PHP76
HEARING THE PATIENT’S VOICE IN HEALTH CARE: A SURVEY ANALYSIS OF PATIENTS’ PERCEPTIONS OF DIFFICULTIES IN SHARED CLINICAL DECISION-MAKING
Jia F, Zhang L, Mao X, Zhang M
Sichuan University, Chengdu, China

OBJECTIVES: To explore the factors which affect shared decision-making and develop strategies to get patients actively involved in clinical decision-making.
METHODS: The survey was conducted in one of the third-grade hospitals in southwest part of China for a total of 565 patients involved. SPSS 17.0 was used to perform data extraction and analysis. RESULTS: The survey yielded to 600 questionnaires with a 94% response rate. There were 68% participants who said they would make some knowledge of the disease. Most of the patients (92.94%) have a positive attitude to participate in clinical decision making and 95% patients hope to know the medical information of treatment. Account for 60.24% patients would like to obtain information from doctors. While, only 46.21% patients can achieve the goals. Meanwhile, There were 79.2 % patients who are satisfied with the current treatment plan. The patients’ biggest concerns were: treatment effect, cost and doctors’ skills. The biggest difficulties that patients encountered were: long- time waiting, time consuming, lack of information (50.47%) and limited time to communicate with doctors (37.08%). CONCLUSIONS: As more and more patients would like to involve in shared decision-making, doctors need to provide patients with more choices and help them make a right decision in their treatment. A successful bidirectional way between patients and doctors will obtain patients’ trust and cooperation.

PHP77
ASSESSMENT OF RURAL HEALTH PURCHASING ARRANGEMENTS IN CHINA
En F
Center for Health Management and Policy, Shandong University, Jinan, China

OBJECTIVES: Strategic purchasing aims at maximizing health system performance and takes the health preference of people as basis to decide which interventions should be purchased, how and from whom they can be bought. At present, most of the purchasing arrangements are not perfect and several issues should be resolved urgently. Moreover, the limited research findings have not proposed effective solutions. Therefore this research project is considerably necessary and significant. The objectives of this study is to describe the purchasing arrangements in current China, analyze the factors which block the system performance, and propose what roles are purchasers expected to play in progress towards universal health coverage (UHC) from the perspective of strategic purchasing. METHODS: This study applies the model of multiple principal-agent relationship to the examination of relationships among the performers within the new rural cooperative medical scheme (NCMS) in China. We obtain information from case study and qualitative study by interviewing key people. Three provinces including Qinghai, Henan and Shandong have been chosen as our study sites with purposive sampling. In addition, provincial and county level leaders will also be interviewed. We critically assess the strategic purchasing performance and develop a theoretical strategic purchasing mechanism, recognize hindering factors which influences the system’s performance, and finally propose suggestions for policy making.
RESULTS: The result indicate that accessibility, efficiency and quality of preventive health services in present China are low. Practice of strategic purchasing is limited and the purchasers could not fully represent community’s preference. Meanwhile, purchasers are lack of control on health care providers and stewardship of government is not adequate. CONCLUSIONS: Enhancement of strategic purchasing mechanism needs to better coordinate principle-agent relationships between different actors, create appropriate incentives by adopting mixed provider payment methods and contracting with providers. Key words: Strategic purchasing, multiple principal-agent model, financing, people preference.

PHP78
ASSESSING THE EFFECTIVENESS AND COST-EFFECTIVENESS OF AUDIT AND FEEDBACK ON PHYSICIAN’S PRESCRIBING INDICATORS
Soleymani F1, Rashidian A2, Diniavand K3, Kebraezadeh A4, Hosseini M5, Abdollahi M6
Ministry of Health, Tehran, Iran, 1Tehran University of Medical Sciences, Tehran, Iran

