines, nutrimental components and electronic solutions.
- To assess the impact of the pharmacist's role in the primary care setting.

**METHODS:**
- A cross-sectional descriptive type using both key informant and household heads interviews.
- Key informant and household heads interviews were conducted.

**RESULTS:**
- The pharmacist's role has a significant impact on the costs of primary care.
- The pharmacist's role has a significant impact on the costs of primary care.

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

**PHP19**
ANALISIS DE COSTO-EFECTIVIDAD, TIPO ÁRBOL DE DECISIONES. SE

Gyanubal Baffour P, Nana Y, Ayegman P, Owusu-Dabo E

**OBJECTIVES:**
- To estimate the waiting time and assess its implications on the utilization of antenatal services in the Asante Akim North Municipal, Ghana.

**METHODS:**
- The study was a cross-sectional descriptive type using both descriptive and qualitative methods.
- All 200 pregnant women presenting at the Konongo Odomusi Government Hospital and the Agogo Presbyterian Hospital were randomly selected for the study.

**RESULTS:**
- The waiting time on service utilization may be helpful to improve utilization of ANC services and reduction in pregnancy related maternal mortality.

Value in Health 14 (2011) A53-A57

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