materials for dissemination. METHODS: We surveyed HEOR professionals to gauge their perspectives on the quality of HEOR communications materials. A 14-question on-line survey was sent to 300 HEOR professionals in July 2014. Descriptive analyses were conducted as appropriate. RESULTS: Fifty-nine surveys were returned fully or partially completed. Eighty-eight percent of respondents have advanced degrees, 43% are employed in small to medium sized companies, 78% are HEOR directors or managers and 50% had more than 3 years in their current position. Forty-seven percent of respondents use internal medical writing teams and 62% subcontract writing to outside firms. Seventy percent of respondents indicated that they outsource manuscripts and 25% of respondents outsource abstracts. Consistently across several quality measures, approximately 55% of respondents are not satisfied with the quality of writing for their communication materials. Improvement in value messaging and methodology were the two most cited areas of concern about writing quality beyond the general question about satisfaction with overall writing quality. CONCLUSIONS: More than 50% of HEOR executives execute strategies which differ significantly in required document quantity, context and apportionate terminology in addressing their business objectives with scientifically rigorous content. Therefore, it is apparent from these survey results that HEOR directors and managers consider nearly half of all their communications to not be well-written.

PHPB5 COMMUNICATING RISK OF MEDICATION SIDE EFFECTS: HOW RARE IS IT “RARE” AND HOW LIKELY IS IT “LIKELY”?
Sewant RV, Sargsyri SS
University of Houston, Houston, TX, USA
OBJECTIVES: Effective communication of risk of medication side effects is necessary to minimize its misinterpretation and over-estimation by patients. The study evaluated effect of communication style (verbal vs verbal + numeric) on perception of risk of experiencing medication side effects of different frequency and severity. METHODS: Ninety-six participants were randomly presented with information on medication side effects using either verbal (e.g. “rarely”) or verbal + numeric (e.g. “rarely” i.e. 2 out of 100) communication style for frequency descriptions, in a 2 (communication style) x 2 (side effect severity) x 2 (side effect frequency: low, high) x 2 (side effect severity: mild, severe) experimental design. Perception of risk of experiencing side effects was measured and test for analysis of variance was performed. RESULTS: Communication style was observed to significantly affect the perception of risk for certain subsets of side effects. It was observed that with combined communication style (verbal + numeric), risk perception of severe side effects of low frequency decreased (mean difference: 11.24; C.L.: 14.60 – 7.88) whereas of mild side effects of high frequency side increased (mean difference: 7.80; C.L.: 12.11 – 14.39) as compared to only verbal communication style. It was also observed that the low and high frequency side effects were better distinguished with respect to their risk when combined communication style was used. Significant main effects of frequency and severity on risk perception were also observed. CONCLUSIONS: Use of numeric frequencies along with verbal descriptions of risk of medication side effect helps in better understanding of underlying risk and reduces its over-estimation, especially for low frequency low severity side effects. Healthcare professionals should take into consideration these effects while communicating side effect risks to their patients.

PHPB6 THE NUTRITIONAL STATUS OF ORPHANS AND CHILDREN LEFT WITHOUT PARENTAL CARE IN THE CHILDREN’S HOMES OF THE HEALTH SYSTEM IN KAZAKHSTAN
Zargarbayeva A1, Bukevya Z2, Sulaimanova R1, Syzdykova A3
1Astan Medical University, Astana, Kazakhstan, 2Child-Nutrition Fund, Almaty, Kazakhstan
OBJECTIVES: In 2006 a number of studies were conducted in Kazakhstan with UNICEF, which have shown that the majority of children in children’s homes are at risk of essential nutrients deficiencies. So we have investigated a nutrition adequacy according to the body needs of the orphans and children left without parental care in children’s homes of the health system method. METHODS: were included 226 children from national orphan homes in Akmola and Almaty regions in ages of 6 to 36 months. The study did not include children with disabilities or severe diseases. 100 children (57 boys, 43 girls) from the families in organized groups were taken as control group. Were evaluated a physiological status, hemoglobin, morphofunctional status of the children, also the analysis of food packages and the chemical composition of the diet were done. Malnutrition was calculated by “Anthro” program (WHO, 2006). RESULTS: Birth weight corresponded to normal in 67% of children under parental care and 33% of orphans, 56% of orphans are lagging in teething development, in the control group was no lag (1%). 15% of orphans have clinical manifestations of changes in the skin, mucous membranes and bone. Consumption of the main types of products (primary meat, milk, fish, vegetables and fruit) in children’s homes was below current standards and recommendations of the Kazakh Academy of Nutrition, based on international experience. Because of inadequate food intake, the orphans have an expressed protein deficit (25%), PUFA’s (5%) and vitamin A (45%), amino acid (53%), vitamin B12 (37 %), acetic acid (59%) and copper. CONCLUSIONS: Analysis showed that the actual children nutrition scheme is obsolete and needs to be revised in a short time. The study will have indices of more in-depth clinical examination and Qol evaluation with further economical calculation (budget impact, etc.)

