retirement age has decreased in the past few years, it is still quite high. 29,8 % (2010) of the population receive pension, allowance and pension-like providing. More than one fouth of them are disabled pensioners whose 50 per cent are under the retirement age limit. This causes a considerable medical and economic problem. **METHODS:** We have examined the alteration of the number of disabled pensioners living in Hungary in regard to sex and age distribution according to the datas of KSH. We have examined the number of the disabled pensioners in relation of total pensioners, in relation of the underaged and in normal retirement age. **RESULTS:** A total of 49.5 % of the disabled pensioners are at the normal retirement age limit. They are altogether 7.5 % of the total population. The proportion of the underaged disabled pensioners was 13.9 % on average. In the Central Hungary is 10 % of the retired population, in the region of Central Transdanubian region 11 %, in the Southern Transdanubian region 18 %, in the Northern Hungarian region 16 %, in the Northern Great Plain region 18 %, in the Southern Great Plain it is 11 % in 2010. The rate of the underaged disabled pensioners is in Tolna, Békés, Szabolcs and in Csongrád county is the highest, and int he capital and int he Western Transdanubian counties is the lowest. The gender distribution of disabled pensioners is around 50 % in every region. **CONCLUSIONS:** The large number of the disabled pensioners, especially who are under the age limit, and their proportion of the total and retired population can be explained by labour market and health conditional reasons which signifies serious health and economic problems.

PHP98

PATIENTS PREFERENCES VERSUS PHYSICIANS JUDGMENT: IS THERE A DIFFERENCE IN HEALTH CARE DECISION MAKING?

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OBJECTIVES: It is known that based on information asymmetries there are differences in patients' preferences and experts' judgments. This review intends to assess the available literature to display congruence and differences between patient preferences and physician judgments in regard of methods, attributes used as well as diseases. **METHODS:** Systematic literature review in PubMed/Medline was focused on the methods Conjoint-Analysis, Discrete-Choice-Experiment, Standard-Gamble, Time-Trade-Off and Paired Comparison. Out of 836 articles found 102 met the inclusion criteria and were transferred to abstracts/full-text-analysis. 46 studies were extracted comparing patient preferences and experts' judgments. **RESULTS:** Out of 46 studies 13 used Conjoint-Analyses, 10 Discrete-Choice-Experiments, 4 Paired-Comparisons, 8 Time-Trade- /Probability-Trade-Offs, 10 Standard-Gamble and 4 Controlled-Preference-Scales and Prospective-Measures. 8 out of 10 Discrete-Choice-Experiments resulted in a high degree of commonality, while 9 out of 13 Conjoint-Analyses resulted in a certain rate of disagreement. Overall, 23 studies showed poor concordance between preferences and judgments, 11 studies resulted in a reasonable agreement. Thus, studies can be defined with three different distinctions: - no meaningful /significant difference of preferences and judgments verifiable, - no significant difference in the ranking, but meaningful differences of strengths, - meaningful /significant differences. **CONCLUSIONS:** Despite evidence that patients and health care providers often do not agree on treatment decisions, the magnitude and direction of these differences varies depending on the condition or the procedure of interest. The review showed that there was higher concordance between patients and health care providers when the condition was chronic or the service was preventative. However, it cannot be concluded that one certain elicitation-method always resulted in a disagreement while another technique always resulted in agreement. The studies indicated that for most conditions physicians underestimated the impact of side or treatment effects on patients' quality of life. Differences in perceptions may be due, in part, to ineffective communication between the provider and the patient.

PHP99

IDENTIFYING MAJOR OPERATIONAL CAUSES AND POTENTIAL REMEDIES FOR EMERGENCY DEPARTMENT OVER-CROWDING-CROWDING

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OBJECTIVES: Emergency Department (ED) overcrowding (OC) is plaguing EDs worldwide with grave implications on patient and caregiver comfort and quality of care. Many contributing factors have been cited and many approaches tried, without widespread success. Focused Operations Management (FM) integrates novel managerial theories and practical tools {such as the Theory of Constraints (TOC), the Pareto principle, the complete kit concept and the Just-in-Time/LEAN approach} into a systematic approach. It has proved effective in the industry and service sectors, radically improving performance at little additional cost. This approach has great potential but has not been previously adopted in EDs . As a first research phase, interviews with key stakeholders were performed to identify operational causes and potential operational remedies. **METHODS:** Major ED operational challenges, metrics and alleviating measures were extracted through a literature search. Semi-structured interviews with ED head nurses ED managers, hospital administrators and Ministry of Health administrators were conducted. The interviews centered on validation of major challenges identified in the literature, charting unreported challenges and assessing potential utility of FM tools. **RESULTS:** The major challenges identified included ED boarding, prolonged length of stay, unjustified ED utilization and slow access to specialist consults, lab tests and imaging studies. The FM tools assessed to be most promising were "the complete kit" concept and TOC methods to identify and alleviate bottle necks and to reduce "work in progress". Major differences were found in the ranking of five major ED operational challenges between hospital administrators and ED directors. While ED directors and head nurses ranked as first: ED overcrowding due to patient boarding, it was not ranked at all among the five major challenges by hospital administrators. **CONCLUSIONS:** Improving ED operations is a critical health management issue. An important initial step towards charting possible alleviating measures, is mapping of the challenges and root causes and agreeing on a common language among stakeholders.

