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GENERIC PRESCRIPTION AND PHYSICIANS QUALITY PERCEPTION IN ARGENTINA: THE EXPERIENCE OF THE REMEDIAR PROGRAM
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OBJECTIVES: The national drug policy launched in 2002 in Argentina refers to prescription by generic name as one of its main features. The normative, based on a national Law, generated different reactions on the health team members. In this direction, a group of professionals considers that the quality of generics is lower than the one associated to brand-name drugs. These perceptions have strong effects on the everyday practice, in terms of resource utilization, prescription behavior and implications on population health. By considering actorx beliefs as sources of actions under imperfect information, this document analyses perceptions of the health team members at the primary care level about generics provided by a public provision program (called Remedia), and studies the alternative strategies implemented by those who “do not trust” on the therapeutic effectiveness of these drugs. METHODS: We developed a cross-sectional study, based on a closed and anonymous survey directed to primary care health team professionals all around the country. Argentine territory was divided into six regions (Northeast, Northwest, Cuyo, Litoral, the Great Buenos Aires and the Patagonia) and a minimum of 40 surveys were collected by region. RESULTS: Frequency analysis revealed that 32.4% reported some kind of mistrust regarding the quality if the generics being distributed by Remediar. About 41% of them reacted by increasing prescription over the recommended treatment. By contrast, 24% did not change their prescription behavior, and 17% preferred to recommend to their patients to purchase of brands at the drugstore level, despite of the fact they have to pay out of pocket for them. CONCLUSION: In every case, health team members’ perceptions bias public provision effectiveness and equity, damaging the quality of the public strategy. Interventions towards reaching more informed patients and disseminating generic drugs characteristics are necessary in order to increase trust and avoid risky attitudes towards population.

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THE MARKET SHARE OF PRIVATE FOR-PROFIT AND NON-PROFIT HEALTH CARE PROVIDERS FROM THE HUNGARIAN HEALTH INSURANCE BUDGET
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OBJECTIVES: The further role of private health care providers and privatization is under heavy discussion in Hungary. The aim of the study is to analyze the market share of for-profit private and not-for-profit sector from the expenditures on medical services of the Hungarian National Health Insurance Fund Administration (OEP), to show its changes in the last decade and to show on which field they can be found. METHODS: The data derive from the financial database of the OEP, the only health care financing agency in Hungary, covering the period 1995–2005. The analysis includes the medical provisions (primary care, health visitors, dental care, out- and inpatient care, home care, kidney dialysis, CT-MRI). RESULTS: In 1995 only 6.9% (12.5 billions Hungarian Forint, HUF) of total expenditure for medical services went to for-profit private providers. By 2005 the market share of for-profit private providers increased to 15.8% (107.5 billions HUF). During the same period we realized a dynamic increase in the market share of non-profit sector: from 1.0% in 1995 to 4.3% in 2005. The role of for-profit private providers is dominant in the case of general practitioners, dental care, transportation, kidney dialysis, CT/MRI and home care (home nursing). The role of private providers in the two most important fields (out- and inpatient care) is still negligible (0.5–6%). CONCLUSION: We realized a dynamic increase of market share of for-profit private providers and non-profit sector in many field of health care. Because of the low participation rate of private sector, in the field of out- and inpatient care the well-organized public-private partnership program, as a part of health care reforms, can contribute to the structural changes of health care.

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SAME-DAY DISCHARGES FROM THE HOSPITAL TO THE HOME: IMPLICATIONS OF THE LACK OF A SHORT-STAY UNIT IN THE EMERGENCY ROOM
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OBJECTIVES: Due to the lack of a short stay unit in the emergency room (ER), patients who need a couple hours of intravenous fluids (i.e. Lasix, insulin, morphine, etc) and observation may be admitted to the hospital. These avoidable hospital days reflect a failure of our health care system which contributes to increase health care cost as well as to decrease the number of hospital beds available to other patients. To estimate the magnitude of the problem, this study is purposed to describe the burden of avoidable hospital days. METHODS: Among those admitted to the hospital via ER/urgency care, patients discharged home on the same day they were admitted are considered as an “avoidable hospital day”. Largely, these patients could have been managed with a short observation stay in the ER. The national hospital discharge survey (NHDS-2004) was analyzed to estimate the number of avoidable days. RESULTS: Based on the sampling weight and probabilistic sampling design, the total number of same day discharges was calculated to be nearly 736,000 (95% confidence interval [CI], 703,000–768,000) in the U.S. during 2004. Among those, 505,000 were admitted via emergency/urgency care; of whom, nearly 322,000 were discharged to home not against medical advice. CONCLUSION: Substantial numbers of hospitalized patients were discharged to home on the same day not against medical advice. Most of them could have been kept out from hospitalization if they were intercalated between the ER and the floor bed. Establishing a short-stay unit in the ER would save substantial financial costs as well as hospital beds for other patients.

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QUALITY ASSESSMENT OF PHARMACOECONOMIC EVALUATIONS SUBMITTED FOR REIMBURSEMENT IN KOREA
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OBJECTIVES: To assess the quality and the nature of problems encountered in the review of PE evaluations used as a basis for reimbursement decisions. METHODS: We assessed all 11 submission (9 products) contained economic analyses after announcement of PE guidelines (June 2005–Dec 2006). Two different reviewers using the checklist based on the guideline reviewed each submission. RESULTS: In 11 submissions, 4 were related to drugs for cancer and the others were for epilepsy, hyperlipidemia, hepatitis and etc. The societal perspective was