METHODS: A survey was conducted in France on representative samples of 196 psychiatrists, 221 cardiologists and 250 general practitioners. Demographic characteristics were used to check representativeness. Perception of NIRS' scientific interest, motivation criteria and expectations were assessed and analyzed using descriptive statistics. For the majority of physicians, the NIRS are of scientific interest, and provide reliable information on drug utilization in real life conditions. However, 10-15% are not convinced, 10-20% don't have any opinion. Motivation relates to interest for scientific objective and studied disease (>90%), scientific rigour and credibility of partners (>90%), previous scientific committee, sponsor (>70%). NIRS are considered by Health Authorities are not incentive. Physicians appreciate contributing to improving knowledge about drugs (>80%), >70% consider NIRS a challenging opportunity to compare their behaviour to their peers', All (>90%) are interested in receiving results. >90% think results should be available within 6 and 12 months respectively. CONCLUSIONS: NIRS are recognized as a rigorous scientific tool by a majority of physicians. Motivation to participate is based on all scientific components of NIRS. Results are expected in short term timeframe.

THE EFFECT OF THE 2007 HOSPITAL REFORM ON THE NUMBER OF PSYCHIATRIC BEDS IN HUNGARY
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OBJECTIVES: The new act on developing of the Hungarian health care system—came into effect on the 1st of April 2007 cut the number of hospital beds significantly in Hungary and the National Institute of Psychiatry and Neurology (OPSN) was closed. The aim of our paper is to analyze the effect of the 2007 Hungarian health care reform on the number of psychiatric hospital beds. METHODS: Data were derived from the nationwide administrative data set of the National Health Insurance Fund Administration (OEHI). RESULTS: >70% of psychiatrists are concerned that NIRS are of scientific interest and provide reliable information on drug utilization in real-life conditions. Physicians appreciate contributing to improving knowledge about drugs (>80%), >70% consider NIRS a challenging opportunity to compare their behaviour to their peers', All (>90%) are interested in receiving results. >90% think results should be available within 6 and 12 months respectively. CONCLUSIONS: NIRS are recognized as a rigorous scientific tool by a majority of physicians. Motivation to participate is based on all scientific components of NIRS. Results are expected in short term timeframe.

REGIONAL DIFFERENCES IN NUMBER OF PSYCHIATRIC BEDS IN HUNGARY FOLLOWING THE 2007 HEALTH CARE REFORM IN HUNGARY
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OBJECTIVES: The new act on developing of the Hungarian health care system—came into effect on the 1st of April 2007 cut the number of hospital beds significantly in Hungary and the National Institute of Psychiatry and Neurology (OPSN) was closed. The aim of our paper is to analyze the effect of the 2007 Hungarian health care reform on the number of psychiatric hospital beds at regional level. METHODS: Data were derived from the nationwide administrative data set of the National Health Insurance Fund Administration (OEHI), the only health care financing agency in Hungary. We carefully review the formal legislation and informal background papers related to this issue. The number of hospital beds was evaluated before and after 1st of April 2007. RESULTS: The 2007 act on developing of the Hungarian health care system cut the total number of acute care hospital beds by 15.631 (26 %) from 59.846 to 44.215 (from 59.2 to 43.7 beds per 100000 inhabitants) and increased the total number of chronic care hospital beds by 7.069 (35 %) from 20.100 to 27.169. The number of acute psychiatric beds was reduced from 3.644 beds to 2.750 (<0.9 or <24.5 % decrease). At the same time, the number of chronic psychiatric beds was increased from 4.187 beds to 5.091 (193 or +3.9 % increase). Altogether, 701 psychiatric care hospital beds were eliminated from the Hungarian health care system. CONCLUSIONS: Although the total number of chronic care hospital beds was increased by 35 % within the Hungarian health care reform in 2007, the Hungarian health care system lost 701 psychiatric care hospital beds without any reasonable consideration or explanation.

Cost-effectiveness of knowledge translation methods in health professionals
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OBJECTIVES: Objective of this research is to discover whether knowledge translation strategies are effective in knowledge translation, i.e. fulfil the function for which they have been designed. CONCLUSIONS: Although the scientific evidence suggests that the knowledge translation interventions are effective, most of them are relatively costly, and therefore less cost-effective. Those interventions that require less resources or can be applied in different areas at low cost, should be developed and implemented.

