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THE DOS AND DON'TS IN PAYER COMMUNICATION. A QUALITATIVE RESEARCH ACROSS FIVE EUROPEAN COUNTRIES

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OBJECTIVES: National authorities across Europe implement both controls and incentives to influence the supply and demand of pharmaceuticals and medical devices. Today, greater emphasis is placed on increasing efficiency in the resources spent on health care via tighter controls on pricing and reimbursement regulations. Companies increasingly face the challenge to communicate their value propositions towards payers adequately. We investigated in 5 European countries (D,F,UK,NL,I) if companies meet payers expectations and also asked for suggestions how companies could improve. **METHODS:** A questionnaire was developed, validated and translated into the local language. Some questions were specific to the national health care system. In total 20 face—to- face interviews were conducted with decision makers at various levels. All interviews were recorded. **RESULTS:** The expectations among payers across Europe with regard to industry communication vary widely. The emphasis lies in the presentation of scientific data with more focus on clinical rather than economic data. Some of the interviewees revealed some poor examples and mistakes made by companies, others gave us insights into what an "ideal" communication platform with the industry could look like on a national level. **CONCLUSIONS:** The results showed that even in Europe there is a huge variety how to communicate with payers from an industry perspective. Cultural and health care system specifics need to be taken into account to develop successful payer communication strategies.

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SENSE OF COHERENCE—AS MEDIATING FACTOR IN REMAINING EMPLOYED IN HEALTH CARE PROFESSION

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OBJECTIVES: To prove the hypothesis that sense of coherence has a significant mediating role in keeping career in health care. **METHODS:** Our database: students in the programme of nursing (n = 203) versus randomly selected sample of students studying in other programmes (n = 196); and health care professionals (n = 96) vs. a randomly selected sample of people employed elsewhere but not in health care (n = 741). Anonym self-completed questionnaires were used: Antonovsky's SOC scale validated on Hungarian sample; Hennenhofer'Heil's vegetative lability test and a health self-estimation scale. Used statistical methods: variance analysis and multinomial logistic regression. **RESULTS:** According to the ANOVA and post hoc tests, global sense of coherence of students studying in health care programmes was significantly lower ($p < 0,001$) than that of those students studying in other programmes; the results of health care professionals did not significantly differ from the control sample. The highest SOC were scored by those health care professionals who were studying besides working. According to the indicators of state of health the health self-estimation of health care students was significantly lower than that of those participating in other programmes (based on the post hoc t-tests, $P < 0,05$) however, between the two samples of employees there was no significant difference. We have proved with multinominal logistic regression models that SOC and the state of health are mostly influenced by physical activity. **CONCLUSIONS:** Our hypothesis has been confirmed by the results. Relatively more health care students with a high SOC are employed in the health care. This could be the explanation for the phenomenon that health care students have lower SOC compared to those studying in other programmes but in both groups of employees there is no difference concerning SOC. This proves the importance of enhancement of SOC among health care students, which can be primarily achieved by augmenting physical activity.

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TRAINING OF PHARMACEUTICAL SALES REPRESENTATIVES IN REGARD TO CHANGES IN HEALTH CARE POLICY IN GERMANY

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OBJECTIVES: Due to rapid changes in health policy in Germany there is a need for actors in health care system for constant training about the system. Aim of the present study is to assess different teaching methods using the example of training pharmaceutical sales representatives concerning effectiveness assessment as performed by several institutions in Germany. **METHODS:** Two learning approaches are compared. "Health Consultant (HC)" is a training program teaching pharmaceutical sales representatives in health policy topics using traditional training methods like talks and discussions. Second approach is an e-learning program. Participants were interviewed by questionnaires about their learning preferences. **RESULTS:** Evaluation of the HC training program shows, that the traditional teaching method is well accepted. Learning success was confirmed by subjective valuation. Most participants report a demand for a more flexible and individual learning approach that is compatible to their everyday work. E-learning programmes could meet these criteria. **CONCLUSIONS:** Further studies are necessary to evaluate the learning success of both methods. Evaluation instruments are already developed. The dimensions that should be included are motivation, workloads and structure of learning unit.

