PHP106
THE COVERAGE WITH CLINICAL EVIDENCE-INFORMED DECISIONS (CCEDs): A NEW HEALTH CARE PAYMENT MODEL IN CHINA
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OBJECTIVES: This new payment method fee-for-service and capitation were applied to public health in China, the former lead to a problem that health insurance cost rising rapidly, while the latter could result in insufficient funds for covering the cost of services needed. This study aim to suggest a new payment model, based on the coverage with clinical evidence-informed decisions (CCEDs), for overcoming the imperfections and making sustained improvement in the medical insurance policy.
METHODS: This new health care payment model CCEDs is a single risk-adjusted prospective (or retrospective) model, used and introduce to bring a new rationale to payment decisions across inpatients and outpatients diagnosed with a specific condition. CCEDs make payment decisions on the basis of the budgeting of health resources required to treat conditions/cases, according to the clinical practice guidelines; the provider performance on measures of clinical process, treatment variation, outcomes of care and reimbursement; the expert advice in specific health care field.
RESULTS: This new model CCEDs designed to bring down medical costs and enhance the quality of care. CCEDs also bring with opportunities to limit both underuse and overuse, eliminate risk selection problems, lower administrative cost, enhance transparency of results may be earned patient trust, increase both patient outcomes and patient satisfaction. Incentives of CCEDs could encourage collaborative teamwork, and promote clinical integration between providers across disparate settings. But, meanwhile, encroachment of the market could undermine the professional discretion in the long-term.
CONCLUSION: A new payment model, based on coverage with clinical evidence-informed decisions, might provide new options to get high-quality treatment and low medical cost for patients.

PHP107
CHALLENGES AND OPPORTUNITIES IN THE MALAYSIAN HEALTH CARE SYSTEM: MHCIS 1, 2, Thomas P.
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INTRODUCTION: Malaysia is a multicultural society with a population of over 28 million and classified as an upper middle-income country by the World Bank. Malaysia inherited a health care system at independence from British colonial rule and provides universal and low cost access to the health care needs of all citizens. Implementations in health indices such as reduction in mortality rate and increase in life expectancy using a relatively small amount of GDP (~4%) being spent on health services shows that Malaysians have benefited from a well-developed health care system. CHALLENGES: Demographic and disease pattern transitions, inaccessibility of health services and the encroachment of the private health facilities have resulted in the proliferation of private health facilities. Unethical prescribers' behaviour, queue jumping and dependence on profit-oriented private health providers further compound the challenges. OPPORTUNITIES: Restructuring of the health care system by introducing national health insurance or co-payment can reduce moral hazard associated with the universal low cost system. Strategizing budget allocation in building facilities, implementing interventions and preventive programs based on the health care system constraints are imperative measures to be considered. Quality use of medicines concept implementation could improve the procurement, supply and distribution system as well as skills, awareness and knowledge of prescribers and patients. Access and efficiency of the health care system could also be improved through this concept. Practices and facilities sharing nationally and internationally, with neighbouring countries, would also improve access.

PHP108
COLLABORATIVE APPROACH IN ACCESSING HOMOGENEOUS MEDICAL DATA IN GRID-BASED ENVIRONMENT (ENHANCING DISEASES CLASSIFICATION)
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OBJECTIVES: The proposed initiative presents the collaborative approach in classification of pre-symptomatic characteristics of diseases using sample clinical data that allows the integration of parallel processing in homogeneous grid-based environment. The research focuses on three objectives mainly: 1. To provide collaborative classification in homogeneous resources. 2. To conduct parallel processing in extraction of preliminary characteristics using electronic medical records (EMR) data. 3. To perform characterization for disease features in grid-based neural network classification. METHODS: The study conducted on Globus (Grid) clustering network and integrating heterogeneous resources. Where, the homogeneous sample diseases databases for execution of computational application were submitted to the GRAM service to the local scheduling system. The result for time consumption was computed on the test bed for homogeneous resources in grid platform with Feed-Forward Neural Networks. PRELIMINARY RESULTS: In the training phase, the diversity of clinical data features such as age, gender, race/ethnicity were imported as input to the Globus nodes with the aid of Globus for scheduling for diseases' characteristics classification. The coordination of resources aims to address the issue of optimization in distributed grid resources. The evaluation of outcome includes response time and co-allocation of multiple resources to meet complex clustering of diseases’ characteristics using neural networks classification.