PHPB7 WHAT FACTORS MAKE ECONOMIC EVALUATION MORE VALUABLE AS A SERVICE
Page E1, Merlo G1, Ratcliffe J2, Haltin K3, Graves N1
1Queensland University of Technology, Brisbane, Australia, 2Flanders University, Antwerp, Belgium
OBJECTIVE: Economic evaluations (EE) are ubiquitous and growing in importance to healthcare decision makers. However, healthcare decision makers often do not use this evidence when making decisions. Previous research has shown several factors influence the use of EE, such as credibility, complexity, and timeliness. However, no research has examined the relative importance of these factors. The objective of this study was to determine what factors are most important to healthcare professionals/administrators/researchers, when examining research using EE. METHODS: Study 1, an online questionnaire of Australian healthcare professionals (N=39), sought ratings of the absolute and relative importance of a range of barriers and facilitators of using EE in healthcare decision making. Seven factors (rigor of the cost effectiveness analysis, quality of the clinical evidence, timeliness, communication, applicability, ethics of interest, equity) were selected from this study to inform Study 2. Study 2 used a discrete choice experiment (blocked, orthogonal) design to examine the relative importance of these seven factors in the choice between two health economic evaluation alternatives. This was compared to a range of Australian healthcare decision makers. RESULTS: Study 1 showed that quality of clinical evidence was the most important factor when examining EE, followed by applicability, communication, and the rigour of the cost effectiveness analysis. Study 2 showed that the importance of rigour in the cost effectiveness analysis varied depending on the type of healthcare professional. Study 2 results will be announced.

PHPB8 REAL WORLD DATA FOR HEALTH AND TECHNOLOGY ASSESSMENT IN BRAZIL: AN UNMET NEED
Minowas P, Piedade A, Julian G
Evaluacnas - Kantar Health, Campinas, Brazil
OBJECTIVES: Real world data (RWD) is increasingly used largely on observational studies developed through the compilation of real world data. From the access and health technology assessment (HTA) perspectives, real world data are an essential ancillary tool in decision-making, providing information on burden of disease, cost-of-illness, resource utilization, treatment compliance, natural history of the disease, effectiveness and safety. The Brazilian Network for Health Technology Assessment (REBRATS) recommends the use of observational studies to develop economic evaluations for both effectiveness and safety data. However, the extent of use of such data in Brazil remains undetermined. Our objective was to identify the requirements and needs for epidemiological data aimed for HTA submissions in Brazil. METHODS: We reviewed HTA requirements, reports and dosiers from the Brazilian HTA commission (CONITEC) for epidemiological data aimed at incorpor-ation. Additionally, we searched Brazilian guidelines and regulations about principles for real world data requirements for HTA. RESULTS: CONITEC issued 119 reports between the time of its establishment (April 2011) and the date of our analysis (December 08th, 2014). The Committee reported lack of real world studies in 11.8% of the submissions (14 of 119 reports), including the need of epidemiological studies (prevalence and incidence) (n=8), safety and efficacy tri- als (n=4), safety and efficacy trials (n=2), longitudinal and cross-sectional studies (n=3) and resource use and cost-of-illness analyses (n=1). The lack of epidemiolog-ical data was the most common issue (8 of 14 reports). However, real world data regarding safety, effectiveness and clinical characteristics were also critical (7 of 14 reports). CONCLUSIONS: Our analysis showed that use of real world data in Brazil remains an unmet need for HTA.

PHPB9 USE OF LOW-COST GENERIC PROGRAMS IN A NATIONALITY REPRESENTATIVE MEDICARE POPULATION AND IMPLICATIONS FOR QUALITY INITIATIVES
Pauly N., Brown J.
University of Kentucky, Lexington, KY, USA
OBJECTIVES: Low cost generic programs (LCGPs) offer an affordable means to obtain medications which can be used to treat a myriad of acute and chronic conditions. However, since the medications are often purchased without using insurance, a claim will never be adjudicated. Thus, medication use may go unob-served in administrative claims data, which are often used for research and quality control initiatives. This study sought to assess the characteristics and prevalence associated with LCGP use in the Medicare insured population. METHODS: Using data from the Medical Expenditure Panel Survey from 2006-2011, individuals were classified as LCGP users or non-users based on payment variables from pharmacy records. Demographics of users and non-users were compared includ-ing age, gender, prescription drug coverage, and health-related characteristics. A multivariable logistic regression model was estimated to identify the charac-teristics with the greatest association with use. RESULTS: With a total cohort of N=9,906, 48.03% were classified as users. Half of the individuals with prescrip-tion insurance coverage utilized these programs compared to nearly one-third of the individuals without prescription coverage. The use of LCGPs among patients per-person over the two-year period (77.20 vs 53.35, p<0.01) and more unique medications (12.68 vs 8.71, p<0.01). The user group also had higher average Charlson Comorbidity Index (n=141) compared to non-users (n=139). palette were adjusted analyses, individuals with prescription insurance had 39% higher odds of using LCGPs. Each additional unique medication was associated with a 9% increase in the odds of being a user (OR 1.09, 95% CI 1.08 – 1.10). LCGP use was also associ-ated with increasing income and was not associated with mortality scores. CONCLUSIONS: Nearly one-half of all Medicare insured persons used LCGPs during the study period. This may misrepresent exposure classifi-ca-tion when research or quality initiatives are based on administrative claims data.