Health Technology Assessment in Poland) for orphan oncology drugs are based. The role of AHTAPol is to prepare for the Minister of Health recommendations on financing orphan oncology drugs. The recommendations are based on evidence of clinical benefit and efficacy/safety ratio, cost-effectiveness, costs and their impact on the payer’s budget.

METHODS: Among recommendations of AHTAPol published until the end of May 2011, we identified all related to orphan oncology drugs. Having categorized into types of recommendations then we analyzed ratio for granted decision. RESULTS: Among 420 AHTAPol decisions analyzed, 52 (12.3%) related to orphan drugs. Of these, 91 (21.7%) were significant arguments in negative recommendations of AHTAPol. As a matter of fact, lack of clinical efficacy and insufficient safety profile were the key issues for orphan oncology drugs negatively assessed by AHTAPol.

PHP95
REGIONAL DIFFERENCES AMONG METHADONE MAINTENANCE PROGRAMS IN SPAIN
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OBJECTIVES: Methadone maintenance programs (MMP) offer the best treatment for opioid dependence. In Spain, methadone hydrochloride is prepared as a magis- tral formulation. Despite the organization and the management of the MMP is in hand of the Delegations Locales de Opiate para el Control sobre Drogas, each autonomous region (AR) is responsible for its planning and financing. The aim of this study was to identify planning MMP differences among AR in Spain.

METHODS: A structured literature review on the IME, Scielo, Doyma, Medline, national and AR official bulletins and health web pages, and general and special- ised press, up to July 1, 2010. RESULTS: Planning differences were found around four areas. First, in 13 AR the regional health department establishes the health care provision and legal framework for MMP, whereas in 4 AR this is a shared responsibility between health and social security regional departments. Second, three health care networks for the provision of MMP exist in Spain. Andalusia has drug care centers, 6 AR specialized or mental health centers and 10 AR combine both structures. Third, in 11 AR methadone prescribing and dispensing is performed in one center, in 6 AR in separate centers and in Cantabria coincide both systems. Fourth, in the majority of AR a central laboratory or the hospitals elaborate the greater part of the methadone, however, in 2 AR it is elaborated in phar- macies and in 2 AR in the prescribing center. CONCLUSIONS: In Spain, patients are not always normalized into the health care system. Methadone provided in the MMP shows different elaboration, prescribing and dispensing processes across the different AR. This may lead to heterogeneity in the magistral formulation of methadone and patient access to it across the territory.

PHP94
ANALYSIS OF RESULTS OF THE REFERENCE PRICE OF TURKEY
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OBJECTIVES: IGEM (General Directorate of Pharmaceuticals and Pharmacy) is responsible for setting all human medicinal products prices. Reference pricing sys- tem is used for setting prices. Reference countries are reviewed annually and may be subject to certain alterations. The aim of this study is to show the distribution of reference countries which were used for reference pricing.

METHODS: The price list of pharmaceuticals which was published by IGEM on 15.04.2011 was used for the analysis. Distribution of reference countries and prices were evaluated.

RESULTS: Prices of 6251 generic and 3703 original products were set. 5283 of generics and 3936 of originals were in the positive list for reimbursement. Reference pricing was used for 2352 generics and 2281 originals. Prices of the remaining outside of reference pricing. 32 different countries were used for reference pricing. Italy was the most popular country for reference pricing (24.47%). Italy was followed by Spain (9.95%), Belgium (8.46%), France (11.8%) and Portugal (8.7%). Even if Germany was not a reference country, Germany was used in 3.71% of pharmaceuticals. Other 25 countries were used by 13.29%. However the ranking was changed only in phar- macuetics with prices above 200 Turkish Liras (TL) or original pharmaceuticals. Greece was the most popular country in these rankings by 27.85% and 24.25%, respectively. Italy was the most popular country for reference pricing in sub groups like generics, prices ranging between 0 and 50 TL, 50 and 100 TL, and 100 and 200 TL.

CONCLUSIONS: It has been shown that Italy has the highest impact on the pricing of all pharmaceuticals in Turkey. Greece has the highest impact on the pricing of original pharmaceuticals. Even if Germany was not a reference country, it has been significantly affected more by other countries which were also not used for reference pricing.