PHP110
ARCHIMEDES: A LARGE SCALE SIMULATION SYSTEM FOR HEALTH CARE RESEARCH AND ITS APPLICATIONS FOR ASIAN COUNTRIES
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The Archimedes Model is a carefully validated, clinically realistic, simulation model of diseases and health care. By using advanced methods of mathematics, computing, and data systems, the Model enables researchers and decision makers to make better informed decisions. The Archimedes Model includes a wide range of diseases/conditions (diabetes, cardiovascular diseases, COPD, obesity, cancers) and detailed descriptions of health care delivery systems, interventions, tests, and treatments and patient and physician behaviors. The Model has been used by many organizations (e. g. governments, pharmaceutical companies, insurance companies, disease organizations) across the globe to help answer a wide variety of questions related to clinical trials, policy setting, performance measurement, and health economics and outcomes research. The Model has been used in different countries including the United States, UK, France, Italy, Sweden, Norway, Poland, Japan, Brazil, and California. We will highlight a number of projects that were supported by EU and Japan, in which the Model was used to guide decision making around management of diabetes. We will also demonstrate how the Archimedes Model to other Asian countries (e.g. India or China) beyond Japan.

PHP111
‘SERIOUS ILLNESS INSURANCE’ IN CHINA: IMPACT OF NOVEL PUBLIC-PRIVATE PAYMENT MODELS ON ACCESS TO HEALTH CARE AND DRUGS
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OBJECTIVES: In mainland China, a large gap in the funding of catastrophic illnesses has existed for the past decade. In 2012, ‘serious illness insurance’ was proposed by the Government that involves using a portion of funds from the public insurance and the government funds to the government’s catastrophic illness insurance system. Commercial health insurers collaborate with local authorities to provide this coverage through various models in different cities and regions. This research seeks to understand current models in different regions and to evaluate the implications for health care access. METHODOLOGY: We conducted extensive literature review to understand the current landscape of the serious illness insurance. Primary research with a mix of stakeholders including private health insurers and regulatory authorities was also conducted in different provinces/ cities to further evaluate the regulatory framework, disease-specific coverage, funding pathways and implications for access to drugs. RESULTS: Numerous models that vary with regards to design, funding and implementation are being piloted across provinces/ cities. Our research findings suggested that the health system of the private insurers and uncertainty around profitability places significant challenges on the future development of serious illness insurance. However, implementation of these insurance schemes has positively impacted health care coverage and access to drugs. CONCLUSIONS: Our results demonstrate the large degree of variation among models of ‘serious illness insurance’ in different regions. This new public-private partnership will likely continue to positively impact patient access to health care and medicines, increase provincial coverage and also boost the growth of the private insurance market.

PHP113
BEST POSSIBLE HEALTH OUTCOMES AT DIFFERENT SOCIOECONOMIC LEVELS OF COMMUNITY: THE BETTER CARE PLAN
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OBJECTIVES: Proposal of an ideal model for obtaining the best possible health outcomes at different socioeconomic levels of community/population in India. CONCLUSION: Various social inequities viz. race, ethnicity, religions and economic statuses affect operationalization of health decisions as well as health outcomes invariably. These all inequities define socioeconomic levels of any community. Assessing health equity needs comparing health and its social inequities/determinants within different levels. It is attainable call to standardize the process of health care decision making, to obtain best possible health outcomes. Hereby, we propose an ideal model, a “Better Care Plan” which would help in opting best possible health outcomes at different socioeconomic levels. Foremost, we require to understand the mindset of people on health care needs. We found that one requires clear understanding on health outcomes at different socioeconomic levels of community/population in India.

