use CAM compared to men. The factors associated with CAM use were different for men and women. Providers may need to consider the effectiveness of CAM to treat their chronic conditions. Future research needs to evaluate the effectiveness of CAM therapies among women with multiple chronic conditions.

**PHIP21 ATTITUDES TOWARDS COLLABORATION AMONG NURSES AND PHYSICIANS PRACTICING IN NEWLY ESTABLISHED MEDICAL HOMES Acuna E1, Mroz E2, Liou M3, Mao A4

OBJECTIVES: Integrated delivery models in the outpatient setting such as Medical Homes (MHs) require effective interprofessional communication and collaborative practice. Our objective was to evaluate the attitudes towards collaboration of mid-career general practitioners (GPs), and specialists practicing in newly established MHs in the Parma Local Health Authority, Italy. METHODS: The 15 item Jefferson Scale of Attitudes Towards Nurse Collaboration (JSAN) was administered electronically to 172 physicians (66 GPs, 106 specialists) and 113 nurses practicing in 12 MHs, caring for an overall population of about 90,000 patients. Possible scores of the scale range from 15 to 60 with higher scores representing a more positive attitude toward collaboration that values the role of nurses in education and teamwork; b) caring versus curing; c) physician authority. Categorical variables were compared with Chi square of Fisher’s exact tests; continuous variables were compared using t-tests or ANOVA, as appropriate. RESULTS: A total of 191 surveys (45 GPs, 59 specialists, 87 nurses) were completed for an overall 67% response rate. The mean total score among nurses (51.5, Standard Deviation 3.7) reflected a significantly (p<0.01) more positive attitude towards collaboration compared with GPs (49.8, Standard Deviation 3.4) and specialists (49.3, Standard Deviation 7.7). This hierarchy was observed consistently for all three factors with the exception of physician authority, upon which general practitioners and specialists each expressed strong perceptions of nurses as assistants rather than collaborators. CONCLUSIONS: Nurses consistently conveyed positive responses, indicative of a willingness to collaborate and to take on additional responsibility within the MH environment in Parma Local Health Authority. GPs and specialists need to promote and increase their involvement in interprofessional practice in order to fully benefit from the nurses' expertise.

**PHIP22 THE CHANGING FACE OF THE COST-UTILITY LITERATURE, 1990s–2012 Thorat T1, Shi J1, Ferrari L2, Ondere L3, Garfield S4

OBJECTIVE: Cost-utility analysis (CUA) has been extensively used to assess and convey health care intervention costs and health benefits. We examined the growth of CUA and characteristics of published English-language CUA through 2012. METHODS: We analyzed data from the Tufts Medical Center Cost-Effectiveness Registry (www. careregistry.org), which contains detailed information on more than 4,000 English-language CUA published in peer-reviewed journals. We summarized study intervention types, disease areas researched, funding sources, journals of publication, and characteristics of published English-language CUA through 2012. RESULTS: A total of 191 surveys (45 GPs, 59 specialists, 87 nurses) were completed for an overall 67% response rate. The mean total score among nurses (51.5, Standard Deviation 3.7) reflected a significantly (p<0.01) more positive attitude towards collaboration compared with GPs (49.8, Standard Deviation 3.4) and specialists (49.3, Standard Deviation 7.7). This hierarchy was observed consistently for all three factors with the exception of physician authority, upon which general practitioners and specialists each expressed strong perceptions of nurses as assistants rather than collaborators. CONCLUSIONS: Nurses consistently conveyed positive responses, indicative of a willingness to collaborate and to take on additional responsibility within the MH environment in Parma Local Health Authority. GPs and specialists need to promote and increase their involvement in interprofessional practice in order to fully benefit from the nurses' expertise.

**PHIP23 COVERAGE OF MEDICAL DEVICES: IS MEDICARE CONSISTENT WITH PRIVATE PAYERS? Chrenworth MD1, Chambers J1, Thorat T1, Neumann PJ2

1Tufts Medical Center, Boston, MA, USA, Center for the Evaluation of Value and Risk in Health, Institute for Clinical Research and Health Policy Studies, Tufts Medical Center, Boston, MA, USA
2Tufts Medical Center, Boston, MA, USA, Center for the Evaluation of Value and Risk in Health, Institute for Clinical Research and Health Policy Studies, Tufts Medical Center, Boston, MA, USA
3University of Pennsylvania, Philadelphia, PA, USA, Perelman School of Medicine
4Ondere L., Garfield S.

