17.4% of all abstracts were in the Allergy diseases area. It was followed by Multiple Disease/Conditions: It was shown that the policy changes in 2008 as to require pharmacoeconomics dossiers in the reimbursement application affected Turkey specific pharmacoeconomic and health outcome studies positively. In other words, pharmaceutical industry and the government started to invest in pharma-
coeconomics and health outcome studies after 2008.

PHLP154
LONG TERM ANALYSIS OF THE HUNGARIAN HOSPITAL BED CAPACITIES
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OBJECTIVES: To provide a long term analysis of the Hungarian hospital bed capaci-
ties. METHODS: During the preparation we performed bibliographic review includ-
ing research of related statistical data collections, historical hospital works. Data were-
drawn from the database of the Hungarian Central Statistical Office and from

t he organizations of the Hungarian Health System. The historical data collection of
following indicators were used: number of hospitals and hospital beds. RESULTS:
The first data available for hospital statistics dates back to 1800 and showed that
there were 34 hospitals and 1500 hospital beds in Hungary. In 1867 the number of
hospitals and hospital beds increased up to 66 and 4648 respectively. Shortly after
the introduction of compulsory health insurance in 1891, the number of hospitals
was 344 and the number of hospital beds was 16497 in 1895. After the First World
War hospital number decreased to 183, and bed number increased to 26451. Since
1945 to 1990 the number of hospitals varied between 147-287, while the number of
hospital beds continuously increased from 33162 to 105097. After the social and
political changes in 1990, the number of hospital beds by 1990. After social and political changes in 1990, the number of hospital beds
number showed strong decrease to 71216 in 1990.

PHLP155
‘BIG DATA’ IN HEALTH CARE. WHAT DOES IT MEAN AND WILL IT MAKE A
DIFFERENCE?
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BACKGROUND: With the evolution from data on paper into electronically available
data, the term Big Data has made its entrance. This term is widely used and refers
to: (a) a large amount of data, (b) a large data size, and (c) the rate at which the
amount of data is increased. In medical, public, and health care sectors, the
health care sector, this term is ill defined. OBJECTIVES: The main purpose of this
study is to get an understanding of the definition of Big Data in health care. Further,
it’s value and challenges will be explored. METHODS: First, an attempt has been
made to clarify the term Big Data in health care using the term “Big Data” in combina-
tion with ‘health’ in PubMed searches. Also, the internet and social media have been
searched for definitions of Big Data in health care. Further, the potential use of Big
Data in health care has been reviewed using these sources. RESULTS: In the medical
literature, the term Big Data is rarely used in health care research and no standard
definitions of Big Data big data are available. The term is used in combination with
electronic health records (EHR), claims data, pharmacy utilization records, and
linkages between these databases. On the internet and social media, various definitions
for Big Data in the health care sector can be found. Values are: increased medical
knowledge, improved quality of care, improved personalized medi-
cine, better health care costs, and better patient outcomes. Use of Big Data in
Healthcare are of technical (different data structures), ethical (patient privacy) and
scientific (quality issues, biases, causality assessment) magnitude. CONCLUSIONS:
Healthcare Big Data has poorly been defined. Use of Big Data can be beneficial in terms
of better care and lower costs despite the challenges to be faced.

PHLP156
DISEASE BECOMES SOCIAL. HEALTH RESEARCH CONDUCTED ON, OR USING,
WEB 2.0 MEDIA: A SYSTEMATIC REVIEW
Martin A, Lombard L
E Identiﬁer: Health, UK
OBJECTIVES: To assess the range and focus of health research that has involved
interactive internet and mobile technology ("social media", SM). METHODS: We
carried out a systematic review of studies that investigated the use of SM as a
research tool, published in English since 2003 and indexed in MEDLINE and EMBASE.
RESULTS: We identiﬁed 3,773 unique studies, of which 304 reported primary research
or were systematic reviews of such studies. Of these, 192 (63%) were surveys of actual or potential users of SM, including health care professionals
(20%), patients with a speciﬁc disease or problem (46%), or the general public (34%).
40 (13%) were articles describing SM tools or sites, 71 (23%) assessed the potential
value of SM applications for healthcare, and 22 compared SM with more traditional
support or information; 71 (23%) described SM users; 53 (17%) sought their views on
the beneﬁts of SM, 24 (8%) discussed the potential harm of SM, and 22 compared
SM to other traditional tools or information. CONCLUSIONS: The growth in the
use of SM has brought about an increased use of SM in health research. Further,
research, Facebook was cited in 73 articles (24%), mobile apps in 40 papers (13%).
PatientsLikeMe and Twitter in 13 articles (4%) each; MySpace in 3 articles (1%); and
other online forms in 20 articles (7%). CONCLUSIONS: SM is a rich source of
data on patients and healthcare professionals. It may be particularly useful in target-
ing patients with rare diseases, and studying attitudes and behaviors relating to
management of special interest subjects. SM may also increase recruitment into research studies, especially from hard-to-reach groups.

