HEALTH CARE USE & POLICY STUDIES – Equity and Access

PHP75

TREND COMPARISON OF THE COLOMBIAN MULTIDIMENSIONAL POVERTY INDEX, INEQUITIES IN MATERNAL MORTALITY, NEONATAL MORTALITY AND GINI COEFFICIENT, 1997-2011

Romero Moreno LF, Eslava Schmalbach JH, Sandoval Vargas G, Saboya Romero DM
Universidad Nacional de Colombia, Bogotá, Colombia

OBJECTIVES: To describe and to compare the Colombian multidimensional poverty index (MPI) 's trends against Gini coefficient (GC) and inequities in maternal mortality and neonatal mortality since 1997 to 2011. **METHODS:** An ecological study was performed. MPI and Gini coefficient were obtained from National Statistics Department´s (DANE) databases. The Maternal Mortality Rate and Neonatal Mortality Rate were estimated and standardized by age and sex respectively. The Attributable Fraction (AF) was estimated as the inequity indicator for these two variables estimating the excess of risk by geographical exposure. We estimate the trend and behavior among MPI's Colombian version and health inequities and disparities indicators over time from 1997 until 2011. **RESULTS:** A substantial change was evident in the MPI 51% decrease (1997-2011) and 40%, (2003-2011) decreasing from 0.6 to 0.3 (2003-2011), whilst Maternal Mortality attributable Fraction (MMAF) showed a 3% increase, rising from 83.4% to 86.2% (2000-2008), and a slight reduction for Neonatal Mortality attributable fraction (NMAF) 1.6%, (2000-2008) decreasing from 88.9% to 88.4%. At the same time. GC evidenced a 1% decrease between 2000-2011 decreasing from 0.57 to 0.54. **CONCLUSIONS:** The established MPI for Colombia in the last decade had a descending trend and did not resemble the stationary behavior of the major inequity indicators calculated for the country in the same time span. Consequently, there was an undervalued perception over the issues where affected population were not target of requested interventions. It is therefore important to question the validity of measures used to quantify the poverty (MPI's Colombian version) in order to reconsider the strategies of interventions where health inequity is an important referent to create control and intervention measures.

PHP76

NURSES VERSUS OTHER HEALTH PROFESSIONALS PERCEPTIONS ON QUALITY AND SAFETY CULTURE ELEMENTS IN GREEK HOSPITALS

Dreliozi A[1], Siskou O[2], Bouchoris P[3], Galanis P[4], Kaitelidou D[4], Prezerakos P[5]
[1]*2nd Regional Health Authority of Piraeus and Aegean islands, ATHENS, Greece,* [2]*Center for Health Services Management and Evaluation, National and Kapodistrian University of Athens, Athens, Greece,* [3]*IASO GROUP, ATHENS, Greece,* [4]*National and Kapodistrian University of Athens, Athens, Greece,* [5]*University of Peloponnese, Sparta, Greece*

Quality and risk management together, are prerequisites of patient safety which forms the basis of health care quality management activity. **OBJECTIVES:** To explore the prevailing organizational climate-in terms of clinical governance' factors "Climate of blame and Punishment" and "A planned and integrated QI program and proactive risk management", in Greek hospitals and to compare nurses' perceptions with those of the rest health professionals on the particular factors. **METHODS:** It is a cross-sectional study, including a representative sample of all specialties of employees working in a public and a private Greek hospital. The validated Clinical Governance Climate Questionnaire (CGCQ) was filled by N_n=261 nurses and $N_{oth\ prof}$= 198 other professionals (response rate: 79%). A lower score signifies greater satisfaction in a particular concept. Data mining took place from May to August 2012. Data analysis was performed with the SPSS 19.0 and included factor analysis, t-test, X^2test and regression analysis The two-tailed significance level was set $\leq$ 0.05. **RESULTS:** The results for the factors "Climate of blame and Punishment" and "A planned and integrated QI program and proactive risk management", demonstrated a slightly positive trend (Means: 2.73 and 2.28 respectively) in the total population. Nurses, appear to perceive more negatively the climate related to: i) protected time for Quality Improvement initiatives ($p<0.05$), ii) systematic assessment of clinical risks ($p<0.001$), iii) sharing of a common vision ($p<0.05$), iv) dissemination of Risk prevention policies ($p<0.001$), v) proactive risk management ($p<0.05$), vi) systematic evaluation of Human Resources development needs ($p<0.001$), vii) equal employee's valuation regardless of professional background ($p<0.05$). **CONCLUSIONS:** The views of nurses are essential, as they are important and direct factors of care provision. The assessment of climate produces conclusions which if exploited properly, can mark the beginning and support the effort of continuous improvement of patient safety.