OBJECTIVES: Improving adherence of physicians to national drug list is one of the most important interest. We aimed to assess the effectiveness and cost-effectiveness of prescribing audit and feedback intervention in improving physician prescribing. METHODS: A four-arm randomized trial with economic evaluation conducted in Tehran. Three interventions (routine feedback, revised feedback, and printed educational material) and a no intervention control arm compared. Physicians working in outpatient practices were randomly allocated to one of the four arms using stratified randomization sampling. Interventions were developed based on a review of literature, physici- an interviews, current experiences in Iran and with theoretical insights from the Theory of Planned Behavior. Effects of the interventions on improving antibiotics and corticosteroids prescribing assessed in regression analyses. Cost data assessed from a health care provider’s perspective and incremental cost-effectiveness ratios calculated. RESULTS: Comparing the new-design feedback arm and the no inter- vention arm, we observed significant reductions in the proportion of prescriptions including Cefixime (0.99 difference in percentage change; p value: 0.006) and Cefixime (0.99 difference in percentage change; p value: 0.01). We also observed significant reductions in the printed educational material arm’s propor- tion of prescriptions including Cefixime (0.93 difference in percentage change; p value: 0.04) as compared with the no intervention arm. ICER values corresponding to Dexamethasone decrease and Cefixime were 0.41 and 1.03 US$ per unit reduction in the number of prescriptions respectively. CONCLUSIONS: According to the results, design and the way the messages are conveyed in feedback forms is an important indicator of audit and feedback’s potential success in improving prescribing behav- ior. Considering the increased effectiveness of the cost-effectiveness of new-design feedback intervention arm has been proved.
dations by these is likely to be influenced by factors other than process taxonomy. **CONCLUSIONS:** This study identified the greatest level of congruence for HTA recommendations from the A taxonomy agencies. Other factors likely play a role in the divergences of reimbursement recommendations among dissimilar taxonomies, which could be better understood by refining the HTA taxonomy characteristics.

**PHP2**

**THE DA VINCI SURGICAL SYSTEM: A RAPID REVIEW OF THE CLINICAL AND ECONOMIC EVIDENCE IN TAIWAN**

Yu T., Wang Y.², Li Y.¹, Li X.¹, Li C.¹, Shen J.¹

¹West China Hospital, Sichuan University, Chengdu, China, ²TAIMED, Taipei, Taiwan, ³Aviation Industry Corporation of China, Chengdu, China, ⁴Nuclear Industry 416 Hospital, Chengdu, China, ⁵Wuzhou Teacher College, Wuzhou, China

**OBJECTIVES:** Da Vinci Surgical System (DVSS) is the most widely studied surgical robot in recent years, which is developed to assist surgeons performing surgical procedures. However, it is associated with high capital and operating costs. Given its limitations, a review of clinical and economic evidence is necessary for decision-makers. We conducted a rapid review to evaluate the clinical and cost-effectiveness of DVSS compared with open procedures and laparoscopic procedures, in a comprehensive HTA perspective using a systematic, comprehensive search of electronic databases (EMBASE, PubMed, Cochrane Library, Web of Science, CINAHL, CNKI, VIP, CMB and Wanggang) and HTA websites were completed to October 9, 2013. Two trained reviews independently screened for eligible studies, extracted data and assessed quality. Qualitative description was used to report the outcomes. **RESULTS:** After an initial screen of 272 studies, 18 studies (n=45,516) were selected for meeting inclusion criteria: 3 studies with 32,499 patients were healthy, 11 studies with 12,162 patients had cancer and 15 studies had patients were systematic reviews. The clinical and cost-effectiveness of DVSS was varied between diseases. Overall, DVSS was shown to be associated with a reduction in operative time, length of hospital stay, blood loss, and conversion rate compared with open and laparoscopic surgery on prostatectomy, nephrectomy, and hysterectomy colorectal surgery. DVSS was more expensive than open and laparoscopic surgery for the cost of acquiring, operating, and maintaining the robotic techniques. Most economic studies showed no significant difference was found in cost-effectiveness of DVSS comparing with open procedures. **CONCLUSIONS:** DVSS may have an impact on several clinical outcomes. However, the evidence was limited to systematic review and healthcare economic evaluation. Furthermore, the cost of DVSS is higher than open and laparoscopic surgery. Taking all of this evidence together, decisions about the robot-assisted surgery need to be made carefully.

