CONCLUSIONS: Introduction of degenerative financing methods in addition to DRG reimbursement – managed to control the activity of hospitals. The soft regulation in 2011 and 2012 resulted in a 4.2-4.6% excess activity of hospitals, while the more rigorous regulation in 2013 managed to decrease the excess hospital activity to 1.3%. Degressive regulation can serve as a cost containment tool for health policy decision makers.

PHP8
MULTICRITERIA DECISION ANALYSIS AND COST ANALYSIS IN HEALTH CARE DECISION MAKING: A LITERATURE REVIEW
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OBJECTIVES: The purpose of this literature review is to investigate the application of multicriteria decision analysis and cost analysis methods within health care decision making. METHODS: A search of the literature was conducted using scientific databases. A combination of the following key words and phrases were inputted into various scientific databases: Multicriteria Decision Analysis, ANP, Analytic Hierarchy Process, AHP, Elimination and Choice Expressing Reality (ELECTRE), Goal programming, and Grey relation analysis. Markov process, Technique for Order of Preference by Similarity to Ideal Solution (TOPSIS), Cost-utility Analysis (CUA) and related words. The located articles were divided into the following twelve health care topics: evaluation of health information services; evaluation of the product development process; project and technology selection, pharmacoeconomics, health care management, therapy/treatment, management of medical organ transplantation, health policy, health-economic evaluation, evaluation of health care policy, diagnostics; and shared decision-making with the patient. RESULTS: Ninety research articles were retrieved and determined relevant. The pertinent articles were published between 1981 and 2013. It was found that the AHP is the most commonly used method in health care decision making (65 articles). AHP is mainly exploited in project and technology selection (22). The AHP method is utilized in the evaluation of health information services, project and technology selection, pharmacoeconomics and therapy/treatment. For the evaluation of health care policy AHP (11), CBA (1), CEL (1) and Grey relation analysis (1) were used. The TOPSIS, VIKOR, Markov process methods were utilized once in human resource planning in health care, health care management and therapy/treatment respectively. The CBA (4) and CEL (2) methods were especially useful for solving therapy/treatment tasks. CONCLUSIONS: Multicriteria decision analysis and cost analysis offers a scientific context for health care management, where stakeholders’ interests are of crucial concern and complex criteria that cannot easily be reduced to simple monetary expressions, can be assessed in resource limited settings.

PHP9
TRENDS IN PHYSICAL AND OCCUPATIONAL THERAPY UTILIZATION IN THE US AND WESTERN EUROPE
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OBJECTIVES: All health care (AHC) disciplines, such as physical (PT) and occupational therapy (OT), are primarily performed by non-medical health care professionals. Although the budget impact of AHC is generally low, reimbursements are often scrutinized for their financial impact and benefit/risk ratios. To better inform the health care decision making regarding AHC, the aim of this study was to examine trends and utilization of PT and OT. METHODS: Data from the 2013 US (N=75,000) and 2013 SEU (France, Germany, Italy, Spain, and UK, N=42,000) National Health and Wellness Survey (NHWS). The NHWS is a patient-reported survey administered to a demographically representative sample of adults (with respect to age, sex, and region) in each country. Overall rates of OT/PT visits were reported. Patients who reported an OT/PT visit in the past six months were compared with those who did not with respect to demographics, health history, and comorbidity variables. Logistic regression models were then conducted to predict OT/PT visits from these variables. RESULTS: Rates of OT/PT visits did not change from 2010 to 2013 but significant differences among countries was observed (p<.05). In 2013, France (0.54%) and the US (5.1%) had the most infrequent visits while Spain (11.13%) and Germany (11.92%) had the most frequent. Being in Germany (OR=3.46), being in Spain (OR=3.24), and having an OT/PT visit for treatment of arthritis (OR=1.44) were the strongest demographic predictors of an OT/PT visit (all p<.05). Although most comorbidities were associated with an increased probability of an OT/PT visit, pain (OR=2.30), arthritis conditions (OR=1.73), and psychiatric conditions (OR=1.73) were most strongly associated (all p<.05). AHC and OT utilization varies significantly across countries, being highest in Germany and Spain where over 10% of adults reported a visit in the past six months. Pain-related (pain, arthritis) and psychiatric comorbidities were among the strongest predictors of PT/OT use.

PHP10
A GENDER MEDICINE POST-HOC ANALYSIS: BACKGROUND AND METHODS OF THE METAGEM PROJECT
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OBJECTIVES: Gender is a social construct, which is defined by the way people perceive themselves and how they expect others to behave. Gender medicine is the field of medicine that studies the biological and physiological differences between the human sexes and how that affects diseases in the biological and clinical context. Knowledge of research has shown that men and women differ not only sexually but also in relationship to factors such as liver enzymes, sex hormones and to variables determined by the environment, education, culture and psychological state of the individual (Boldin and Mattison, 2009; Regitz-Zagrosek and Seeland 2012). The Italian Drug Agency has recognized the importance of gender-specific analysis when evaluating new drug efficacy. The gender-medicine METAGEM project aims to describe gender differences in clinical outcomes, therapeutic approach and safety parameters in real world data. METHODS: Areas of interest were defined regarding Dermatology, Central nervous system, Infective, Rheumatology, and Transplantation, data were considered which were submitted to the Agency in the ten observational studies conducted between 2002 and 2013 in Italy in routine clinical practice. A post-hoc subgroup analysis is performed by study, during which males are compared with females by statistical tests. A merge of different study data will be performed in order to evaluate safety As post-hoc analysis all p-value are exploratory. RESULTS: The number of enrolled patients range between 238 to 1746 considering Rheumatology and Dermatology areas respectively, for a total of 3743 male and 3018 female patients. CONCLUSIONS: The papers and congress communications which will arise from METAGEM project will make the scientific community more aware of the importance of a gender-dedicated approach in the care of patients.

HEALTH CARE USE & POLICY STUDIES – DISEASE MANAGEMENT
PHP11
HEALTH-ECONOMICS IN CZECH REPUBLIC: CAN FORMAL HEALTH-ECONOMIC METHODOLOGY IMPROVE THE QUALITY OF SUBMITTED ANALYSIS?
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OBJECTIVES: Health economic (HE) analyses have been required since 2008 as a part of the reimbursement application submitted for drugs covered by the Hospital Remuneration System (SUKL). In 2013, SUKL introduced a formal health economic guideline mostly based on the Czech Pharmacoeconomic Society’s guideline published in 2011. The aim of this study was to assess the impact of guideline implementation on the quality of submitted HEAs. METHODS: We reviewed all 18 applications for new innovative drugs with prescription limited to specialized centers, in which the final decision was issued and came into force between 1/2013-6/2014. The HEAs were described in terms of type of analysis and further confronted with a ‘HEA checklist’ to identify common deficiencies in submitted HEAs. All check-lists were peer-reviewed to ensure objectivity. Our results were compared with previously published research (assessing HEAs submitted in 2008-2009 before the guideline release). RESULTS: All investigated documents contained HEA. Nine of them (50%) were cost-effectiveness analysis (outcome expressed mostly in LYG) and nine (50%) were cost-utility analyses (outcome in QALY). In general, the quality of HEAs was higher compared to the previous research, with ‘evidence completeness’ and ‘uncertainty’ being the most commonly marked as ‘unsatisfactory’ in the HEA checklist (less than 50%). Our results showed that 1/3 HEAs fell into the ‘best’ category (80-100% ‘satisfactory’ questions), while none of HEAs fell into this category in previous research. CONCLUSIONS: The present analysis showed a trend in higher quality of submitted analyses (1/2013-6/2014) compared with years 2008-2009.