METHODS: A survey was conducted in France on representative samples of 196 psychiatrists, 221 cardiologists and 250 general practitioners. Demographic characteristics were used to check representativeness. Perception of NIRs' scientific interest, motivation criteria and expectations were assessed and analyzed using descriptive statistics. Informed consent of physicians are convinced that NIRs are of scientific interest and provide reliable information on drug utilization in real life conditions. However, 10-15% are not convinced, 10-20% don’t have any opinion. Motivation relates to interest for scientific objective and studied disease (>90%), scientific rigour and credibility of partners (>90%), review, scientific committee, sponsor (>70%). NIRs are recognized as a rigorous scientific tool by a majority of physicians. Motivation to participate is based on all scientific components of NIR. Results are expected in short term timeframe.

THE EFFECT OF THE 2007 HOSPITAL REFORM ON THE NUMBER OF PSYCHIATRIC BEDS IN HUNGARY

Oberfrank F, Donka-Verebes É, Boncz I

OBJECTIVES: The new act on developing of the Hungarian health care system—came into effect on the 1st of April 2007 cut the number of hospital beds significantly in Hungary and the National Institute of Psychiatry and Neurology (OPSN) was closed. The aim of our paper is to analyze the effect of the 2007 Hungarian health care reform on the number of psychiatric hospital beds. METHODS: Data were derived from the nationwide administrative data set of the National Health Insurance Fund Administration (OEP). RESULTS: >70% of physicians are convinced that NIRs are of scientific interest and provide reliable information on drug utilization in real life conditions. Physicians appreciate contributing to improving knowledge about drugs (>80%), >70% consider NIRs a challenging opportunity to compare their behaviour to their peers’; All (>90%) are interested in receiving results. 49% and 89% think results should be available within 6 and 12 months respectively. CONCLUSIONS: NIRs are recognized as a rigorous scientific tool by a majority of physicians. Motivation to participate is based on all scientific components of NIR. Results are expected in short term timeframe.

DOES THE PACKAGE DESIGN MATTER? THE INFLUENCE OF OTC PACKAGE DESIGN ON PATIENTS’ DRUG KNOWLEDGE

Wilke T, Neumann K², Muller S², Loder T³

OBJECTIVES: Objective of this study was to determine whether interventions designed to improve patients’ knowledge about OTC drugs differ in their ability to transfer drug safety related information to pharmacy customers. The research was intended to answer two questions: 1) how well (in terms of speed and accuracy) do customers comprehend the relevant medical information on packages? 2) do alternative package designs cause significantly different levels of comprehension?. METHODS: Face-to-face interviews with 452 customers of 17 German pharmacies were conducted. In each of three sequential experiments (one OTC brand per experiment), each of the participants was shown two packages of the same brand (Paracetamol/Bisacodyl) and asked three drug-related questions per package. Multivariate linear regression analysis was used to identify the factors capable of explaining the accuracy of the answers (first outcome; quality) and the speed with which the answers were made (second outcome; time). The different abilites of the three package designs to transfer information were compared by descriptive statistics. The significance of the differences was tested by Wilcoxon tests. RESULTS: Older people, those with psychological problems, people not in a good mood, and those with a poor doctor-patient relationship, or a lack of trust in medicines in general answered the questions with a significantly higher number of mistakes and/or needed significantly longer to do so. When compared to two other package designs, one of the tested designs proved itself to be superior in quality and time. CONCLUSIONS: 1) There exist significant differences between patient groups in their ability to comprehend medical information; specific patients do not understand medical information on packages in a sufficient way. 2) The design of a medication package can measurably influence the speed and quality of information transfer to pharmacy customers. An optimized package design is a source of added value from a drug safety point of view.

REGIONAL DIFFERENCES IN NUMBER OF PSYCHIATRIC BEDS IN HUNGARY FOLLOWING THE 2007 HEALTH CARE REFORM IN HUNGARY

Oberfrank F, Donka-Verebes É, Boncz I

OBJECTIVES: The new act on developing of the Hungarian health care system—came into effect on the 1st of April 2007 cut the number of hospital beds significantly in Hungary and the National Institute of Psychiatry and Neurology (OPSN) was closed. The aim of our paper is to analyze the effect of the 2007 Hungarian health care reform on the number of psychiatric hospital beds at regional level. METHODS: Data were derived from the nationwide administrative data set of the National Health Insurance Fund Administration (OEP), the only health care financing agency in Hungary. We carefully review the formal legislation and informal background papers related to this issue. The number of hospital beds was evaluated before and after 1st of April 2007. RESULTS: The number of psychiatric hospital beds was evaluated before and after 1st of April 2007.

IS IT COST-EFFECTIVE TO CHANGE THE BEHAVIOR OF HEALTH CARE PROFESSIONALS?

Fonoll J, Costello S, Hynes S, Brooks-Rooney C

OBJECTIVES: To review the current literature on the cost-effectiveness of behaviour change policies for health care professionals. METHODS: A search of the MEDLINE database and of reference lists was performed up to May 2010. RESULTS: Twelve economic evaluations, assessing sixteen interventions in total, were identified. These were performed in either Europe or Australia. All but one evaluation had a control group, which received either no intervention (5) or a standard, less labour intensive intervention (7) (One evaluation had two phases and therefore two control groups). The type of control group had no association with whether the strategy was deemed cost-effective or not. Seven of the policies were deemed cost-effective by the authors (remuneration, telemarketing, outreach, training sessions (3), distance learning), six were deemed not (outreach (4), training session, courier delivery of guidelines) and three reported increased benefits with increased costs but did not conclude whether this was cost-effective (outreach (2), training session). Three studies actually reported decreased costs with the test intervention over control, two of which were due to decreased hospital referrals. Of those behaviour change policies not deemed cost-effective, 50% had minimal or no increase in effect and the other 50% had a very significant increase in costs. CONCLUSIONS: Not all strategies were found to be cost-effective, which highlights the necessity of this type of analysis before major behaviour change policies are implemented. Multiple studies found that there were increased benefits with increased costs. With no defined threshold as to what makes a behaviour change policy cost-effective, the discussion is open to debate as to whether these benefits are worth the increased costs.