PHP77

PHARMACEUTICAL MARKET ACCESS IN EMERGING MARKETS THROUGH INNOVATIVE PATIENT ACCESS SCHEMES

Leibfried MJ, Arsiwalla MY, Richardson SK
GfK Market Access, New York, NY, USA

OBJECTIVES: Emerging markets are a major priority for pharmaceutical manufacturers, and continue to grow as areas of interest for many firms. However, coverage from 3rd party payers, whether public or private, is often limited, and as a result the patient is the primary payer. Pharmaceutical companies must devise innovative strategies in order to provide access to patients while driving sales. In this study, we aimed to assess pharmaceutical company strategies to address patient affordability in emerging markets. **METHODS:** We undertook a secondary research horizon scan utilizing public resources to examine a variety of strategies, including innovative patient access schemes across emerging markets. We then filtered a total of n=14 schemes in emerging markets into several categories in order to create archetypes and to identify common themes and trends. Examples from a number of countries and regions were considered, including Brazil, China, India, sub-Saharan Africa, and others. **RESULTS:** We categorized n=14 patient access schemes into three main categories/archetypes: Licensing and Technology Transfer, Differential Pricing and Cost Offset Programs, and Value Added Services based on the primary objectives and characteristics of each scheme. A majority of programs fell under the Differential Pricing and Cost Offset programs (n=8), with the other two categories splitting up evenly at n=3 each. **CONCLUSIONS:** Pharmaceutical manufacturers are using innovative patient access schemes to gain access in emerging markets and are doing so by finding ways to drive down overall patient spend. While we were able to archetype innovative patient access schemes into three categories, it is important to note that many schemes incorporate elements from across the categories identified. Finally, when designing a scheme, pharmaceutical companies must take into account a host of factors including country level dynamics, company assets and strategy, and particulars of scheme design.

PHP78

PATIENT ENVOLVEMENT IN REIMBURSMENT OF DRUGS IN SLOVAKIA

Tomek D[1], Tomekova K[2]
[1]*Slovak Medical University, Bratislava, Slovak Republic,* [2]*Slovak Society for Pharmacoeconomics, Bratislava, Slovak Republic*

OBJECTIVES: To define the possible ways of participation of patients in the decision-making processes in Slovakia. To analyze the current status of patients in the reimbursement process in Slovakia and to define barriers to the participation. **METHODS:** To identify the relevant literature, a survey was carried out using a search engine to the literature in PubMed 2000-2013. The survey was carried out using the following key words: "Patient participation", "Patient choice", in combination with the terms "Priority Setting", "Innovation" or "Pharmaceutical Innovation". Materials with those keywords were found, as well as through a Web browser. We performed analysis of the Slovak legislation, which regulates the status of patients in the reimbursement process and the comparison of this with other legislative standards, governing the status of citizens in public processes. There has also been evaluated legislative consultation process, which took place during the years 2010 and 2011. **RESULTS:** Actually the patients can (as the whole public) only view all documents relevant to reimbursement, since they are not a "registered" participant of the process. They are 3 possibilities to comment the process according to relevant legislation: send a writing comment to the MoH, draw up a petition, file a complaint. In the period 2010 – 2011, before the legislation change, the MoH received 318 comments, from that 140 were from public. **CONCLUSIONS:** The whole process is totally transparent and visible via internet site of MoH. The status of patients (e.g. patient representatives) in the process declined since the last change of legislation from 1.12.2011. Due to the introduction of WTP threshold for ICER/QALY is also the introduction of innovative drugs more restrictive as before, what makes the possibilities of patient participation in reimbursement process even more important.

