Hungarian Forint / DRG costweight). CONCLUSIONS: Introduction of degressive financing method – in addition to DRG reimbursement – managed to control the activity of hospitals. The soft regulation in 2011 and 2012 resulted in a 4.2-6.6% excess activity of hospitals, while the more rigorous regulation in 2013 managed to decrease the excess hospital activity to 1.9%. Degressive regulation can serve as a cost containment tool for health policy decision makers.

PHRP

MULTICRITERIA DECISION ANALYSIS AND COST ANALYSIS IN HEALTH CARE DECISION MAKING: A LITERATURE REVIEW

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OBJECTIVES: The purpose of this literature review is to investigate the application of multicriteria decision analysis and cost analysis methods within health care decision making. METHODS: A search of the literature was conducted using scientific databases. A combination of the following key words and phrases were inputted in the database (in alphabetical order): AHP, ANP, elimination and choice expressing economy, ELECTRE, preferential mapping, grey relation, Markov, preferences for different options, threshold in the budget, trade-off, weight.

RESULTS: Out of 618 NuB submissions, only 133 (22%) were classified as drugs. In total, 114 (18%) of all NuB applications received a NuB 1 status, out of these 43 (38%) were drugs. The leading therapeutic area of the NuB 1 status drugs was oncology with 28 drugs (24%), followed by neurology (12%) and ophthalmology with 11 drugs (9%). NuB 2 status was given to 465 (75%) of all NuB applications. Among these, 65% were classified as drugs. The most frequent indication was pain (OR = 2.30), arthritis conditions (OR = 1.73), and psychiatric conditions (OR = 1.73) were most strongly associated (all OR > 1). In total, 100% 'satisfactory' questions), while none of HEAs fell into this category in previous analyses. Nine of them (50%) were cost-effectiveness analysis (outcome expressed mostly in LYGs) and nine (50%) were described in terms of type of analysis and further confronted with a 'HEA quality of submitted HEAs'.

PHRP

TRENDS IN PHYSICAL AND OCCUPATIONAL THERAPY UTILIZATION IN THE US AND WESTERN EUROPE

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OBJECTIVES: Allied health care (AHC) disciplines, such as physical (PT) and occupational therapy (OT), are primarily performed by non-medical health care profession- als. Although the budget impact of AHC is generally low, reimbursements are often scrutinized for their financial impact and benefit/risk ratios. To better inform the health care decision-making regarding AHC, the aim of this study was to examine trends and utilization of PT and OT. METHODS: Data from the 2013 US (N=75,000) and 2013 SEU (France, Germany, Italy, Spain, and UK; N=62,000) National Health and Wellness Survey (NHWS). The NHWS is a patient-reported survey administered to a demographically representative sample of adults (with respect to age, sex, and region) in each country. Overall rates of OT/PT visits were reported. Patients who reported an OT/PT visit in the past six months were compared with those who did not with respect to demographics, health history, and comorbidity variables. Logistic regression models were then conducted to predict OT/PT visits from these variables. RESULTS: Rates of OT/PT visits did not change from 2010 to 2013 but significant differences among countries was observed (p<.05). In 2013, France (0.54%) and the US (0.2%) had the most infrequent visits while Spain (11.13%) and Germany (11.92%) had the most frequent. Being in Germany (OR=3.46), being in Spain (OR=3.24), and having an OT/PT visit over the median income (OR=2.14) were the strongest demographic predictors of an OT/PT visit (all p<.05). Although most comorbidities were associated with an increased probability of an OT/PT visit, pain (OR=2.30), arthritis conditions (OR=1.73), and psychiatric conditions (OR=1.73) were most strongly associated (all OR > 1). In total, 100% 'satisfactory' questions), while none of HEAs fell into this category in previous analyses. Nine of them (50%) were cost-effectiveness analysis (outcome expressed mostly in LYGs) and nine (50%) were described in terms of type of analysis and further confronted with a 'HEA quality of submitted HEAs'.

PHRP

PRICE COMPARISON IN THE EUROPEAN PHARMACEUTICAL MARKET

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OBJECTIVES: Despite of these prices of pharmaceuticals vary across European countries. Thus, the European pharmaceutical markets will lead to future challenges in pricing. However, the detailed price points are non-transparent and vary across countries. Thus, the aim of the analysis was to draw a comprehensive picture of the pharmaceutical price levels and consumption (expenditure per capita) of pharmaceuticals in Europe. METHODS: The study analyzed drug prices of the outpatient setting (Rx and OTC) of all countries of the European Union except Denmark plus Switzerland.