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THE COVERAGE WITH CLINICAL EVIDENCE-INFORMED DECISIONS (CCEDS): A NEW HEALTH CARE PAYMENT MODEL IN CHINA

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OBJECTIVES: The traditional payment methods like fee-for-service and capitation were applied to public health in China, the former lead to a problem that health insurance cost rising rapidly, while the latter could result in insufficient funds for covering the cost of services needed. This study aim to suggest a new payment model, based on the coverage with clinical evidence-informed decisions (CCEDs), for overcoming the imperfections and making sustained improvement in the medical insurance policy. **METHODS:** This new health care payment model CCEDs is a single, risk-adjusted, prospective (or retrospective) payment model, used as a tool to bring a new rationale to payment decisions across inpatients and outpatients diagnosed with a specific condition. CCEDs make payment decisions on the basis of the following issues: the resources required to provide care as recommended according to the clinical practice guidelines; the provider performance on measures of clinical process, treatment variation, outcomes of care and reimbursement; the expert advice in specific health care field. **RESULTS:** This new model CCEDs designed to bring down medical costs and enhance the quality of care, CCEDs also come with opportunities to limit both underuse and overuse, eliminate risk selection problems, lower administrative cost, enhance transparency of results may earning patients trust, increase both patient outcomes and patient satisfaction. Incentives of CCEDs could encourage collaborative teamwork, and promote clinical integration between providers across disparate settings. But, meanwhile encroachment of the market could undermine the professional discretion in the long-term. **CONCLUSION:** A new payment model, based on coverage with clinical evidence-informed decisions, might provide new options to get high-quality treatment and low medical cost for patients.

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CHALLENGES AND OPPORTUNITIES IN THE MALAYSIAN HEALTH CARE SYSTEM

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INTRODUCTION: Malaysia is a multicultural society with a population of over 28 million and classified as an upper middle-income country by the World Bank. Malaysia inherited a health care system at independence from British colonial rule and provides universal and low cost access to the health care needs of all citizens. Improvements in health indices such as reduction in mortality rate and increase in life expectancy using a relatively small amount of GDP (~4%) being spent on health services shows that Malaysians have benefited from a well-developed health care system. **CHALLENGES:** Demographic and disease pattern transition, increasing cost of health care together with increasing demand towards better health outcomes pose challenges in sustaining the system. Historical-based health care financing has also created inequity in access and allocative inefficiency. Equity access issues such as uneven human resource distribution and limitations in secondary access to consult specialists remain a problem despite generally improved access to facilities for rural population. Urbanization however has created vertical inequity and strains to existing public health facilities. The inadequate availability of public health facilities and manpower has led to a proliferation of private health facilities. Unethical prescribers' behaviour, queue jumping and dependence on profit-oriented private health care providers further complicate the issues. **OPPORTUNITIES:** Restructuring of the financial system by introducing national health insurance or co-payment can reduce moral hazards associated with the universal low cost system. Strategizing budget allocation in building facilities, implementing interventions and preventive programmes based on recent transition in health are important measures to be considered. Quality use of medicines concept implementation could improve the procurement, supply and distribution system as well as skills, awareness and knowledge of prescribers and patients. Access and efficiency of the health care system could also be improved through this concept. Practices and facilities sharing nationally and internationally, with neighbouring countries, would also improve access.

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COLLABORATIVE APPROACH IN ACCESSING HOMOGENEOUS MEDICAL DATA IN GRID-BASED ENVIRONMENT (ENHANCING DISEASES CLASSIFICATION)

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OBJECTIVES: The proposed initiative presents the collaborative approach in classification of preliminary characteristics of diseases using sample clinical data that allows the integration of parallel processing in homogeneous grid-based environment. The research focuses on three objectives mainly: 1. To provide collaborative classification in homogeneous resources. 2. To conduct parallel processing in extraction of preliminary characteristics using electronic medical records (EMR) data. 3. To perform characterization for disease features in grid-based neural network classification. **METHODS:** The study conducted on Globus (Grid) clustering network and interconnected with homogeneous resources as test bed. The integration of homogeneous sample diseases databases for execution of computational application were submitted to the GRAM service to the local scheduling system. The result for time and threads computation was computed on the test bed for homogeneous resources in grid platform with Feed-Forward Neural Networks. **PRELIMINARY RESULTS:** In the training phase, the diversity of clinical data features such as age, gender, race/ethnicity were imported as input to the Globus nodes with the aid of Globus automated scheduling for diseases' characteristics classification. The coordination of resources aims to address the issue of optimization in distributed grid resources. The evaluation of outcome includes response time and co-allocation of multiple resources to meet complex clustering of diseases' characteristics using neural networks classification.

