materials for dissemination. **METHODS:** We surveyed HEOR professionals to gauge their perceptions of the quality of HEOR communications materials. A 16-question, online survey was sent to 300 HEOR professionals in July 2014. Descriptive analyses were conducted as appropriate. **RESULTS:** Fifty-nine surveys were returned fully or partially completed. Eighty-eight percent of respondents have advanced degrees, 43% work for small and medium-sized companies, 78% are HEOR directors or managers and 50% had more than 3 years in their current position. Forty-seven percent of respondents use internal medical writing teams and 62% subcontract writing to external medical writing companies. Improvement in value messaging and methodology were the two most important objectives of HEOR professionals. Improvement in value messaging was the most important objective of respondents indicated that they outsource manuscripts and 25% of respondents outsource abstracts. Consistently across several quality measures, approximately 55% of respondents are not satisfied with the quality of writing for their communications. **CONCLUSIONS:** More than 50% of HEOR executives are not satisfied with the quality of writing for their communications. There is a need to improve the relative importance of a range of barriers and facilitators of using HEOR in decision making. Seven factors (factor of the cost effectiveness analysis, quality of the clinical evidence, timeliness, communication, applicability, incentives of interest, equity) were selected from this study to inform Study 2. Study 2 used a discrete choice experiment (blocked, orthogonal) design to examine the relative importance of these seven factors in the choice between two health economic evaluation methods. This was compared to a range of Australian healthcare decision makers. **RESULTS:** Study 1 showed that quality of clinical evidence was the most important factor when examining HE, followed by applicability, communication, and the rigour of the cost effectiveness analysis. The relative importance of these factors is likely to change over time. The results from this study will provide guidance on how to better deliver HE to end users.

**PHPB5**

**COMMUNICATING RISK OF MEDICATION SIDE EFFECTS: HOW RARE IS A “RARE” one and How Likely is it Likely?**

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**OBJECTIVES:** Effective communication of risk of medication side effects is necessary in order to minimize its misinterpretation and over-estimation by patients. The study evaluated effective of communication style (verbal vs verbal + numeric) on perception of risk of experiencing medication side effects of different frequency and severity. **METHODS:** A total of 360 HEOR professionals were randomly presented with information on medication side effects using either verbal (e.g. “rarely”) or verbal + numeric (e.g. “rarely: i.e. 2 out of 100”) communication style for frequency descriptions, in a 2 (communication style: verbal, verbal combined with numeric) x 3 (frequency: low, high) X 2 (side effect severity: mild, severe) experimental design. Perception of risk of experiencing side effects were measured and test for analysis of variance was performed. **RESULTS:** Communication style was observed to significantly affect participant perception for certain outcomes of side effect. It was observed that with combined communication style (verbal + numeric, risk), perception of severe side effects of low frequency decreased (mean difference: 11.24; 95% CI: 1.40 – 21.02) whereas of mild side effects of high frequency increased (mean difference: 7.80; 95% CI: 1.21 – 14.39) as compared to only verbal communication style. It was also observed that the low and high frequency side effects were better distinguished with respect to their risk when combined communication style was used (mean difference: 15.19; 95% CI: 2.74 – 27.64). **CONCLUSIONS:** Use of numeric frequencies along with verbal descriptions of risk of medication side effect helps in better understanding of underlying risk and reduces its over-estimation, especially for low frequency side effects. Healthcare professionals should take into consideration these effects while communicating side-effect risks to their patients.

**PHPB6**

**THE NUTRITIONAL STATUS OF ORPHANS AND CHILDREN LEFT WITHOUT PARENTAL CARE IN THE CHILDREN’S HOMES OF THE HEALTH SYSTEM IN KAZAKHSTAN**

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**OBJECTIVES:** In 2006 a number of studies were conducted in Kazakhstan with UNICEF, which have shown that the majority of children in children’s homes are at risk of essential nutrients deficiency. So we have investigated a nutrition adequacy according the body needs of the orphans and children left without parental care in children's homes of the health system in Kazakhstan. **METHODS:** Were included 226 children from national orphan homes in Akмолa and Almaty regions in ages of 6 to 36 months. The study did not include children with disabilities or severe diseases. 100 children (57 boys, 43 girls) from the families in organized groups were taken as control group. Were evaluated a physiological status, hemoglobin, morphofunctional status of the children, also the analysis of food packages and the chemical composition of the diet were done. Malnutrition was calculated by “Anthro” program (WHO, 2006). **RESULTS:** Birth weight corresponded to normal in 67% of children under parental care and 33% of orphans, 56% of orphans are lagging in teething development, in the control group was no lag (1%). 15% of orphans have clinical manifestations of changes in the skin, mucous membranes and bone. Consumption of themain types of products (primarymeat, milk, fish, vegetables and fruit) in children’s homes was below current standards and recommendations of the Kazakh Academy of Nutrition, based on international experience. Because of inadequate food intake, the orphans have an expressed protein deficit (25%), PUFA (50%), especially A, D, E while 73% of orphans have a phosphoric acid (53%), vitamin B12 (57%), ascorbic acid (59%) and copper. **CONCLUSIONS:** Analysis showed that the actual children nutrition scheme is obsolete and needs to be revised in a short time. The study will have indices of more in-depth clinical examination and Qol evaluation, with further economical calculation (budget impact, etc.)

