visits toward one or two specialties and otherwise. The medical expenditures, OPD and emergency department (ED) visits in CMUH during baseline and imple-
mentation periods were examined. The computerized reminding and care clinics, in addition to usual primary and specialty clinics, during December.

visits reduced 2.4%, 4.8% and 6.3% per person per month, respectively, but the number of Rx increased 0.2%. The differences of the health resources utiliza-
tion were reduced from the first to fourth quarter of implementation period.

visits and emergency department (ED) visits in CMUH during baseline and imple-
mentation periods were examined. RESULTS: Of 206 students, 159 completed the survey (response rate of 77.18%). Mean age of participants was 26 (±3.2) years with 65.41% female and 81.13% had previous pharmacy work experience. The average score on the herbal knowledge test was 9.28±1.80 (maximum score of 15). Students with higher knowledge had positive attitude towards herbal medications (OR=1.26; 95% CI=1.01-1.57). Students with work experience had positive attitude towards herbal medications (OR=2.93; 95% CI=1.05-8.14). However, 81% students believed that they did not have sufficient knowledge of herbal medications and 91% stu-
dents reported that they needed more information. CONCLUSIONS: Higher knowl-
edge leads to a positive attitude towards herbal medications among pharmacy students indicating that they may recommend such products to patients. Evaluating the role of such recommendations to improve patients health outcomes is the direction for the future.

PHPB1 CAREGIVER WELL-BEING AND HEALTH CARE ACCESS AND QUALITY AMONG CHILDREN WITH CHRONIC PHYSICAL AND MENTAL CONDITIONS
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OBJECTIVES: The well-being of caregivers of children with chronic conditions can be influenced by several aspects of their child’s care and their complex healthcare needs. The objective of this study is to examine well-being and experiences of caregivers of children with different chronic conditions. METHODS: The study was cross-sectional and responses of caregivers of 593 children (age<17 years) from the National Survey of Children’s Health, 2007. We created a hierarchy of chronic conditions to classify children from our analytic sample in 6 mutually exclusive groups: Autism Spectrum Disorder (ASD), Developmental delay/Learning disability, Attention deficit hyperactivity disorder/behavioral problems, Depres-
sion/anxiety, Speech/hearing/visual problems, and Diabetes/asthma. We assessed caregiver well-being in three dimensions: physical health, mental health, and emo-
tional stress. Healthcare experiences were measured in two domains: Access (health insurance adequacy and consistency, and unmet healthcare needs), Qual-
ity (family-centered care-FCC, and effective care-coordination-ECC). All analyses were adjusted for the complex survey design, to derive national estimates. Chi-
square tests, logistic and multinomial logistic regressions were performed in SAS 9.2. RESULTS: Physical health of caregivers was negatively affected by access to care (unmet needs) and healthcare quality (lack of FCC). Poor mental health was negatively associated with lack of ECC. As compared to caregivers of children with asthma/diabetes, a higher percentage of caregivers with ASD children re-
ported poor physical health (26.6% vs 12.7%), poor mental health, and high emo-
tional stress (26.5% vs 2.1%). CONCLUSIONS: Child’s ASD places significant burden on the caregiver well-being, compared to other conditions. In addition to the type of child’s disability and chronic condition, caregivers were at high risk for poor phys-
ical health and high emotional distress due to unmet needs for children’s health and lower levels of the child’s healthcare quality.

PHPB2 THE IMPACT OF INTEGRATED MEDICAL CARE SERVICES FOR LOYAL PATIENTS IN A MEDICAL CENTER UNDER TAIWAN’S UNIVERSAL HEALTH INSURANCE PROGRAM
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OBJECTIVES: With very few restrictions on choosing physicians under National Health Insurance (NHI) program in Taiwan, patients could visit outpatient depart-
ments (OPD) in a tertiary medical facility to seek the primary care other than secondary care. This study was to examine the impact of Integrated Medical Care (IMC) services in China Medical University Hospital (CMUH), a 2000-bed medical center, in Taiwan. METHODS: Those patients who made more than 50% of their total OPD visits in Taichung during CMUH during January 2008 to June 2009 (baseline period) were recognized as CMUH loyal patients. They were invited to utilize the offered pluralistic IMC services, including integrated, geriatric and pharmaceutical care clinics, in addition to usual primary and specialty clinics, during December 2008 to December 2010 (implementation period). Those who visited only one or two specialties of CMUH care (primary care, ECC) were of the most interest. The computerized reminder and medication utilization evaluation (MUE) systems were established to facilitate the cooperative clinician-clinician pharmacist medication therapy management model. The medical and medication-related issues were reviewed by prescribers, clinical pharmacists and the clinical MUE systems. Financial and medical expendi-
ture reimbursed by NHI, OPD visits, number of prescribed medication (Rx) and emergency department (ED) visits in CMUH during baseline and imple-
mentation periods were examined. RESULTS: Of 11,902 loyal patients, 75% made visits toward one or two specialties and otherwise. The medical expenditures, OPD visits, ED visits reduced 2.4%, 4.8% and 6.3% per person per month, respectively, but the number of Rx increased 0.2%. The differences of the health resources utiliza-
tion were reduced from the first to fourth quarter of implementation period. CONCLUSIONS: There were positive outcomes of offering pluralistic IMC services. However, the long-term outcomes were emphasized more toward those who visited more than three specialists.