PHP110

ARCHIMEDES: A LARGE SCALE SIMULATION SYSTEM FOR HEALTH CARE RESEARCH AND ITS APPLICATIONS FOR ASIAN COUNTRIES

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The Archimedes Model is a carefully validated, clinically realistic, simulation model of diseases and health care. By using advanced methods of mathematics, computing, and data systems, the Model enables researchers and decision makers to make better informed decisions. The Archimedes Model includes a wide range of diseases/ conditions (diabetes, cardiovascular diseases, COPD, obesity, cancers) and detailed descriptions of health care delivery systems, interventions, tests, and treatments and patient and physician behaviors. The Model has been used by many organizations (e. g. goverments, pharmaceutical companies, insurance companies, disease organziations) across the globe to help answer a wide variety of questions related to clinical trials, policy setting, performance measurement, and health economics and outcomes research. The Model has been adapted to a wide range of settings including US, UK, France, Italy, Sweden, Norway, Poland, Japan, Brazil, and California. We will highlight a number of projects that were supported by EU and Japan, in which the Model was used to guide decision making around management of diabetes. We will also discuss the potential applications of adapting the Archimedes Model to other Asian countries (e. g. India or China) beyond Japan.

PHP111

'SERIOUS ILLNESS INSURANCE' IN CHINA: IMPACT OF NOVEL PUBLIC-PRIVATE PAYMENT MODELS ON ACCESS TO HEALTH CARE AND DRUGS

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OBJECTIVES: In mainland China, a large gap in the funding of catastrophic illnesses has existed for the past decade. In 2012, 'serious illness insurance' was proposed by the Government that involves using a portion of funds from the public insurance and additional financial support from the government to cover major illnesses. Commercial health insurers collaborate with local authorities to provide this coverage through various models in different cities and regions. This research seeks to understand current models in different regions and to evaluate the implications for health care coverage and access to drugs. **METHODOLOGY:** We conducted extensive literature review to understand the current landscape of the serious illness insurance. Primary research with a mix of stakeholders including private health insurers and regulatory authorities was also conducted in different provinces/ cities to further evaluate the regulatory framework, disease-specific coverage, funding pathways and implications for access to drugs. **RESULTS:** Numerous models that vary with regards to design, funding and implementation are being piloted across provinces/ cities. Our research findings suggested that limited experience of the private insurers and uncertainty around profitability places significant challenges on the future development of 'serious illness insurance'. However, implementation of these insurance schemes has positively impacted health care coverage and access to drugs. **CONCLUSIONS:** Our results demonstrate the large degree of variation among models of 'serious illness insurance' in different regions. This new public-private partnership will likely continue to positively impact patient access to health care and medicines, increase provincial coverage and also boost the growth of the private insurance market.

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BEST POSSIBLE HEALTH OUTCOMES AT DIFFERENT SOCIOECONOMIC LEVELS OF COMMUNITY: THE BETTER CARE PLAN

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OBJECTIVES: Proposal of an ideal model for obtaining the best possible health outcomes at different socioeconomic levels of community/population in India. **CONCLUSION:** Various social inequities viz. race; ethnicity, religions and economic status affect operationalization of health decisions as well as health outcomes invariably. These all inequities define socioeconomic levels of any community. Assessing health equity needs comparing health and its social inequities/ determinants within different levels. It is attainable call to standardize the process of health care decision making; to obtain best possible health outcomes. Hereby, we propose an ideal model; a "Better Care Plan" which would help in opting best possible health outcomes at different socioeconomic levels. Foremost, we require to understand the mindset of people on health care needs. We found that one requires clear communication; mutual collaboration between clinician, patient and other health care professionals; professionally competent and compassionate staff and their services; continuity of care and professional excellence required mostly for chronic ailment. In next step "better care plan" undertakes evaluation of the impediment issues that might rise at various points related to patient, staff and system. Diverse quality dimensions proposed by different studies and models would be aimed to standardize the process of health care decision making. The six areas of "Better Care Plan" involves focus on patient; rationale; efficiency; opportune, safety and potency; which would help to obtain optimal health care outcomes at different socioeconomic levels. Privatization; where private organizations are committed to serve people with government schemes; is one of the important issue which needs improvement. Basic implementations such as community services through home medication reviews, awareness programs will be helpful with "Better Care Plan".

INFECTION – Clinical Outcomes Studies

PIN1

IMPACT OF CIGARETTE AND ALCOHOL USE ON ADVERSE DRUG REACTIONS OF HAART THERAPY AMONG HIV/AIDS PATIENTS

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