OBJECTIVES: To determine the consistency of Medicare coverage of medical devices in national coverage determinations (NCDs) with coverage policies issued by U.S. private payers. METHODS: We used the Tufts Medical Center Medicare National Coverage Database to identify medical devices covered in NCDs from 1999-2013. We categorized each device with respect to its FDA approval pathway and clinical application(s). We compared coverage in the NCD with coverage in equivalent policies issued by the 16 largest private U.S. payers that make their policies public. We categorized each NCD as: equated to the private payer policy, more restrictive than the private payer policy, less restrictive than the private payer policy, or, when restrictiveness differed across considered indications, as variant. RESULTS: Medicare covered 477 medical devices through NCDs. We identified 540 coverage policies issued by private payers for the included devices. Medicare NCDs were equivalent to the corresponding private payer policies in 57% of cases, more restrictive in 23%, less restrictive in 22%, and varied in 4%. Independence Blue Cross Group was the payer most often consistent with Medicare (82%), and WellPoint least often consistent (25%). We found little difference between S10(k) cleared and PMA approved devices, although NCDs were more often less restrictive than the private payer policy for PMA approved devices than for 510(k) cleared devices (31% vs. 17%). We found few differences among devices by clinical indication. CONCLUSIONS: Medicare coverage of medical devices in NCDs is often inconsistent with coverage policies of private payers. For patients, this inconsistency means variable access to medical technology, and patients transitioning between health plans may face discontinuity of care. For industry, inconsistent coverage policy among payers adds uncertainty when designing clinical development programs, and when bringing innovations to market.

**PHIP24 ENROLLMENT IN HEALTH EXCHANGE PLANS IN 2014: THE IMPACT OF KEY VARIABLES ON UPTAKE OF THIS INNOVATION IN AFFORDABLE HEALTHCARE? Moore R1, Lewis C2

1Demos Resource Group, Nashville, TN, USA

OBJECTIVES: Due to the introduction of health exchanges in 2014, more than 7 million Americans have gained access to affordable commercial insurance. However, the percentage of potential enrollees covered by exchange-based plans varies widely by state. This study assesses the impact of economic, political, insurance industry and demographic variables on enrollment in plans offered on the exchanges, to identify the key factors likely to influence use of this more-affordable healthcare channel long term. METHODS: Enrollment in state-based exchange plans, participation in state-based exchange plans, and prescription drug coverage were examined. Factors included state political leanings, Affordable Care Act subsidies, state population demographics, exchange plan premiums, toll-free enrollment assistance, and the number of prescription drug choices. RESULTS: Logistic regression analysis showed that age, race, income, and education were the most significant factors influencing enrollment. Enrollment in state-based exchange plans was significantly lower in states with more stringent income eligibility criteria. Enrollmen in state-based exchange plans outperformed in states comprising older, better-educated, and more liberal Americans, a group likely already predisposed to favor healthcare reform. Conversely, enrollment was lower in states housing larger families, and more conservative citizens who start with overall, demographic rather than economic issues directly look set to drive participation in exchange-based health insurance in future years.

**PHIP25 USE OF GLOBAL DATA SETS TO ASSESS INNOVATION LANDSCAPES IN EMERGING MARKETS Bredow H1, Garfield S2, Woeppel W2

1OJR Custom Research, Wayland, MA, USA

OBJECTIVES: Global economies are still in recovery from the financial crisis, and both emerging and established markets are needed to continue to launch new products and services to succeed in the future. Developed markets have traditionally been the source of most biopharmaceutical innovations as well as the destination for the resulting health and economic benefits and there is a gap in research on emerging markets. METHODS: The Academic Innovation Score (or A91) is an objective measure of innovation in the BRCs markets (Brazil, Russia, India, China) compared to the top five economies by GDP (United States, Japan, Germany, France, and the United Kingdom). RESULTS: We indexed the nine countries across seven innovation indicators (high technology exports (in USD), and as a percentage of manufactured exports), patent applications, revenue received for use of intellectual property, R&D expenditure, R&D workforce, and scientific/technical journal articles), based on 10-year trends from 2003 to 2012. These indices were then used to calculate an innovation score for each country. RESULTS: Among the target established markets, France and Germany were tied for highest overall growth in innovation, followed by the US, then Japan, and China. China was the clear innovation leader among emerging markets followed by India, Brazil and Russia. Overall, with the exception of Russia, emerging markets scored better than the established markets. China ranked first overall, India second and Brazil third. Russia was eighth. With emerging out of Japan which took ninth place overall. CONCLUSIONS: While established markets have traditionally been thought to drive technological advances, emerging BRICS markets have thriving innovation landscapes and in future may play a significant role in the biopharmaceutical innovation landscape.REFERENCES: 1] Renze R et al. “Emergence of biopharmaceutical innovators in China, India, Brazil, and South Africa as global competitors and collaborators”. Health Res Policy Syst. 2012; 10: 18.

**PHIP26 PHARMACY DIRECTORS’ PERCEPTIONS OF ADMINISTRATORS’ AND HEALTH PROFESSIONALS’ ATTITUDES TOWARDS COLLABORATIVE DRUG THERAPY MANAGEMENT (CDTM) IN U.S. HOSPITALS Minh Ph, Thomas III J

1Paradise University, West Lafayette, IN, USA

OBJECTIVES: Our objective was to evaluate pharmacist collaborative drug therapy management (CDTM) in U.S. hospitals. Hospitals have room for growth despite regulations recognizing the practice and evidence of CDTM improving patient outcomes. This study’s objectives were to 1) assess pharmacy directors’ perceptions of CDTM, and 2) compare current opinions of CDTM to those 10 years prior. METHODS: A self-administered written survey was mailed