EMPIRICAL RESEARCH FOR WILLINGNESS TO PAY FOR ONE QALY GAIN
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OBJECTIVE: The monetary evaluation for QALY gain is necessary and important information for decision making about medical or public health policies. Even though there is one empirical research about it, it used direct methods to estimate its WTP and thus it has a lot of problems. This paper aims to study the same purpose but by using Conjoint analysis. METHODS: A survey was conducted in the 2005 fiscal year and questionnaires were distributed and collected from 773 households, of which the return rate was 88%. The subjects are 1297 adults over age 20. In addition to socio-economic characteristics, in this survey respondents were asked a hypothetical question for Conjoint analysis; whether they would agree to the medical care under the hypothetical situation in regards to cost, duration, the number of patients, and health status. We also performed sensitive analysis in regards to explanatory variables in the estimation equation, discount factors, and QOL evaluation for health status. RESULTS: In all equation, the estimated coefficients of total cost are significantly negative and those of QALY gain are significantly positive. CONCLUSIONS: WTP per QALY gain is estimated to be 635 to 675 thousand Japanese yen or 5773 to 6136 US$ assuming 1US$ = 110 Japanese yen. Income does not affect WTP per QALY significantly.

MEASURING PATIENT-REPORTED SIDE EFFECTS OF DRUGS: ITS IMPORTANCE AND METHODOLOGICAL CHALLENGES
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INTRODUCTION: Side effects include drug-induced symptoms which are predominantly communicated by patient self-report. This year, the FDA produced draft recommendations for the validation of patient-reported outcomes, for use in medical product development studies. The growing interest in side effects in medical research and the regulatory environment, presents an urgent need for properly developed patient-reported outcome measures of drug side effects. These measures must be valid, reliable and reproducible. METHODS: To assess the psychometric properties of patient-reported side effect symptom scales, and to describe and evaluate the methodologies used to create them. RESULTS: Fifteen existing scales were identified and reviewed. There was wide variation in the extent to which the psychometric properties of the instruments had been reported or tested. There were disagreements amongst scale developers concerning the appropriateness of use of certain reliability tests which are usually routinely undertaken during questionnaire development. The responsiveness testing of side effect scales may be problematic to carry out and testing was limited amongst reviewed scales. Since any symptom of a drug intervention may be associated with everyday health problems, the disease being treated, the drug treatment or a combination of these causes, measuring drug-related side effects is complicated. This complexity impacts upon all aspects of the psychometric testing of patient-reported scales, creating unique challenges for their developers, who must create tools which appropriately discriminate between side effects and symptoms. CONCLUSION: The potential usefulness of patient-reported side effect scales is broad: from research outcome to clinical monitoring. However, a consensus must be reached on suitable methods for the development of such scales.

HOSPITAL PHARMACY DRUG DELIVERY TIME: A WORK FLOW MANAGEMENT ISSUE
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OBJECTIVE: Drug delivery delays are a recurring management issue that causes costly disruptions in hospital work flow. This project examines reported delivery time from the hospital pharmacy to the hospital outpatient department where the drug or biologic is to be administered. The focus is upon drugs that are expensive, that require reconstitution and that are often prepared only after notification that the patient has arrived. METHODS: Data were collected from 54 hospital pharmacies, including on-site observations of pharmacy activities and related infusion therapy in hospital outpatient departments (HOPDs) in 19 states (n = 24) and from a telephone survey of other hospital DOPs located in 17 states (n = 30). Survey instruments were pretested. The sampling frame was a broad-based convenience sample. Facility-specific data were entered into a database and matched with facility demographics retrieved from a government database. Unit of analysis was the pharmacy. Statistical analysis yielded descriptive statistics. RESULTS: The on-site observers determined that those HOPDs that delivered the drug to be infused from the main pharmacy (54.2%) incurred a statistically significant mean wait time of 37.5 minutes. The remaining facilities (45.8%) incurred negligible wait times because the drug was reconstituted adjacent to or on site. Respondents to the telephone survey reported a 17.4 minute mean delivery time regardless of pharmacy location. Tasks contributing to wait time included mixing, dispensing and transporting. Delivery was made by pharmacy technicians in 80.8% of facilities and by specially designated transport staff provided by the pharmacy department in 19.2% of the facilities surveyed. CONCLUSIONS: Hospital pharmacy decision-makers need actionable information in order to better manage drug delivery delays that disrupt work flow and decrease patient satisfaction. This study provides detailed activity analysis information and process mapping that can be readily applied to facility-specific relevant pharmacy staffing and management decisions.

PROPOSED CHANGES TO PHYSICIAN FEE SCHEDULE: 2007 PRACTICE EXPENSE CONCEPTUAL METHODOLOGY
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OBJECTIVE: The Centers for Medicare and Medicaid Services (CMS) has proposed methodological changes to the computation of 2007 physician fee schedule practice expense. The proposed changes appear to reduce payment for drug administration. This study explores the methodological design of these proposed changes and seeks to identify primary drivers within the methodology. METHODS: Various methods of computing practice expense for 2007 as proposed by CMS were collected and categorized in a methods database format. Data sources and formulas for each proposed method were identified. Current computation methods in effect for calendar year 2006 were then identified and divided into segments for purposes of comparison. Proposed methods were compared against each other and against the payment structure currently in effect. This comparative