PHP100

PREVENTION OR TREATMENT? PREFERENCES OF THE AUSTRALIAN PUBLIC FOR HEALTH TECHNOLOGY ASSESSMENT FUNDING CRITERIA

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OBJECTIVES: To assess preferences for Health Technology Assessment (HTA) funding criteria of a large sample of Australians broadly reflecting the population of Queensland, Australia. **METHODS:** Adults (n=930) were recruited via an internet panel managed by a market research company. Participation quotas broadly reflected the Queensland population by gender and age. Participants completed a Discrete Choice Experiment (DCE) as part of a wider survey on HTA decision criteria. Attributes/levels were based on criteria used in Queensland and a literature review. An orthogonal design (72 choice sets) was used, with participants randomized to one block of 6 sets. Choice data were analysed using a multinomial logit model. **RESULTS:** Participants strongly preferred a technology offering prevention or early diagnosis, and less strongly preferred one that improves quality of life, reduces side effects, or reduces hospital waiting times, compared to technologies improving survival by one year. Participants also strongly preferred treating 35yr old recipients, followed by 10yr olds and then 60yr olds, rather than 85yr olds. Technologies that assist Queenslanders living in rural areas, those providing value for money, those with no available alternative, and technologies assisting indigenous Australians were also prioritised over their counterparts. However, all these advantages were considered relatively less important than achieving prevention or early diagnosis, which equated to approximately double the other gains when marginal rates of substitution were calculated using number benefiting as the denominator. **CONCLUSIONS:** If consistency with public preferences is a requirement for "fair" HTA decision-making criteria, this study provides broad support for criteria used to assess technologies in Queensland. The findings send a clear message of the importance of prevention and early diagnosis as compared to treatment of existing disease from the public's perspective.

PHP101

THE IMPLEMENTATION OF DIAGNOSTIC RELATED GROUPS (DRGS) IN GREECE: ONE MOVE FORWARD TO EFFICIENCY

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OBJECTIVES: In Greece Diagnostic Related Groups (DRGs) were implemented in October 2011. Still their implementation is challenged by social security funds due to its high cost vs. previous per capita reimbursement system. The objective of the study was to investigate the actual cost of two DRG's in Greece emerging from three major hospitals. **METHODS:** A multicenter bottom up cost component analysis was conducted using 69 patients' files from three hospitals to estimate the direct cost per patient. The mean cost per patient and the length of stay (LOS) were calculated for heart failure and for infection/inflammation of the respiratory system. The analysis was carried out with regard to: i) biopathological exams ii) diagnostics, and iii) pharmaceuticals. Econometric analysis was explored to estimate the impact of each cost component on total cost per patient. The results were compared with the official reimbursement prices of the Ministry of Health. The discrepancies between the estimated cost and the official prices of DRG's were assessed using the coefficient of variation (CoV). **RESULTS:** The average cost for heart failure (DRG K42X) was 657.81€ and its official price was 849 €. The CoV were the following: 59% for biopathological exams, 155% for diagnostic exams, 117% for Pharmaceuticals, and 57% for the average cost per patient. The CoV for the average LOS was 47%. For the DRG of infection of respiratory system the estimated average cost per patient was 1122.89 € and the official price was 1040 €. The estimated discrepancies per cost component were: 106% for biopathological exams, 136% for diagnostic exams, 165% for Pharmaceuticals, and 134% for the overall average cost per patient. For the average length of stay the CoV was 77% **CONCLUSIONS:** The launching of DRG system in Greece presents it own unique challenges but further research is needed to verify the DRG mechanism and focus on more DRG's costing.

PHP102

PATIENT SATISFACTION WITH PHARMACIES CONDITION

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OBJECTIVES: The mission of the health system is providing health of the society and satisfaction is an aspect of the human health. Measurement of patients' satisfaction is a way for evaluating health system services. The purpose of this study was to measure patients' satisfaction with pharmacy physical space, services and staff behavior. **METHODS:** A total of 797 pharmacy customers randomly selected from 22 districts of Tehran -the capital city of Iran- completed an anonymous, self-administered questionnaire. **RESULTS:** Including 3.5 as moderate level of satisfaction, there was some dissatisfaction (mean<3.5, pvalue<0.05) about the allo-