responses about actual acquisition cost methods currently in use, analyses revealed a significant differential between methods reported by hospital respondents and methods discussed in published CMS and GAO sources. CONCLUSIONS: Payment rates in 2006 for separately paid drugs will be derived, in large part, from the upcoming GAO survey. If the study design does not take existing variations of recording drug acquisition cost into account, the GAO survey will be significantly flawed and hospital providers may be well underpaid for drugs in 2006.

**PHP31**

SENSIBLE FLEXIBILITY OR UNNECESSARY DUPLICATION? THE USE OF DECISION MODELLING IN NICE APPRAISALS

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OBJECTIVES: To track and categorise the use of decision modelling in the NICE appraisal process. Does it meet the needs of the Appraisal Committee and is it an efficient use of time and resources by all stakeholders?

The Appraisal Committee. The final NICE guidance to the NHS was reviewed assessing submissions; and 3) by NICE staff and the Appraisal Committee. The final NICE guidance to the NHS was reviewed to identify the importance of the model results in reaching a decision.

RESULTS: Of 71 appraisals reviewed, only 5 (7%) involved no modelling. Manufacturers used models in their submissions in 87% of appraisals, and the independent review group developed its own additional model in 46%. In 30 appraisals (42%) both the review group and the manufacturers developed separate models. This was more likely to happen in recent appraisals. In the majority of cases, the review groups were critical of manufacturers’ models and in several appraisals the Appraisal Committee did not use the results of the review group’s own model.

CONCLUSIONS: The timing of NICE appraisals makes modelling essential if the full range of costs and outcomes of a technology are to be considered. In appraisals of multiple products five different models may be produced. The potential for confusion and duplication of effort in the current process was highlighted by the recent review of NICE by WHO. The explicit and implicit cost of this duplication is considerable and alternative approaches to modelling should be considered.

**PHP32**

LOSS PROFILES DERIVED FROM ACTIVITY OF DAILY LIVING SCORES ATTRIBUTABLE TO HANDICAPS

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OBJECTIVES: The purpose of this analysis was to characterize handicaps according to activity of daily living (ADL) scores issuing from a general questionnaire aimed at measuring handicap, incapacity and dependency. METHODS: A nationwide representative sample of 16,945 French citizens living in the community were interviewed. A 30-item questionnaire documented the ability to perform ADL, including washing, dressing, food, excretion, mobility, changing position, moving inside and outside, shopping, house chores and management, distance communication and orientation. The need for nursing assistance and the intensity required were documented qualitatively (from none to full help). Handicaps were documented as visual impairment (low vision (LV), blind), motor, brain, visceral and audition. A principal component analysis identified six scores from the questionnaire: hygiene and meals, physical capacity, transport and housework, ability to move, behavioral problems, and autonomy. Individual coordinates were estimated after Varimax rotation scores were adjusted on age, number of subjects in the household and number of handicaps, using a weighted global linear model. Comparisons with control were used to estimate attributions to handicap. RESULTS: Subjects were 37.9 years old (average) and 12.9% declared a motor handicap, 2.0% visual impairment, 7.1% audition, 8.7% a visceral and 6.4% a brain handicap. The hygiene and meals score was most affected by blindness, followed by motor handicap. Physical capacity was limited by LV, blindness and motor handicap. The transport and housework score reflected LV, blindness and brain handicap. The ability to move score was reduced in citizens with blindness and brain handicap. The behavioral problem score was higher in citizens with brain handicap or LV. Only three handicaps were associated with a diminished autonomy score: LV, blind and brain handicap. CONCLUSIONS: Visual impairment was the sole handicap associated with high ADL loss attributable to all dimensions.

**PHP33**

SATISFACTION AMONG GERMAN PHYSICIANS—A REPRESENTATIVE EMPirical STUDY

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All over Europe, health care systems are currently scrutinized for their efficiency. Solutions that maintain the best possible care for patients and lead at the same time to substantial reduction of costs are looked for at all levels and domains of the existing health care systems. This quest often enough leads to constant changes in the daily practice work with patients and—at least on the political level—to claims that the professional dissatisfaction among medical doctors is constantly increasing. For Germany we tried to get an empirical perspective of this situation. OBJECTIVES: It was our aim to analyze the complex health system from the physician’s point of view and provide data for a problem oriented political discussion and reform strategy. METHODS: A questionnaire was mailed to a random sample of 7000 German medical doctors across specialties. The final sample consists of 1094 institutional employed medical doctors and 1071 general practitioners. Measures included (among others) personal and job characteristics, perceived working conditions, research and teaching activities, life satisfaction, organisation and management, continuous medical education. Statistical analysis was performed using Analysis of Variance (ANOVA), t-test, regression analysis, and chi-square test. An alpha level of 0.01 was considered significant. RESULTS: The average working time, including on-call service is 66.7 hours/week, excluding on-call service 51.3 hours/week. Over-time is not monitored at all in 54.6%. Issues related to organisation and management were seen and interpreted significantly different among directors and chiefs versus residents and attendants. Issues related to research and teaching, life satisfaction and income presented statistically different results between male and female, formerly eastern and western Germany and different hierarchical positions. CONCLUSIONS: The high response rate in this empirical study allows for further analysis of specific subgroups (i.e. Urologists, family doctors, surgeons etc.) among the highly motivated German physicians.