PHP79

ADVANTAGES OF EXTEMPORANEOUS DOSAGE FORMS IN UKRAINE

Zalis'ka O, Maksymovych N, Kacheray J, Sichkoriz O
Danylo Halytsky Lviv National Medical University, Lviv, Ukraine

OBJECTIVES: We evaluated the data of license registry of Ukraine on 01.01.2014. Extemporaneous medicines are presented in 426 pharmacies, about 3% of the total number in Ukraine. The range of extemporaneous formulations in Ukraine is significant, it is complemented by modern specifications physicians. **METHODS:** We analyzed the 1570 prescriptions on extemporaneous dosage forms of various doctors in few Lviv pharmacies during 2013-2014. **RESULTS:** We found that 53 names of substances used active substances and excipients. That should be noted that different formulations are made: medicine, tinctures, solutions, suspensions, drops, ointments, pastes, suppositories, powders. Among the most commonly prescribed by doctors' prescriptions are liquid dosage forms, topical solution (solution furacillin 0.02% - 500.0; rivanol 0.05%, 0.1% - 500.0; hydrogen peroxide 3% - 500 0, a solution of methylene blue 1% - 10.0), solutions for electrophoresis, nasal drops (solution collargolum 3% - 10.0 and protargolum 2% - 10.0), thymi water, soothing medicine quater, Pavlova, Ravkin. These pharmacies offer 26 solutions to supply hospitals. Also popular are antiflu powder (antigrypin) and vitamins, care products for face and body. Among soft medicines dominate ointment for wound healing (Lesyuk ointment, kalanhoie ointment) and for the treatment of sinusitis, Unna paste (for healing venous wounds), suppositories for hemorrhoid treatment (by prof. Maslyak) and antifungals (solution Kastelyani and various ointment). Currently, there are difficulties in ensuring substances, including missing: dibazol, diphenhydramine, collodion 4% lithium chloride, paracetamol, pepsin, yellow mercury, sulfur purified, diluted hydrochloric acid 8.4%, zinc sulfate, extract althey root, aminophylline, 1% citral alcohol solution. **CONCLUSIONS:** Extemporaneous medicines are economically available, the average costs of solutions are 4-12 UAH (1 Euro=16.0UAH), eye drops- 6-18 UAH, ointments - 5 - 15 UAH, which is 40-85% less than the manufactory drugs. That's cost-effective therapy and provide individualized drug treatment for children, elderly, and chronically patients in Ukraine.

PHP80

TOWARDS UNIVERSAL HEALTH CARE- A REVIEW OF THE BASIC BASKET OF CARE ASSOCIATED WITH UNIVERSAL HEALTH CARE DELIVERY MODELS

Burns RM[1], Dooley B[2], Armstrong J[3]
[1]*University of Oxford, Oxford, UK,* [2]*AXIS Healthcare Consulting Ltd., Galway, Ireland,* [3]*Erasmus University Rotterdam, Rotterdam, The Netherlands*

OBJECTIVES: In 2014, the Irish Department of Health and Children (DoHC) published a policy document outlining the introduction of Universal healthcare by 2019. The impetus for adopting Universal healthcare is multi-faceted; the main driver being the current two-tier, private/public delivery system limits access to care for subgroups of the population. Inequality in access to care and clinical outcomes has been extensively published in Ireland; the implementation of Universal health care will aid in reducing this inequality as well as stabilise variation in resource use across socio-economic groups providing more efficient and equitable delivery of health care. The aim of this review was to catalogue what basic care is offered at the population level across Universal delivery models in Europe and document disease-specific resource use and health outcomes as well as organisation around reimbursement structures for purposes of informing policy in Ireland. **METHODS:** EU-27 countries were classified by health care delivery systems according to data available from