expected extent for a medical condition and a pharmaceutical treatment, respectively, and the independent variables were types of medical condition or pharmaceutical treatment, types of information sought, frequency of information search, health, economic, gender, and metropolitan statistical area. RESULTS: A total of 505 consumers yielded complete interviews, with a cooperation rate of 37.4%. On average, they were 57 years old, and 61% of them were women. Thirteen percent of them had no formal education. The percentage of them being employed was 72%. Them internal coherence of the overall sample was .91 (p < .001). Health and gender were significant predictors for explaining the variance of medication use at a chronic condition for a medical condition, and 14% for a pharmaceutical treatment. All regressions were significant (p < .01). Health and gender were significant predictors for explaining the variance of medication use at a chronic condition. The date of first fill served as the index date for chronic conditions. METHODS: Data from the 2005-2009 MarketScan Commercial Claims and Encounters databases were used to evaluate prescription fills across 10 categories of medication use at a chronic condition. The data were weighted using the national proportion of generic and brand medication within each drug category. Negative binomial regression models were estimated to examine the relationship between chronic medication fills; standard demographic variables were used to control for confounding. RESULTS: Prescription fills per enrollee ranged from 0.01 (smoking deterrents) to 0.23 (Statins) and the average spending for medications showed considerable variability: those taking thyroid hormone reported an average expenditure of $31.29 while those on antilypaetids had an average expenditure of $330.38. Additionally, the share of generic drug use within each category ranged from 4.7% (smoking deterrents) to 88.4% (NSAIDs/Opioids). Estimates from the negative binomial models revealed that the price elasticity of demand ranged from -0.015 to -0.157 within the 10 categories of medications (p = 0.05 for 9 of 10 categories). Demand for smoking deterrents proved to be the most price elastic of the 10 categories (0.157) was observed to be relatively price inelastic (-0.015). CONCLUSIONS: The price elasticity of demand varied considerably by medication category, suggesting that the influence of cost-sharing on medication use is conditional to characteristics inherent to each medication class or underlying condition.

PHP2
DIFFERENT STAKEHOLDER PERSPECTIVES ON PHARMACOGENOMIC TESTING
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OBJECTIVES: Although the potential benefits of pharmacogenomic (PG) testing may be readily evident, there are numerous concerns creating barriers to its implementation. The purpose of our study was to compare various stakeholder attitudes and concerns toward PG testing as identified from the literature. A sub-aim was to understand issues with PG testing identified by underrepresented groups.
METHODOLOGY: Using specific keywords, we conducted a systematic literature search of electronic databases including PubMed, IPA, CINAHL, and EMBASE. We evaluated the attitudes and beliefs about PG testing included in the publications. Concerns identified in the studies were categorized into themes (ancillary information-related, clinical, economical, educational, ethical/legal, medical mistrust, and operational), and summarized according to stakeholder groups (physicians, health services providers, consumers, and others).
RESULTS: Of 1483 citations identified in the initial search, 38 studies that presented 41 perspectives were included in the final analysis. Only 25% of studies assessed PG testing as a feasible intervention. The main arguments found by assessing the Canadian Agency for Drugs and Technology in Health’s (CADTH) current public engagement mechanisms for technologies in Health’s (CADTH) current public engagement mechanisms for HTA: AN EARLY ASSESSMENT OF CANADA’S NATIONAL HTA PUBLIC ENGAGEMENT INITIATIVES
Train A
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OBJECTIVES: To address questions about the importance of public (patients, patient groups, etc) engagement in HTA processes with the objective to – 1) explore ideas regarding the use of public engagement in decision making processes (specifically coverage decisions), and 2) contextualize some of the main arguments found by assessing the Canadian Agency for Drugs and Technologies in Health’s (CADTH) current public engagement mechanisms for its Common Drug Review (CDR). METHODS: A literature search was performed to identify key theoretical arguments for and against public engagement in HTA processes. The search was mainly focused on sources from Canada and the UK. A review of CADTH’s website was conducted for technology appraisals completed by the CDR process since the start of its public engagement initiatives (to mid-August 2012). RESULTS: Key arguments for public engagement in decision making include: transparency, accountability, equity, and creating a patient system. With the CDR, the percentage of appraisals conducted for coverage decisions that included public (patient group) input was 48%. The lack of engagement from patient groups on half of the appraisals highlighted key challenges of patient engagement (e.g. lack of awareness, lack of budget). Furthermore, the documents reviewed showed that some indications received more responses than others (e.g., epilepsy, schizophrenia). This may potentially result in some underfunded patient groups feeling their voice is not heard. CONCLUSIONS: Whether a diagnostic’s value supports the resulting out-of-pocket costs. This study examined how out-of-pocket expenditures by individuals, national health expenditures (NHE) on diagnostics, and the price index for diagnostics grew between 2005 and 2011. METHODS: A systematic review of published literature related to health care expenditure, health insurance coverage, diagnostic pricing, and benefit design was performed. In follow-up, data from the Centers for Disease Control and Prevention, Bureau of Labor Statistics, Employer Benefits Health Survey, and diagnostic industry reports were reviewed to examine growth rates over the study period. Basic statistical methods were employed to determine average annual rates with rates within each diagnostic category and other variables being considered. RESULTS: The proportion of individuals in America with high-deductible health plans has increased 475% in the last six years. This means people over 25 million Americans responsible for at least $2000 in deductible costs in addition to coinsurance and co-pays. During this period, pricing of diagnostics only rose at an average annual rate of 1.0%. Overall spending on health care increased while diagnostics expenditure remained consistent at 6% of NHE. CONCLUSIONS: As health care continues to transform, the demand for high quality diagnostics continues to grow. However, the increasing financial burden borne by individuals will lead to increased price sensitivity. Novel technologies will need to demonstrate value and clinical utility not only to payers, but to patients, to achieve pricing and reimbursement.

PHP5
RACIAL DISPARITY IN DURATION OF PATIENTS’ VISITS TO THE EMERGENCY DEPARTMENT: TEACHING VERSUS NON-TEACHING HOSPITALS
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OBJECTIVES: Racial disparity in duration of patients’ visits to emergency departments (EDs) have not been well documented. This study explores the racial disparity in duration of routine visits to EDs at teaching and non-teaching hospitals. METHODS: Randomized data analyses assumption analyses were performed to investigate the racial disparity in duration of routine ED visits at teaching and non-teaching hospitals. Duration for each visit was calculated by subtracting the leave time after the arrival of the patient, the Healthcare Cost and Utilization Project (HCUP) State Emergency Department Databases (SEDD) were used in the analyses. The data include 4.3 million routine ED visits encountered in Arizona, Massachusetts, and Utah during 2008. SDD provides detailed patient demographics, total charges, patient discharge diagnoses and admission and discharge time for each visit. We linked SDD files with American Hospital Association Annual Survey Database, Trauma Information Exchange Program Database and Ihip Resource File to obtain hospital and area level characteristics. RESULTS: The mean duration for a routine ED visit was 238