commonly prescribed diagnostic tests and to know its effect on their prescribing preferences. METHODS: This study is a descriptive cross-sectional survey which includes data gathering through questionnaire, retrieval, tabulating, and interpreting of results a probability stratified random sampling of 125 TMC physicians (regular consultants, fellows, and residents) was done. The sample size was computed using the Lyne formula. The physicians were stratified by specialties which include Internal Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Ophthalmology, and ENT-Head and Neck Surgery and were asked to answer a pre-tested questionnaire. Non-respondents were sent another questionnaire for them to answer to increase response rate. The collected data were analyzed using the percentage and weighted average and one-way analysis of variance. Inferential analysis was done using ANOVA. SPSS software was used for these purposes. RESULTS: Verbal interpretation of the descriptive statistics shows that all respondent physicians agree to the statement that the prices of medications and diagnostic tests are important factors which influence them in their practice. Furthermore, the respondent physicians believe that physicians should know the prices of medications and tests they prescribe or order. They also consider the economic status of their patients in their practice. However, descriptive data based on the mean price estimates from all specialties, whether residents, fellows, or consultants, show significant difference in the physician price estimates from all specialties, whether residents, fellows, or consultants, show significant difference in the physician per-rate. The collected data were analyzed using the percentage and weighted average and one-way analysis of variance. Inferential analysis was done using ANOVA. SPSS software was used for these purposes. RESULTS: Verbal interpretation of the descriptive statistics shows that all respondent physicians agree to the statement that the prices of medications and diagnostic tests are important factors which influence them in their practice. Furthermore, the respondent physicians believe that physicians should know the prices of medications and tests they prescribe or order. They also consider the economic status of their patients in their practice. However, descriptive data based on the mean price estimates from all specialties, whether residents, fellows, or consultants, show significant difference in the physician perceived prices of commonly prescribed and ordered medications and diagnostic tests and the actual TMC prices of such medications and tests (p value >0.05) thereby rejecting the null hypothesis saying otherwise. CONCLUSION: The Medical City physician is not aware of the prices of medications and diagnostic tests he commonly prescribes or orders.

A STANDARDIZED METHODOLOGY TO MEASURE MEDICINE PRICES, AVAILABILITY, AFFORDABILITY AND PRICE COMPONENTS IN DEVELOPING AND TRANSITIONAL COUNTRIES

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OBJECTIVES: In developing countries, medicines are the largest component in healthcare expenditures. Non-inferiority trials are designed to show that a new treatment is non-inferior to an existing treatment but this comparison with the traditional concept of “dominance” in economic studies. CONCLUSION: The design of trial in terms of “superiority” or “non-inferiority” does not change the fact that separate and sequential tests of hypothesis for costs and effects independently are to be avoided in economic evaluation. The recommendation remains that estimation and not hypothesis testing should be the key to interpreting cost-effectiveness studies of new treatments.

WITHDRAWN