PHPB3 HTA DECISION DRIVERS FOR ACCEPTANCE OF HIGH ICER SUBMISSIONS AND REJECTION OF LOW ICER SUBMISSIONS
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OBJECTIVES: The objective of this study was to investigate reasons for decision drivers of HTA submissions which were rejected despite a high ICER or accepted despite a low ICER. METHODS: All published technology appraisals since April 2005 were downloaded from PBAC, SMC, and CADTH, websites. The manufacturer’s base-case ICERs were extracted. Decision drivers provided by the agencies were extracted from the tech-
nology appraisals which were rejected despite a low ICER or accepted despite a high ICER. RESULTS: The CADTH accepted 14 high ICER submissions; 71% owing to stated clinical effectiveness, including 42% on the basis of restriction and 15% restricted duration. The PBAC accepted 26 high ICER submissions; 53% owing to stated cost-effectiveness, 30% with restriction, and 19% with a risk sharing agree-
ment. The SMC accepted 32 high ICER submissions; 68% owing to restriction, and 31% owing to orphan drug status. The CADTH rejected 2 low ICER submissions owing to a lack of demonstrated clinical benefit. PBAC rejected 48 low ICER sub-
missions, 73% owing to lack of demonstrated clinical benefit, 40% owing to uncer-
tainties of economic model and 27% owing to a lack of a high ICER. The SMC rejected 62 low ICER submissions; 34% owing to a lack of demonstrated clinical efficacy, 71% owing to lack of a robust economic analysis, and 31% owing to cost-effectiveness not being demonstrated. CONCLUSIONS: Aside from a demonstra-
tion of clinical and / or cost-effectiveness, high ICERs were accepted on the basis of a restriction to certain patient groups, price reduction, or owing to orphan drug status. Low ICER submissions were rejected on the basis of uncertain or lack-
ing clinical benefit, uncertain model estimates, or a lack of appropriate analysis.

PHPB4 AHRQ VERSUS NICE: DO THE CONCLUSIONS IN CER REPORTS CORRESPOND CONSISTENTLY TO THE COMPARATIVE EFFECTIVENESS ASSESSMENTS MADE IN HTA REPORTS?
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OBJECTIVES: While non-US agencies such as NICE (National Institute for Health and Clinical Excellence) in the UK have been conducting Health Technology As-
sessments (HTAs) for over ten years, Comparative Effectiveness Research (CER) as conducted in the US is relatively recent. The lack of economic considerations is one well-established distinction between CER and HTA. The objective of this study is to compare CER publications from AHRQ (Agency for Healthcare Research and Qual-
ity) with HTA-related publications from NICE to determine whether there are other consistent, clear distinctions of note. METHODS: All published CER publications from the National Institutes of Health website were assessed relating to the comparative effectiveness of pharmaceuticals on major clinical out-
comes. The NICE website was searched for corresponding HTA guidance, and conclusions and other features of the publications were compared. RESULTS: Of the 14 AHRQ CER publications that assessed pharmaceuticals, for only one of these were there corresponding NICE HTAs. The conclusions of any given CER treatment over Rheu-
matoid Arthritis and Psoriatic Arthritis corresponded to two NICE HTAs, which were both in general agreement with the CER report. In contrast, the conclusion from one of the AHRQ publication on Lipid-Modifying Agents stated that there was insuffi-
cient clinical evidence to guide decisions, whereas NICE was confident enough in the evidence to make a subsequent access decision. In its Clinical Guideline (CG) documents NICE also provided statements relevant to three other AHRQ CER report topics with NICE HTAs, but stated cost-effectiveness not being demonstrated. CONCLUSIONS: Where like-for-like comparisons were pos-
sible, this research found more agreement than disagreement between AHRQ and NICE. The major distinctions of note related to the topics chosen for assessment by the AHRQ CER agencies, which reflect differences in points in time size if the HTA systems.