in the Hungarian outpatient care resulted in a significant decrease of outpatient visits. However, we do not have information whether visits failed to be realized were really unnecessary or not. Other elements of the health care reforms could have also influenced the number of outpatient visits.

**PHP22**

**COMPARATIVE ANALYSIS OF HOSPITAL BED CAPACITIES OF OLD (EU-15) AND NEW (EU-12) MEMBERSTATES OF THE EUROPEAN UNION**

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**OBJECTIVES:** The hospital bed capacities have a special importance during health care reforms. Many health care reforms aimed to reduce the number of hospital beds. The aim of this study is to analyze and compare the hospital bed capacities of old and new member states of the European Union before and after the social changes in 1990. **METHODS:** The data were derived from the Health for All database of the World Health Organization (WHO) as of November 2007 covering the period 1980-2005. We compared the total number of hospital beds per 100,000 between the old (EU-15) and the new (EU-12, members since 2004 or 2007) member states of the European Union. **RESULTS:** In the early 1980’s the number of hospital beds per 100,000 was significantly higher in the old (EU-15) member states (around 900 beds) compared to new (EU-12) member states (around 850 beds). In 1990, this trend turned over resulting in a higher number of hospital beds per 100,000 in the new member states (868 beds) compared to old member states (801 beds). By 2005 the gap between old (564 beds per 100,000) and new (640 beds per 100,000) member states’ hospital bed capacities became wider. **CONCLUSIONS:** Between 1980 and 2005 the number of hospital beds per 100,000 became higher in new (EU-12) member states of the European Union compared to old member states. The gap between old and new member states had been widening by 2005. The social and political changes in Eastern Europe in 1990 did not manage to close the gap of hospital bed capacities between old and new member states.

**PHP23**

**CHARACTERISTICS OF UTILIZATION OF PRIMARY CARE OF GENERAL PRACTITIONERS IN COUNTY BARANYA IN HUNGARY**

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**OBJECTIVES:** The aim of this study is to analyze the attendance of insurants registered with general practitioners (GP) in county Baranya during the one year existence of visit fee. **METHODS:** The analysis is based on the monthly reports (B300 form) from general practitioners. The study covered the period between March 2007 and February 2008. The analysis shows the attendance of insurants registered with any GP in county Baranya. The number of registered patients is as of February 2008. **RESULTS:** The number of insurants registered with GPs in county Baranya was 387,441 persons, who had 2,438,765 attendances during one year in any of the 298 GP practices. The average number of attendance is 6.3 per insurant, which are stratified according to the following: Sex: males 5.5, women 6.8; Age-groups: 0–1 y:14.8, 2–7 y:10, 8–14 y:5.6, 15–19 y:4.9, 20–29 y:2.8, 30–39 y:3.1, 40–49 y:4.7, 50–59 y:7, 60–69 y:8, 70–79 y:10.8, 80 y:+11.5 Number of settlements: 1 settlement 6, 2 settlements 6.6, 3 settlements 6.9, 4 settlements 7, 5 settlements 6.6; Number of GP office: 1 office 5.9, 2 offices 6.4, 3 offices 7.1, 4 offices 6.8, 5 offices 6.8; Type of settlement: city 6.1, village 6.6; Total number of attendances on week-days—On monthly base: January 11,519, February 10,729, March 10,335, April 9,655, May 9,703, June 8,779, July 7,661, August 7,638, September 9,310, October 9,294, November 10,492, December 9,590 persons;—According to week-days: Monday 11,457, Tuesday 10,291, Wednesday 9,931, Thursday 9,617, Friday 8,631, Saturday (if workday) 5,645 persons. **CONCLUSIONS:** The utilization of GPs practice is the highest on the first workday on the week, in winter months, in younger age-groups (0–1 year) and for women. As the number of settlements and offices increases, the attendance slightly increased also, in harmony with the higher utilization in villages. In the background we can assume the closer the GP the higher the utilization.

**PHP24**

**USE OF THE AMCP FORMAT IN THE U.S.: A NATIONAL SURVEY OF HEALTH PLANS**

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**OBJECTIVES:** The Academy of Managed Care Pharmacy (AMCP) Format for Formulary Submission (v2.1) is a set of guidelines intended to standardize the clinical and economic information submitted by drug companies to health plans for formulary determination. We examined familiarity with, and use of, the Format among pharmacy directors at U.S. health plans nationwide. **METHODS:** We obtained a list of U.S. health plans providing prescription drug coverage from the HealthLeaders-InterStudy database as of July 2006. After excluding local affiliates of national or regional plans, there were 257 plans in the sample. Data were collected from May to November 2007 through self-administered questionnaires sent to pharmacy directors or formulary managers. **RESULTS:** A total of 135 of 257 questionnaires were completed (response rate = 52.5%). Respondents represented plans with over 123 million covered lives (74% of covered lives accounted for by contacted plans). Most health plans maintain formulary decision-making responsibility, though some (especially at smaller plans) use input from pharmaceutical benefit managers (PBMs) to guide formulary decisions. 3/5 of all respondents and almost 90% of those at large plans (>500,000 covered lives) were extremely familiar or familiar with the Format. Approximately 36% of all pharmacy directors (56% of those at large plans) request information from drug firms in an AMCP Format structure. With regard to safety and efficacy for labeled use, health plans were more likely to perceive information provided in Format-compatible dossiers to be complete and clear or easy to understand than information in other presentations. Information related to off-label use and costs and benefits was frequently perceived by plans to be incomplete, lacking in clarity, and biased, regardless of whether it was in a Format-compatible presentation. **CONCLUSIONS:** Familiarity with the AMCP Format is high among pharmacy directors at U.S. health plans. Adoption of the Format has increased steadily over time, especially among large plans.