**PHP3**

**THE PERFORMANCE OF THE PRAGMATIC STRATEGY TO BRING IN PHARMACOECONOMIC EVIDENCE FOR DRUGS REIMBURSEMENT DECISIONS IN TAIWAN**

Wu CH¹, Liao CH², Chen SR³, Wang YC⁴, Chen YC⁵, Pwu RF⁶

¹Division of Health Technology Assessment, Center for Drug Evaluation, National Institute of Health Technology Assessment, and Department of Physical Therapy and Assistive Technology, National Yang-Ming University, Taipei, Taiwan, ²Division of Health Technology Assessment, Center for Drug Evaluation; National Institute of Health Technology Assessment, Taipei, Taiwan, ³Division of Health Technology Assessment, Center for Drug Evaluation, National Institute of Health Technology Assessment, Taipei, Taiwan

**OBJECTIVES:** Local pharmacoeconomic evidence was seldom included in the manufacturers’ new drugs submission in Taiwan before. A series of pragmatic strategies were developed to encourage the presentation of local pharmacoeconomic evidence (CEA) evidence in the dossiers. This study aims at examining the performance of these strategies. METHODS: An incentive of mark-up for conducting local CEA studies has been implemented since 2011 to encourage the local manufacturing to submit CEA evidence for new drugs reimbursement application. The National Institute of Health Technology Assessment (NIHTA) has started to use a self-developed checklist to assess the quality of the local CEA evidence presented in the dossiers. The appraisal committee would then decide the extent of mark-up based on the assessment results. Three epochs were defined as (1) before mark-up epoch: 2008-2009 (No Mark-up Epoch), (2) mark-up without checklist epoch: 2010-2012 (No Checklist Epoch), and (3) mark-up with checklist epoch (Checklist Epoch): mid-2012 till 2013. The number and the quality of local CEA evidence identified from the dossiers submitted by the manufacturers in the three epochs were compared. **RESULTS:** In the No Mark-up Epoch, none local CEA evidence has been presented in the dossiers. However, 5 and 7 local CEA studies have been identified from the dossiers in the Mark-up epoch and the Checklist epoch, respectively. None out of the 5 local CEA studies has received the mark-up, nevertheless, 6 out of the 7 local CEA studies have received 1% to 5% mark-up for the reimbursement price. **CONCLUSIONS:** The pragmatic strategy seems an effective approach to encourage the manufacturers to present local CEA evidence in the dossiers, which could improve the quality of decision making. In addition, the capacity of conducting local CEA studies has been gradually established.

**PHP4**

**BENCHMARKING THE IMPACT OF HTA ON NEW MEDICINES DEVELOPMENT AND COVERAGE DECISION MAKING**

Wang T

CBS: Centre for Innovation in Regulatory Science, London, UK

**OBJECTIVES:** To evaluate the impact of HTA on medicines development and market access of new pharmaceutical products in Australia, Canada, England, France, Germany, Italy, Spain and the USA. **METHODS:** An annual benchmarking study was developed in collaboration with 9 multinational pharmaceutical companies to establish appropriate development and reimbursement performance metrics to identify if scientific advice was received, when it was received, from whom and the outcome and specific HTA requirements included into the development process. In addition data were also collected across 8 jurisdictions (Australia, Canada, England, France, Germany, Italy, Spain and the USA) to identify what evidence was submitted, the time it took and what additional evidence was requested. Data on 19 projects that entered phase III and 90 products that achieving first world approval from 2009-2012 were analysed. **RESULTS:** For the phase III projects, 63% received HTA scientific advice, of which 61% occurred during phase II, with company-sponsored advisory boards being the most frequent provider. The main HTA-related requirements included in development were patient-reported outcomes (88%), HTA-acceptable endpoints (74%), and cost-effectiveness analysis (74%). For licensed products, the median time from regulatory submission to reimbursement decision varied from 639 days (Australia) to 846 days (Italy). Additional comparisons for local HTA submission were requested by all jurisdictions except USA. England and France showed the highest percentage of products being reimbursed as per the regulatory label (50% and 55% respectively). **CONCLUSIONS:** Companies are actively taking scientific advice and incorporating HTA requirements into their product plans, although they are still challenged by divergency in HTA process and decision making across jurisdictions. Benchmarking HTA processes at the product level supports companies in driving excellence in risk management and strategic planning.