**PHPB7**

**WHAT FACTORS MAKE ECONOMIC EVALUATION MORE VALUABLE AS A SERVICE?**

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**OBJECTIVES:** Economic evaluations (EE) are ubiquitous and growing in importance particularly in low and middle income countries. However, healthcare decision makers often do not use this evidence when making decisions. Previous research has shown several factors influence the use of EE, such as credibility, complexity, and timeliness. However, no research has examined the relative importance of these factors in LMICs. **METHODS:** Study 1, an online questionnaire and Study 2, an in-person survey will be conducted in LMICs. In Study 1, 30-50 healthcare professionals in LMICs will be recruited to examine the factors that are most important to healthcare professionals/ administrators/researchers, when examining research using EE. **METHODS:** Study 1, an online questionnaire of Australian healthcare decision makers (N=35), sought ratings of the relative importance of a range of barriers and facilitators of using EE in healthcare decision making. Seven factors (factor of the cost effectiveness analysis, quality of the clinical evidence, timeliness, communication, applicability, incentives of interest, equity) were selected from this study to inform Study 2. Study 2 used a discrete choice experiment (blocked, orthogonal) design to examine the relative importance of these seven factors in the choice between two health economic evaluation methods. This was compared to a range of Australian healthcare decision makers. **RESULTS:** Study 1 showed that quality of clinical evidence was the most important factor when examining EE, followed by applicability, communication, and the rigour of the cost effectiveness analysis. The relative importance of these factors is likely to change over time. The results from this study will provide guidance on how to better deliver EE to end users.

**PHPB8**

**REAL WORLD DATA FOR HEALTH AND TECHNOLOGY ASSESSMENT IN BRAZIL: AN UNMET NEED**

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**OBJECTIVES:** In 2006 a number of studies were conducted in Kazakhstan with UNICEF, which have shown that the majority of children in children’s homes are at risk of essential nutrients deficiency. So we have investigated a nutrition adequacy according the body needs of the orphans and children left without parental care in children's homes of the health system in Kazakhstan. **METHODS:** In 2006 a number of studies were conducted in Kazakhstan with UNICEF, which have shown that the majority of children in children’s homes are at risk of essential nutrients deficiency. So we have investigated a nutrition adequacy according the body needs of the orphans and children left without parental care in children's homes of the health system in Kazakhstan. **METHODS:** Were included 226 children from national orphan homes in Akmolə and Almaty regions in ages of 6 to 36 months. The study did not include children with disabilities or severe diseases. 100 children (57 boys, 43 girls) from the families in organized groups were taken as control group. Were evaluated a physiological status, hemoglobin, morphofunctional status of the children, also the analysis of food packages and the chemical composition of the diet were done. Malnutrition was calculated by “Anthro” program (WHO, 2006). **RESULTS:** Birth weight corresponded to normal in 67% of children under parental care and 33% of orphans, 56% of orphans are lagging in teething development, in the control group was no lag (1%). 15% of orphans have clinical manifestations of changes in the skin, mucous membranes and bone. Consumption of themain types of products (primarymeat, milk, fish, vegetables and fruit) in children’s homes was below current standards and recommendations of the Kazakh Academy of Nutrition, based on international experience. Because of inadequate food intake, the orphans have an expressed protein deficit (25%), PUFA (50%), especially A, D, E while 73% of orphans have a phosphoric acid (53%), vitamin B12 (57%), ascorbic acid (59%) and copper. **CONCLUSIONS:** Analysis showed that the actual children nutrition scheme is obsolete and needs to be revised in a short time. The study will have indices of more in-depth clinical examination and Qol evaluation, with further economical calculation (budget impact, etc.)

**PHPB9**

**USE OF LOW-COST GENERIC PROGRAMS IN A NATIONALALLY REPRESENTATIVE MEDICARE POPULATION AND IMPLICATIONS FOR QUALITY INITIATIVES**

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**OBJECTIVES:** Low cost generic programs (LCGPs) offer an affordable means to obtain medications which can be used to treat a myriad of acute and chronic conditions. However, since the medications are often purchased without using insurance, a claim will never be adjudicated. Thus, medication use may go unobserved in administrative claims data, which are often used for research and quality control initiatives. This study sought to assess the characteristics and prevalence associated with LCGP use in the Medicare insured population. **METHODS:** We reviewed HRA requirements, reports and dossiers from the Brazilian HTA commission (CONITEC) for epidemiological data aimed at incor- poration. Additionally, we searched Brazilian guidelines and regulations about principles for real world data requirements for HTA. **RESULTS:** CONITEC issued 119 reports between the time of its establishment (April 2001) and the date of our analysis (December 08th, 2014). The Committee reported lack of real world studies in 11.8% of the submissions (14 of 119 reports), including the need of epidemiological studies (prevalence and incidence) (n=8), safety and efficacy tri- als (n=2), safety and efficacy trials (n=2), longitudinal and intervention studies (n=1) and resource use and cost-of-illness analyses (n=1). The lack of epidemiological data was the most common issue (6 of 14 reports). However, real world data regarding safety, effectiveness and clinical characteristics were also critical (7 of 14 reports). **CONCLUSIONS:** Our analysis showed that use of real world data in Brazil remains an unmet need for HTA.

**PHPB9**


**A85**