DECISION MAKING: CURRENT STATE OF PLAY
INTEGRATION OF EVIDENCE ON PATIENT PREFERENCES IN HEALTH CARE
PHP2
EVALUATION AND COMPARISON OF PHARMACOVIGILANCE SYSTEMS IN 70 DIFFERENT COUNTRIES FOR CONSUMER REPORTING OF ADVERSE DRUG REACTIONS
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Traditionally, the reporting of adverse drug reactions (ADRs) by health care professionals is recognized well. In the recent decades, the significance of consumer reporting of ADRs has been given due attention in the developed nations. There are documented reasons on the failure of health care professionals in reporting ADRs communicated by the patients. OBJECTIVES: The present study aimed to evaluate and compare the Pharmacovigilance systems in 70 different countries with regards to consumer reporting of ADRs. METHODS: The official websites of regulatory/medicines agencies or National Pharmacovigilance Centres of selected 70 countries, which joined the World Health Organization’s (WHO) International Drug Monitoring Program between 1968 and 2010, were evaluated. RESULTS: In most of the countries, health care professionals are legally obliged to report ADRs to the respective medicines authorities. Only 17 countries (24.3%) have a web-based electronic system for consumer reporting of ADRs. The consumers report relatively untapped suspected reactions for many prescription and non-prescription drugs. Recent literature from these countries strongly stressed the WHO’s view in successful use of consumers as one of the valuable source of drug safety data. It is high time that the consumer reporting should be encouraged in all the countries, especially the developing nations, for better drug surveillance. Prevalence of ADRs is reported to be 10% in the world. However, only less than 10% of ADRs are recorded. Only 17 countries (24.3%) accept ADRs directly from consumers. Of them, only 4 countries (5.7%) accept consumer reports by phone and 11 countries (15.7%) have a web-based electronic system for consumer reporting. CONCLUSIONS: The consumers report relatively untapped suspected reactions for many prescription and non-prescription drugs. Recent literature from these countries stresses the need for a web-based electronic system for consumer reporting.

PHP3
INTEGRATION OF EVIDENCE ON PATIENT PREFERENCES IN HEALTH CARE DECISION MAKING: CURRENT STATE OF PLAY
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OBJECTIVES: Despite the increasing attention for active patient participation in health care policy decisions, systematic use of the available evidence on collective patient preferences (passive patient participation) is still limited. Objective of this study was to map opinions and ideas regarding the use of evidence on patient preferences in coverage decisions and clinical practice guideline (CPG). 2) describe how and what type of evidence on patient preferences is considered in health care policy decisions in 5 European countries. METHODS: A literature search was performed to identify opinion papers on patient preferences in the context of CPG or coverage decisions. A document search was performed on websites and databases of the responsible organisations of the Netherlands, England, Scotland, Germany and France. Furthermore, a few coverage decisions and CPG were checked on the subject. RESULTS: The debate on the integration of evidence on patient preferences concerns the definition and terminology of preferences, the question whether patient or public values should be used for policy-making, the different methods, quality and evidence synthesis of research on patient preferences, the relevance of including patient preferences, and the discussion on outcomes beyond the QALY. The procedures for coverage decisions do not mention the search for or use of evidence on patient preferences, nor was information found in the coverage decisions. Only in the Scottish CPG procedure a literature search on patient evidence (not necessarily patient preferences) is obligatory prior to the first meeting in the decisional body. In the Swedish CPG this is optional. The selected CPG from Netherlands, England and Scotland mention the use of information on patient preferences in different conceptualisations. CONCLUSIONS: In coverage decisions evidence on patient preferences has no formal role yet. In CPG this role is limited. Severe reasons and possible barriers are under debate regarding in the integration of evidence on patient preferences in health care policy making.

PHP4
FINANCIAL PENALTIES FOR IMPROVING DRUG ADHERENCE
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OBJECTIVES: Drug non-adherence is associated with significant negative economic and public health burdens. The objective is to contribute to the literature on negative monetary incentives (i.e., penalties) by developing a discourse for an innovative approach that could be validated in further experimental studies. METHODS: A comprehensive database search (PubMed, EmoryLit) was conducted on economic incentive programs to enhance adherence in drug therapy. Criteria for evaluation of the retrieved economic studies have been taken from the literature. RESULTS: Little evidence explicitly dealing with economic incentives in the form of monetary sanctions in order to improve adherence or compliance was retrieved from the literature or in current research. Ethics lessons and examples from existing instruments. In the EU, PRO endpoints were used in clinical trials for three of the six ophthalmology MDs, and included symptoms, functioning and health-related-quality-of-life. CONCLUSIONS: Discrepancies in the transparency of the US/EU MD approval process render comparative research impossible. However, PROs do not appear to be widely used in the assessment of MDs, particularly in the EU. This is a missed opportunity to capture the patient-perceptive aspects of efficacy and acceptability of MDs.

PHP5
USE OF HEALTH SERVICES AND MEDICINES AMONG STUDENTS IN SERBIA
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OBJECTIVES: To consider how reimbursement systems in 5 EU countries encourage or inhibit adoption of innovative medical devices in an ambulatory setting. METHODS: A literature review of payment systems for medical devices operating in England, Germany, Italy, France and Spain was undertaken. Results: Examples of technologies that could be used in an out-patient setting, but which were predominantly being used in hospital were identified. Uterine balloon endo-