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COST-EFFECTIVENESS METHODOLOGIES OF STRATEGIES THAT AIM TO CHANGE THE BEHAVIOUR OF HEALTH CARE PROFESSIONALS

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BACKGROUND: As the cost-effectiveness of strategies that aim to change the behaviour of physicians has not been widely studied, it is unclear whether a standard methodology is being utilised for measuring cost-effectiveness in this situation. **OBJECTIVES:** To review the current literature on the methodologies used in cost-effectiveness evaluations 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 relevant evaluations, from ten publications, were identified; two discussed costs and benefits separately and were therefore not classed as true cost-effectiveness evaluations. Of the remaining ten, seven were based on randomised controlled trials, two used a model without empirical data and one was a prospective cohort study. Eight of the ten evaluations utilised health outcomes as the main effectiveness measure, five of which used life-years (LY) or quality-adjusted LYs gained. The ten cost-effectiveness evaluations measured: implementation cost per LY or health outcome gained (6); total policy cost per LY gained (2); implementation cost per percent change in prescribing (1) and percent change in health outcome per pound (1). Nine took a health care provider perspective; one took a societal perspective that included patient expenditure. There was no agreement between the ten evaluations as to whether physician time should be included in the cost analysis or not (yes (3), no (4), not stated (3)). Only two evaluations considered a time frame beyond 1 year and took into account that future implementations would be required to maintain the behaviour change. Discounting of values was utilised by these evaluations (3% per year), and by 1 other study (percent not stated). **CONCLUSIONS:** More robust evaluations are required, with health outcomes assessed as LYs for comparison purposes. Future evaluations must consider timeframe, discounting, societal costs and costs due to physician time.

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FIRST-IN-THERAPY PRODUCTS AND REQUIREMENTS FOR SUCCESSFUL HTA ASSESSMENT

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OBJECTIVES: To determine the necessary requirements of a first-in-therapy product to support positive HTA review. **METHODS:** An initial broad search was conducted to identify first-in-therapy products launching in recent years into disease areas with no alternative treatments. The products identified were eculizumab for paroxysmal nocturnal hemoglobinuria (PNH), pregabalin for fibromyalgia, vigabatrin for infantile spasms, tetrabenazine for tardive dyskinesia (TD) and chorea of Huntington's disease, pirfenidone for idiopathic pulmonary fibrosis (IPF), and amifampridine for Lambert-Eaton myasthenic syndrome (LEMS). These products were then examined within NICE, SMC, NCPE, PBAC and CADTH websites, and information collated on clinical endpoints, HTA comparators and assessment outcomes to provide an understanding of the requirements of first-in-therapy products for positive review. **RESULTS:** Of the drugs selected, 4 were assessed by HTA bodies. Due to a lack of alternative therapies, all but one product assessed carried out trials against placebo. Clinical endpoints were based either on metrics agreed upon by KOLs, quality of life measures, or both. Out of the seven drugs studied, only vigabatrin received positive recommendation due to strong trial data and inclusion of an active symptomatic comparator. a number of first-in-therapy products were actually rejected by HTAs in select countries. Pregabalin was rejected due to unconvincing trial data despite a favourable cost per QALY and eculizumab was rejected due to too high an incremental cost per QALY. **CONCLUSIONS:** We can conclude that based on the products assessed, first-in-therapy products do not typically receive special consideration when assessed by HTA bodies. An active comparator, use of recognized endpoints and the quality of data remain as important requirements for positive review. Furthermore, demonstrated cost-effectiveness is required even in a novel disease area, thus, it will be necessary to evaluate this earlier in development. More focused studies need to be carried out to ascertain this trend on a country-by-country basis.

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EVALUATION OF ACCEPTANCE AND REJECTION RATES OF ORPHAN DRUGS ACROSS SIX HTA AGENCIES

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OBJECTIVES: Many orphan drugs receive market authorization, however an assessment of cost-effectiveness is usually required before these drugs can be reimbursed. Recent research has explored the differences between HTA bodies in their rates of acceptance/rejection of orphan drugs. The objective of this study was to consider the relative weight of economic and clinical reasons for rejecting orphan drug submissions to HTA agencies. **METHODS:** Six HTA websites (NICE, SMC, NCPE, CEDAC, PBAC, AWMSG) were searched for summary guidance on 71 licensed orphan drugs identified from a search of the Orphanet website. **RESULTS:** Of 53 total non-approved