 subgroup of patients (N=473) eligible for evaluation under Method II was also evaluated under Method I. Methods: The differences in results compared with the overall population. Method I yielded higher dose estimates when compared to Method II. This was consistent for the total sample and subgroup. Ustekinumab cost per injection in Method I was estimated up to 68.2% higher than in Method II. Variability in cost estimates across doses was up to 18 times higher in Method I than Method II. CONCLUSIONS: Conducting ustekinumab drug utilization assessments with pharmacy claims requires a methodological adjustment to address multiple doses dispensed on the same claim. Unadjusted assessment may yield artificially high dose and cost estimates. Adjusted assessments offer a more realistic distribution of doses and less variability in cost estimates. The ability to conduct adjusted assessments requires the sample to have ≥ 2 ustekinumab prescriptions and sufficient follow-up time.

PM23

PROQOLID DATABASE: WHERE ARE WE TEN YEARS AFTER ITS LAUNCH?
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OBJECTIVES: The PROQOLID database was developed in mid-2001 to provide all those involved in health care evaluation with a comprehensive and unique source of information on Patient-Reported Outcomes (PRO) and Health-Related Quality of Life (HRQoL) measures available through the Internet. The objective of this study is to review the evolution of content, structure, and functionality of the PROQOLID database over this ten-year period (2002-2011). METHODS: The archives of PROQOLID were searched to retrieve the database just before its launch and to compare its content and structure with that of the PROQOLID database (then known as QOLID) that was first published in mid-2001. The PROQOLID database included 131 instruments (22 generic and 28 disease- or condition-specific). Instruments specific to oncology were the most frequent (54). The structure was simple with only three categories in the membership level: translations available, descriptive information, content validity documentation, measurement properties, references and websites. A search engine has been added to enable advanced searches with the following criteria: abbreviation, full name, author, dimension, disease, type of instrument, population, and languages. In January 2005 the database was renamed PROQOLID to reflect the wider use of the term Patient-Reported Outcomes.

CONCLUSIONS: In a period of 10 years, the PROQOLID database has considerably evolved in content, structure, and offers a range of information and services adapted to the evolution of the field.

PM25

DEVELOPMENT OF A REGULATORY POST-MARKETING STUDIES DATABASE
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OBJECTIVES: Post-marketing surveillance for adverse effects has become an essential element of new drug and medical devices development in the European Union and the USA. The objective of this study is to present an overview of the content of a database gathering key details of Regulatory Post-Marketing Studies (RPS) requested by the European Medicines Agency (EMA, EU), the Food and Drug Administration (FDA, USA) and the Haute Autorité de Santé (HAS, France). METHODS: All drug approvals published by the EMA, the FDA and the HAS between January 1, 2005 and November 10, 2011 were reviewed to retrieve RPS. The information displayed for each instrument has considerably been improved with the addition of five categories in the membership level: translations available, descriptive information, content validity documentation, measurement properties, references and websites. A search engine has been added to enable advanced searches with the following criteria: abbreviation, full name, author, dimension, disease, type of instrument, population, and languages. In January 2005 the database was renamed PROQOLID to reflect the wider use of the term Patient-Reported Outcomes.

CONCLUSIONS: In a period of 10 years, the PROQOLID database has considerably evolved in content, structure, and offers a range of information and services adapted to the evolution of the field.

PM26

ACCESS TO REAL-WORLD DATABASES IN EUROPE – HOW TO FIND THE ONE THAT WILL ANSWER YOUR RESEARCH QUESTION?
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OBJECTIVES: Increasingly regulators and payers worldwide are seeking real world data (RWD) to inform decisions on access to new medicines. While the ISPOR International Digest of Databases is a valuable resource to facilitate the access of health outcome researchers to RWD, a limitation is that it depends on database providers to submit database information to ISPOR. In this research we aim to build on this initiative by searching specifically in the therapeutic areas of oncology, cardiology and endocrinology for research databases that can assist researchers to identify suitable databases in Europe and test whether they can answer the relevant research questions. METHODS: The search was limited to the United Kingdom, Germany, France and the Netherlands using generalized research questions. Review of the existing initiatives supplemented with interviews was conducted to find the final list of databases that the researchers could use, in each respective therapeutic area. Secondary research was conducted to identify real world databases not captured previously. The database holders were contacted by phone and/or email to obtain further information on the specifics of the databases. RESULTS: Five databases were identified and reviewed. A total of 122 databases were identified and assessed. Of these, 86 databases (~70%) were not mentioned in any of the previous initiatives. Oncology databases formed the majority of the databases (57), followed by endocrinology (14) and cardiology (13) with the majority of the databases covering multiple therapeutic areas. This was consistent for the total sample and subgroup. Ustekinumab cost per dose and less variability in cost estimates. The ability to conduct adjusted assessments requires the sample to have ≥ 2 ustekinumab prescriptions and sufficient follow-up time.

PM27

A METHOD OF PROJECTING FUTURE CO-MORBIDITY PREVALENCE AND HEALTH SERVICE DEMAND IN THE UNITED KINGDOM POPULATION USING THE HEALTH IMPROVEMENT NETWORK QOLID DATABASE
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OBJECTIVES: It would be valuable for health care planning to project future population health co-morbidity conditions by studying the historical progression of patients through the various possible health states, based on their initial health. This study investigated a methodology of observing co-morbidity prevalence in the UK population. METHODS: By using pre-collected data from The Health Improvement Network (PINQOLID) database of UK primary care data, the proportion of patients who have one or more co-morbidities including hypertension, diabetes, heart disease, COPD and stroke can be observed for any given time period. A THIN data extract was used to determine the transition rates between co-morbidity states, as well as the mortality rates for each co-morbidity group. This was carried out by measuring the central exposed to risk, an actuarial analysis method, in each group and using forces of transition between the states. The number of doctor visits which patients make per year, broken down by co-morbidity grouping, was used as a potential proxy for demand for health services. RESULTS: Combining data on the future population by age and sex, and the split between morbidity groupings, we can estimate the total likely health service demand in the future. CONCLUSIONS: This approach can be used to consider future scenarios, seeking to address specific clinical issues or design policies that influence health behaviour issues based on assumed changes in transition rates. For example, if there were to be a one-year delay on the average age of diabetes onset, the impact on the population’s health as well as the demand and cost of health provisions can be estimated. Other examples of health scenarios that can be modelled include the effect of reducing levels of obesity, the impact that lifestyle changes can have on future health service demand.

RESEARCH ON METHODS – Modeling Methods

PM28

PHYSICIANS AS PSEUDO-AGENTS IN A HOSPITAL EMERGENCY DEPARTMENT SIMULATION STUDY
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OBJECTIVES: Computer simulation studies of the emergency department (ED) often allow the patient to drive the process and do not consider indirect patient related activities by the attending physician and resident (i.e. charting, teaching). The objective of this study is to describe an approach where physicians are considered ‘pseudo-agents’ in a discrete event simulation (DES). METHODS: Using data from an Ontario hospital, two ED DES models (traditional versus pseudo-agent) were constructed and compared on key outputs including patient satisfaction, clinician waiting time, and the impact that lifestyle changes can have on future health service demand.

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