IS IT COST-EFFECTIVE TO CHANGE THE BEHAVIOR OF HEALTH CARE PROFESSIONALS?
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BACKGROUND: Despite adequate literature on the effectiveness of behaviour change strategies for physicians, there is little information on whether these strategies are cost-effective. OBJECTIVES: To review the current literature on the cost-effectiveness 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 economic evaluations, assessing sixteen interventions in total, were identified. These were performed in either Europe or Australia. All but one evaluation had a control group, which received no intervention or a standard, less labour intensive intervention (7) (One evaluation had two phases and therefore two control groups). The type of control group had no association with whether the strategy was deemed cost-effective or not. Seven of the policies were deemed cost-effective by the authors (remuneration, telemarketing, outreach, training sessions (3), distance learning), six were deemed not (outreach (4), training session, courier delivery of guidelines) and three reported increased benefits with increased costs but did not conclude whether this was cost-effective (outreach (2), training session). Three studies actually reported decreased costs with the test intervention over control, two of which were due to decreased hospital referrals. Of those behaviour change policies not deemed cost-effective, 50% had minimal or no increase in effect and the other 50% had a very significant increase in costs. CONCLUSIONS: Not all strategies were found to be cost-effective, which highlights the necessity of this type of analysis before they are implemented. Multiple studies found that there were increased benefits with increased costs. With no defined threshold as to what makes a behaviour change policy cost-effective, the discussion is open to debate as to whether these benefits are worth the increased costs.

DOES THE PACKAGE DESIGN MATTER? THE INFLUENCE OF OTC PACKAGE DESIGN ON PATIENTS' DRUG KNOWLEDGE
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OBJECTIVES: Objective of this research is to discover whether knowledge translation strategies are effective in knowledge translation, i.e. fulfil the function for which they have been designed. CONCLUSIONS: Although the scientific evidence suggests that the knowledge translation interventions are effective, most of them are relatively costly, and therefore less cost-effective. Those interventions that require less resources or can be applied in different areas at low cost, should be developed and implemented.

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OBJECTIVES: Given the increased use of interventions of knowledge translation to change clinical practice, it is necessary to evaluate their effectiveness and cost-effectiveness. In this systematic review we synthesized scientific evidence on the cost-effectiveness of knowledge translation methods in health professionals. METHODS: We searched studies in MEDLINE and EconLit databases up to March 2010. Compared economic evaluations based on clinical trials of knowledge translation in primary and specialized health care were selected, if published in English, Spanish, German or Italian. The primary outcome was the incremental cost-effectiveness ratio. Quality of the economic evaluations was assessed by the check-list by Drummond et al. The extracted information was presented in text and tables. RESULTS: Eighteen economic evaluations met the inclusion criteria. The knowledge translation interventions were aimed at different areas, like prescription, diagnostics, treatment, counselling and clinical practice guidelines. Thirteen studies were cost-effectiveness analyses, and five were cost-utility analyses. The effectiveness measures used were mainly QALYs (quality-adjusted life-years). The perspective mostly used was the one of healthcare providers. The research was intended to answer two questions: 1) how well (in terms of speed and accuracy) do customers comprehend the relevant medical information on packages? 2) Do alternative package designs cause significantly different levels of comprehension?. METHODS: Face-to-face interviews with 452 customers of 17 German pharmacies were conducted. In each of three sequential experiments (one OTC brand per experiment), each of the participants was shown two packages of the same brand (Paracetamol/Bisasodil) and asked three drug-related questions per package. Multivariate linear regression analysis was used to identify the factors capable of explaining the accuracy of the answers (first outcome; quality) and the speed with which the answers were made (second outcome; time). The different abilities of the three package designs to improve accuracy and speed were compared by descriptive statistics. The significance of the differences was tested by Wilcoxon tests. RESULTS: Older people, those with physiological problems, people not in a good mood, and those with a poor doctor-patient relationship, or a lack of trust in medicines in general answered the questions with a significantly higher number of mistakes and/or needed significantly longer to do so. When compared to two other package designs, one of the tested designs proved itself to be superior in quality and time. CONCLUSIONS: There exist significant differences between patient groups in their ability to comprehend medical information; specific patients do not understand medical information on packages in a sufficient way. 2) The design of a medication package can measurably influence the quality and speed of information transfer to pharmacy customers. An optimized package design is a source of added value from a drug safety point of view.

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