PHP114
INFECTION – Clinical Outcomes Studies
PI1
IMPACT OF CIGARETTE AND ALCOHOL USE ON ADVERSE DRUG REACTIONS OF HIV/TERTHERAPY AMONG HIV/AIDS PATIENTS

A802
VALUE IN HEALTH 17 (2014) A79-A813
The aim of the current study is to explore and to observe the impact of cigarette smoking and alcohol use on adverse drug reactions occurrence of antiretroviral drugs among HIV/AIDS patients. METHODS: Retrospective analysis of all patients diagnosed with HIV infection and on HAART therapy from Jan 2007 to Dec 2012 was conducted at infectious disease unit of Hospital Pulau Pinang, Malaysia. Patient socio-demographic details along with clinical features were recorded. The reported ADRs were assessed for causality by using Noranjo’s algorithm scale. Data was descriptively analyzed by using statistical package for social sciences (SPSS 20).

RESULTS: Out of 743 patients that underwent HAART therapy, 314 (42.2%) patients had experienced adverse drug reactions. Out of total included patients 571 (76.8%) were male and 172 (23.2%) were female. Among the patients, 512 (68.9%) were smokers and 340 (45.8%) patients were alcohol users. A total number of 425 (57.2%) adverse drug reactions were recorded of which 269 (63.2%) were reported among smokers and 162 (38.1%) were alcohol users. A total number of 425 (57.2%) adverse drug reactions were reported among which 269 (63.2%) were reported among smokers and 162 (38.1%) were alcohol users. A total number of 425 (57.2%) adverse drug reactions were recorded of which 269 (63.2%) were reported among smokers and 162 (38.1%) were alcohol users.

CONCLUSIONS: The study indicates the incidence of adverse drug reactions is significant in smokers and alcohol users on HAART therapy. Patient counselling on avoiding smoking and alcohol consumption can reduce ADRs in patients on HAART therapy.

PI2

ADVERSE DRUG REACTIONS OF HAART THERAPY AMONG HIV/AIDS PATIENTS TREATED AT INFECTIOUS DISEASE CLINIC

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OBJECTIVES: To assess the prevalence and clinical outcomes of Hepatitis B (HBV) patients co-infected with Human Immunodeficiency Syndrome (HIV) in a tertiary care hospital. METHODS: A retrospective study of the patients with clinical histories of HIV co-infection following HAART therapy in Infectious disease Unit of Hospital Pulau Pinang (HFP), Malaysia from the year 2007 to 2012. The clinical and demographic data was collected from patient’s records. In present study we analyzed the co-infection with different components using SPSS software (Version 20). We also calculated the correlation of variables and measure their infection rates in a particular population.

RESULTS: The study involves a total of 708 HIV infected patients with the mean age of 40 ± 10.17 years together with 541(76.4%) males and 167(23.6%) females. There were 104 (14.6%) patients with clinical features were recorded and the susceptible ADRs were observed in the current study were Pulmonary Tuberculosis (23.6%), Pneumocystis pneumonia (14.4%), Hyperlipidemia (4.4%), Diabetes Mellitus (8.7%), Hypertension (6.9%), Asthma (1.5%), Oral Candidiasis (5.2%), Syphilis (3.1%), Liver Cirrhosis (1.1%), Cerebral Toxoplasmosis (2.3%), Virological Failure (0.6%).

CONCLUSIONS: The incidence rate of Hepatitis B and Hepatitis C virus infection among high risk patients on HAART therapy were 374 ± 150.65, 64 ± 76.15, 129 ± 61.06 respectively. The calculated result shows the significant association of several factors like sex (p = 0.001), age (t-test of He -0.009, 95% CI = -1.111 – 1.994, Odd ratio – 1.485) with the occurrence of adverse drug reactions on HAART in HIV patients.