PHLP157
PHARMACOECONOMIC EDUCATION NEEDS INVESTIGATED BY ISPOR CHAPTER
– EXAMPLE FROM BULGARIA
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OBJECTIVES: Education in pharmacoeconomics is one of the primary goals of ISPOR.
This study is aiming to explore the needs for pharmacoeconomic educations by
national chapter among different pharmacoeconomic stakeholders. METHODS:
Survey research was performed among the participants in 2 educational initiatives of
the Bulgarian ISPOR chapter. In both seminars attended representatives of payers -
Bulgarian government (MoH, NHI), as well as from pharmaceutical business, non-
governmental organizations. On total 64 people were registered from over 60 participants in both seminars. The questionnaires focused on the topics
covered in the seminars, organizational matters and needs of new educational themes.
Preferred themes were assessed and results are consolidated. RESULTS: Both semi-
arists aimed at the same educational goals. The first seminar was focused mainly on
the pricing and reimbursement of the pharmaceuticals with international lectur-
ers, while the second one covered basic pharmacoeconomic methods with national
lecturers. The overall satisfaction score from both seminars was very high (25%) and
excellent (5%). The most preferred topic was the pricing and reimbursement of phar-
macoeconomics by 53%, followed by different modeling techniques (47%). Participants
wanted to know more about the way of regulatory usage of pharmacoeconomics in
pricing and reimbursement (70%). Focus groups discussion (98%) and practical
pharmacoeconomics were also a matter of high preference (30%). CONCLUSIONS:
This study presents the results of education in the field of pharmacoeconomic, modeling,
core models explanations and pharmacoeconomic assessment. They also pointed out
the place of national chapters as providers of education and independent organizers
together with different stakeholders' point of view in non-formal discussions. Having
in mind that BG is in the beginning of the HTA process obviously willing to be
educated among the whole Pharma environment is definitely high.

PHLP158
PHARMACOECONOMIC EDUCATION FOR HEALTH CARE STUDENTS IN BOSNIA
AND HERZEGOVINA
ISPOR Bosnia and Herzegovina, Sarajevo, Bosnia
OBJECTIVES: In order to examine the current situation related to education in the field
of pharmacoeconomics and Health-Economics, we investigate which universi-
ties possess a health economics and/or a pharmacoeconomics department, and enter-
prises of health economics and/or pharmacoeconomics in the region. METHODS:
We have reviewed the curricula at official websites of health care faculties, and
searched for definitions of Big Data in health care. Further, the potential use of Big
Data in health care has been reviewed using these sources. RESULTS: Twenty-two
health care institutions are identified; 5 medical, 4 dentistry, 9 pharmaceutical facul-
ties, 13 nursing and 6 other. Seventeen of them have on-line available curricula and 2 faculties do not have available curricular web sites, so we included 77.6% of all health care faculty programs. In undergraduate courses pharmacoeconomics/health-economics is included in curricula at 5 facult-
ies, whereas pharmacoeconomics as a separate mandatory subject is included in curricula at 1 medical and 1 pharmacy faculties. At 3 health care colleges this area is covered through health-economics or health-management courses. In postgraduate programs (master and doctoral studies) just 3 faculties included health economics in its curricula; 1 medical faculty as mandatory subject and 2 medical colleges as elective subject. CONCLUSIONS: Pharmacoeconomic education for health care
students in Bosnia and Herzegovina is poorly organized and not satisfactory. There
is growing need to educate health care professional and policymakers in the field
of Big Data to ensure proper understanding and implementation in practice and decision-making process. Limitation of this study is that detail programs and structure of courses could not be examined since it is not on-line available. Further research is recom-

dended to get deep insight into curricula.

PHLP159
WHAT IS AN EXPERIENCE OF MULTISTAKEHOLDER HTA CONSENSUS
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OBJECTIVES: To validate an innovative experience that aims at being recognized
by Institutions as a national and independent HTA assessor, thus supporting both
national and international health technology assessment needs. This is the first of a series of SM studies just 3 faculties included health economics in its curricula; 1 medical faculty as mandatory subject and 2, medical colleges as elective subject.

HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs

WEP159
INTERVIEW IN PHARMACOECONOMICS: AN ITALIAN EXPERIENCE OF MULTISTAKEHOLDER HTA CONSENSUS
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OBJECTIVES: To validate an innovative experience that aims at being recognized
by Institutions as a national and independent HTA assessor, thus supporting both
national and international health technology assessment needs. This is the first of a series of SM studies just 3 faculties included health economics in its curricula; 1 medical faculty as mandatory subject and 2, medical colleges as elective subject.

HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs