vención de manera oportuna aumentó en 11%. El costo por paciente sin EAG de tratamiento de BPH fue de US$ 12,000 en caso de morbidad y US$ 56,000 en caso de mortalidad. Estos resultados indican que un significativo costo del tratamiento logrado por un hospital por paciente sin EAG de tratamiento de BPH fue US$ 12,000 en caso de morbidad y US$ 56,000 en caso de mortalidad. CONCLUSIONES: La inclusión del farmacéutico en el equipo de atención fue costo-ahorradora.

PHP19 INCREASED MARKET SHARE OF PRIVATE, FOR-PROFIT HEALTH CARE PROVIDERS FROM THE HUNGARIAN HEALTH INSURANCE BUDGET BETWEEN 2006-2009

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OBJECTIVES: The potential role of private health care providers and privatization has been under heavy discussion in many countries. In the Hungarian health care sector there was a clearly supporting health policy regarding the increasing role of private health care providers. The aim of the study is to analyze the market share of for-profit private sector from the public health insurance expenditures on medical services. METHODS: Data were derived from the nationwide administrative data set of the National Health Insurance Fund Administration (OEI), the only health care financing agency in Hungary, covering the period 2006-2009. The analysis includes the medical provisions (primary care, health visitors, dental care, out- and inpatient care, home care, kidney dialysis, CT-MRI). We calculated the health insurance reimbursement according to the following categories of health care providers' ownership status: local authorities, central government, for-profit companies and non-profit providers. RESULTS: In 2006 only 15.8% ($12.8 billion Hungarian Forint, HUF) of total expenditure for medical services went to for-profit private providers, 53.9% to local authorities, 24.7% to central government and 5.6% to non-profit sector. For 2009, the market share of private for-profit health care providers increased to 30.9% (222.3 billion HUF), the local authorities had 43.8%, the central government 22.7% and the non-profit sector 2.5% market share. We found the largest increase of private for-profit health care providers in acute (from 0.8% in 2006 to 14.3% in 2009) and chronic care (from 1.1% in 2006 to 20.6% in 2009). CONCLUSIONS: In line with the health policy objectives between 2006-2009, we found a significant increase of private for-profit companies from health insurance financing; they doubled their market share from 15.8% (2006) to 30.9% (2009). This increase was attributed to the "functional" privatization of acute and chronic care hospitals.

PHP20 ECONOMIC EVALUATION OF POISON CONTROL CENTERS: A SYSTEMATIC REVIEW

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OBJECTIVES: To define the value medical services cost while conducting pharmacoeconomic researches of expensive 5-alpha reductase inhibitors (5-ARI) application for treatment benign prostatic hypertrophy (BPH) has been done. The average prices comparison (in US dollars) of the actual medical services and prices taken from medical literature has been done. RESULTS: The foreign medical literature review of using the S-ARI for BPH patients shows the considerable economic expenses because of an acute urinary retention hospitalization and surgical treatment of the condition. The medical services cost is considerably cheaper to compare with the costs given by foreign researchers. We have three procedures providing the significant contribution to the above-stated discrepancies: the urologist examination cost in the USA 9 times exceeds the similar procedure in Germany (47.9$ versus 5.1$). The theoretical prostate volume reduction is 7 times (79$ versus 15$) and 1 day hospitalization cost without operative interventions and anesthesia is 364 times (4809$ versus 13,2$) more. CONCLUSIONS: Hospital services and the medical staff work high cost in western countries allows proving economically out-patient application of expensive treatment methods. The end-points choice of the events demanding hospitalizations is not optimum at making pharmacoeconomic researches in Belarus because of the low contribution in hospital expenses versus the drug therapy cost. A complex approach with integration of several economic analyses is required to introduce new expensive innovative drugs on the Belarusian pharmaceutical market.

PHP22 USE OF DECISION MODELING TO ESTIMATE THE NEGATIVE IMPACT OF TOBACCO USE ON HEALTH CARE COSTS AND HEALTH DISPARITIES IN PEOPLE LIVING WITH HIV

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OBJECTIVES: After people living with HIV (PLWH) start on highly active antiretroviral therapy (HAART), rates of hospitalization for PLWH’s declined, but continued negative health care outcomes appeared. The increased prevalence of tobacco smoking among PLWH and paucity of current data provide the rationale to study if tobacco use might affect cost and clinical benefits of HAART among PLWH. METHODS: A decision-tree model guided our assessment of the impact of tobacco on costs and effectiveness of HAART by race/ethnicity. Using a payer perspective, the probabilities related smoking status for two racial groups (African Americans, Carribian, Hispanic (Caucasians) were extracted from our prior tobacco study (n=560) along with the number of hospitalizations. This information along with hospital bed/day costs, provided by Jackson Memorial Hospital’s patient accounting system, was used to estimate the impact of the tobacco with a 1-year time frame. RESULTS: were expressed as cost per hospitalizations related to smoking diseases (HRSD): Among patients receiving antiretroviral therapy, our data indicated that smoking contributed a $480,029 additional cost/year, with an average of $6,234/HRSD and an incremental cost of $4,750 compared to non-smokers in the same treatment group. In the Non-HAART Group, the incremental cost for smokers was $9,264/469, with an average of $8,054/HRSD and an incremental cost of $7,486. When racial group were evaluated for smoking habit, the average costs for Hispanics receiving HAART was $10,975/HRSD. African Americans despite the high cost reported for the total group had an average cost of $801/HRSD. CONCLUSIONS: In PLWH receiving HAART, our analysis indicated that the benefits of HAART were negatively impacted by tobacco use and costs are increased in the smokers in both the HAART and Non-HAART groups. The data also indicated that focusing tobacco prevention efforts on minorities may maximize effectiveness in terms of disease prevention and cost reduc- tion.

PHP23 LA ACEPTACION DE LAS VACUNAS EN LOS PROGRAMAS NACIONALES DE INMUNIZACION EN LATINA AMERICA: UN ESTUDIO COMPARATIVO

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OBJECTIVES: A con un precio alto, la vacuna de VPH se ha asegurado de una rápida inclusión en los programas nacionales de inmunización (PNI) en economías avanzadas y emergentes. Para el caso de las vacunas nuevas, han encontrado una aceptación más lenta en economías emergentes. El objetivo de esta investigación es comparar el acceso del mercado de esta vacuna con los de las vacunas contra el neumocoque y la del Hib, con el fin de entender los criterios subyacentes en la exitosa aceptación de una vacuna. METODOLOGÍAS: Cinco países de Latina América fueron considerados en este estudio. Todos los países participaron en el debate nacional de al menos dos de las vacunas sobre la inclusión en el PNI. Se recopilaron los siguientes datos: fecha de autorización comercial y de inclusión en el PNI, precio, restricciones de acceso y fuentes de financiación. Se llevó a cabo una revisión cualitativa de la literatura y de las publicaciones de los Ministerios de Salud de los países para hacer un estudio comparativo de las tres vacunas. RESULTADOS: Nuestro análisis muestra en todos los países una clara diferencia entre la financiación del VPH y de las otras vacunas, con poca consistencia en el razonamiento económico y político. Por ejemplo, los altos costos se citan como barrera al acceso, sin embargo las poblaciones incluidas en los programas de vacunación del VPN son más grandes que en los países industrializados. CONCLUSIONES: Los factores adicionales que influyen en la aceptación de una vacuna varían dependiendo de las actores principales del debate nacional. Politización y valoración de los activistas contra el cáncer pueden suponer la percepción del valor social de una vacuna en particular. Estos factores son importantes y van más allá de la evaluación económica del proceso de inclusión de vacunas en los PNI.

PHP24 COMPARACIÓN DEL VALOR DE LA VIDA ENTRE PERSONAS CON ENFERMEDADES CRÓNICAS Y PERSONAS CON ENFERMEDADES AGUDAS

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