PHP95
PAYER PERSPECTIVES ON EVIDENCE FOR FORMULATORY DECISION MAKING IN THE UNITED STATES
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OBJECTIVES: The role that payers play in the pharmaceutical market has been increasing in prominence. Much research has focused on public payers and how drug reimbursement policies change in response to data from drug effectiveness studies. However, the commercial payer perspective has not been well researched. This study seeks to describe how U.S. commercial payers use different types of comparative evidence to make reimbursement and formulary placement decisions. METHODS: We conducted 30 US commercial payers who currently par- ticipate in or lead pharmaceutical and therapeutics committees for their plans. Our participants represent managed care organizations that cover a total of more than 95 million members. We conducted semi-structured qualitative interviews com- prised of five representative scenarios and asked payers to rate how they value different types of evidence for each scenario. The interview responses were tabulated, and then analyzed for content. RESULTS: The reported value of the study designs differed between national and regional payers as well as between medical and pharmacy directors. National payers have more resources and are more likely to value and conduct retrospective analyses and decision mod- els, regional payers. Pharmacy directors tend to favor retrospective case and medical directors value risk, pragmatic trials, and prospective non-experimen- tal studies. Although RTCs were often the highest ranked study design, payers still found prospective non-experimental studies and retrospective analyses valua- ble in certain uses. Payers are currently unable to manage most oncology prod- ucts beyond labeled indications due to political pressure to cover all drugs regardless of price. CONCLUSIONS: Payers value and utilize data from a broad range of study designs to inform formulary placement decisions. However, the disease state, market condition, and type of payer will influence what sort of comparative evidence payers use in the future.

PHP96
MITIGATING EMERGENCY DEPARTMENT OVER-CROWDING UTILIZING FOCUSED OPERATIONS MANAGEMENT TOOLS
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OBJECTIVES: Emergency Department (ED) overcrowding (OC) is plugging EDs worldwide with grave implications on patient and caregiver comfort and quality of care. Relieving this problem tops agendas of governmental and professional agencies. Many contributing factors have been cited and many approaches have been tried, without widespread success. Focused Operations Management (FM) integrates novel managerial theories and practical tools (such as the theory of constraints (TOC) and the Pareto diagram) into a systematic approach, helping managers to analyze complex systems, find bottlenecks, root causes and finally, chart routes to improved throughput and quality. This approach has proved effective in the industry and service sectors, radically improving performance at little additional cost. The FM approach has never been implemented in the ED and could considerably enhance the management of its operations. In this first phase of the research, we use semi-structured interviews with experts, to identify potential high-yield interventions. METHODS: A review of the ED opera- tions literature was performed to identify major ED operational challenges, metrics and alleviating measures. Semi-structured interviews with ED head nurses and managers, hospital administrators and Health ministry administrators were con- ducted. The interviews centered on validation of major challenges identified in the literature search and assessing potential utility of FM tools. RESULTS: The major challenges we identified included ED boarding, prolonged length of stay, unjusti- fied utilization and slow access to specialist consults, lab tests and imaging studies. Of the FM tools presented to specialists, those assessed to be most prom- ising were “the complete kit” concept and TOC methods to identify and allocate bottleneck necks and to reduce “work in progress”. CONCLUSIONS: implementation of the novel FM management strategies has enhanced operations and performance in many industries and services. The ED is dire need and a good candidate for the use of these tools.

PHP97
USE OF PAEDIATRIC “OBSERVATION STATUS” AND EFFECT ON IN-PATIENT ADMISSION RATE IN ACCIDENT AND EMERGENCY (A&E) DEPARTMENTS
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OBJECTIVES: To describe the use of paediatric “observation status” in the accident and emergency department (A&E). METHODS: A prospective survey was performed in 12 Belgian hospitals during 2 weeks straddling October and November 2010. All patients (<16 years) attending A&E were included. “Observation status” was defined as when after the first medical evaluation and for a period of home observation or home discharge, the situation required further observation of the patient. The clinicians in charge were asked at the start of the “observation” period to prognosticate whether the child would be discharged or admitted. RESULTS: Among 3220 children included in the study, the observation rate was 38.6%. The characteristics of these children were as follows. Median age: 5.0 years old (QR: 1.7-11.3), boys: 53.5%. The median length of stay in A&E was 110 minutes (QR: 65-175) and 14.3% were admitted as in-patient. The most common observations concerned orthopae- dic, medical digestive and respiratory affections. The three main reasons for ob- servation were additional procedures (69.0%), diagnostic determination (10.7%), and treatment testing (8.3%). Most of the observations (86.9%) were performed in a waiting room (not in a bed), 9.7% in an observation unit dedicated to children and