PI1

IMPACT OF HEPATITIS B & HUMAN IMMUNODEFICIENCY VIRUS PATIENTS IN MALAYSIA: A RETROSPECTIVE STUDY

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OBJECTIVES: To assess the prevalence and clinical outcomes of Hepatitis B (HBV) patients co-infected with Human Immunodeficiency Syndrome (HIV) in a tertiary care hospital. METHODS: A retrospective cross-sectional study, was performed, of HBV positive HIV infected patients following HAART therapy from 2007 to 2012 in Infectious disease Unit, Hospital Pulau Pinang (HFP), Malaysia. The demographic and clinical data of the patients was collected retrospectively. The collected data was analyzed with SPSS software (Version 20) to measure the correlation of variables and their infection rates. RESULTS: A total of 664 infected patients including 495 (74.5%) males and 169 (25.5%) females with mean age of 40 ± 10.35 years were included in present study. Of these, 86 (13%) were co-infected with HIV. The main route involved in current study was Chinese 435 (68.5%) followed by Indians 88 (13.3%), Malay 83 (12.5%) and minorities 38 (5.7%). The route of transmission was mainly heterosexual contact 464 (69.9%) followed by homosexual 47(7.1%) and intra- venous Drug Users (VVDU) 48 (7.2%). The mean CD4 count, ALT and AST levels in HBV-HIV co-infected patients were 148 ± 5.8, 129 ± 9.42, 105 ± 38.37 respectively. The co-infection is significantly associated with gender (p = 0.05), and VVDU (p = 0.01). The co-morbidities seen in the present study were Hepatitis C (17.9%), tuberculosis (17.9%), pneumocystis pneumonia (15.4%), Hyperlipidemia (4.1%), Dyslipidemia (4.1%), Anemia (5.1%), Ischemic Heart Disease (1.8%), Diabetes Mellitus (8.7%), Hypertension (6.9%), Asthma (1.5%), Oral Candidiasis (5.6%), Syphilis (4.2%), Liver Cirrhosis (0.6%), Cerebral Toxoplasmosis (1.8%), Hepatitis C (0.6%), and IVDU (0.6%).

CONCLUSIONS: The overall prevalence of HBV among HIV patients were about 13% in which 74.5% was males while 25.5 % females. Raised levels of liver enzymes and lowered CD4 counts were seen in the co-infected patients. There was a significant correlation between co-infection with HBV among HIV patients depending on different variables.

PI3

CHRONIC HEPATITIS C PREVALENCE AND ITS CORRELATION WITH CD4 CELLS AND LIVER ENZYMES AMONG HIV POSITIVE PATIENTS: A MALAYSIAN SCENARIO

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OBJECTIVES: To evaluate the occurrence and clinical outcomes of Hepatitis C (HCV) co-infected with Human Immunodeficiency Syndrome (HIV) in a tertiary care hospital. METHODS: A retrospective study of the patients with clinical histories of HIV coinfection following HAART therapy in Infectious disease Unit of Hospital Pulau Pinang (HFP), Malaysia from the year 2007 to 2012. The clinical and demographic data was collected from patient’s records. In present study we analyzed the correlation of variables and measure their infection rates in a particular population.

RESULTS: The study involves a total of 708 HIV infected patients with the mean age of 40 ± 10.17 years together with 541(76.4%) males and 167(23.6%) females. There were 104 (14.6%) patients with clinical features were recorded and the susceptible ADRs were observed in the current study were Pulmonary Tuberculosis (23.6%), Pneumocystis pneumonia (14.4%), Hyperlipidemia (4.4%), Diabetes Mellitus (8.7%), Hypertension (6.9%), Asthma (1.5%), Oral Candidiasis (5.2%), Syphilis (3.1%), Liver Cirrhosis (1.1%), Cerebral Toxoplasmosis (2.3%), Virological Failure (0.6%).

CONCLUSIONS: The incidence rate of Hepatitis B and Hepatitis C virus infection among high risk patients on HAART therapy were 374 ± 150.65, 64 ± 76.15, 129 ± 61.06 respectively. The calculated result shows the significant association of several factors like sex (p = 0.001), age (t-test of He -0.009, 95% CI = -1.111 – 1.994, Odd ratio – 1.485) with the occurrence of adverse drug reactions on HAART in HIV patients.