**PHP5**

**COMPARISON OF ECONOMIC EVALUATION GUIDELINES BETWEEN JAPAN AND 4 ASIA-PACIFIC COUNTRIES**

Miller A.¹, Abeal ², Toumi M.³, Onishi Y.¹, Ikeda S.²

¹Crested-Canus, Paris, France, ²University of Marseille, Marseille, France, ³Sanofi K. K, Tokyo, Japan, ⁴International University of Health and Welfare, Ohtawara, Japan

**OBJECTIVES:** The special committee of cost-effectiveness at the Japanese health ministry advisory panel was established in 2012 and the need for economic evaluation guidelines was proposed. The research team funded by the Japanese Ministry of Health, Labour, and Welfare was appointed to the guidelines for HTA in Japan in 2013. We compared the Japanese guidelines to existing guidelines in other Asian countries and to the NICE guidelines (UK). **METHODS:** We reviewed 10 HTA guidelines (nine in Asia-Pacific and one in the UK) and compared them with HTA guidelines in China, Taiwan, Thailand and South Korea up to February 2014. Similarities and differences between Japanese guidelines and those from other Asian countries as well as NICE guidelines were summarized. **RESULTS:** HTA guidelines are mandatory in the UK, South Korea and Thailand, recommended in Taiwan, and optional in Japan. In Japan, economic evaluations are currently not formally considered in pricing and reimbursement decisions. Japanese guidelines are relatively open, leaving room for decision-makers. Guidelines from different countries were broadly consistent in terms of preferred analytical technique (cost-effectiveness analysis), need of systematic reviews of evidence and consideration of effectiveness data as well as efficacy, but varied in terms of perspective, but varied in terms of perspective, data sources and model. **CONCLUSIONS:** This comparative exercise provides an overview of economic evaluation guidelines adopted by 5 Asian countries and the UK. The recommendations differed in some aspects, but Japanese guidelines are relatively open, which should facilitate adaptations of models between countries. One of the hurdles for adapting models is likely to be the variability in approaches recommended to obtain utilities.

**PHP7**

**HEALTH TECHNOLOGY ASSESSMENT IN JAPAN: HISTORICAL CURRENT SITUATION AND THE WAY FORWARD**

Yokota T., Kikuchi K.¹, Nakamura M.², Kudo N.³

¹The Wesley Research Institute, Brisbane, Australia, ²The Wesley Research Institute and University of Queensland School of Population Health, Brisbane, Australia

**OBJECTIVES:** A rapid growth of health technology assessment (HTA) activities have been observed among researchers and physicians in Japan is observed since the mid-1980s. However, Japan lags behind Europe, Australia, and several Asian countries in implementing national HTA regulations. Although it is generally accepted that low health care costs and good health prevail in Japan, population aging, rising costs of medical technologies and slow economic growth rates necessitate rethinking the current HTA regulations. This study aims to evaluate the history and current situation of the Japanese HTA system, and what Japan needs to do in order to successfully implement national HTA regulations. **METHODS:** Past and current Japanese HTA regulation are assessed by analysing both English and Japanese publications and legal documents, as well as comparing these with the systems in other Asia-Pacific countries. Australia, South Korea, Taiwan, Thailand. **RESULTS:**: There are historical, social, and biological reasons why Japan has been successful at maintaining the world’s longest life expectancy and the lowest infant mortality at relatively low cost despite the lack of a comprehensive HTA system. However, implementation of HTA regulation would be a key lever in the health system in line with the new economic policy introduced by Prime Minister Abe in 2012. Looking at the legal and organisation structures, implementation and performance of the HTA processes in systems, a comprehensive HTA system for Japan is proposed. **CONCLUSIONS:** HTA systems have been rapidly developing in the Asia-Pacific over the last decade. Facing the current pressures on the health system, the question is not whether Japan should introduce a comprehensive HTA system but what model of HTA system should Japan adopt. The experience of other Asia-Pacific countries in implementing national HTA systems can help inform the development of an innovative national HTA system in Japan that could play a central role in the future of Japanese health care.