Canada, are often granting market access on the basis of efficacy data alone. Because of this lack of effectiveness data, information is mostly extrapolated from the existing efficacy data. In theory it should be left to evidence-based-medicine specialists to estimate this information. In practise this is done as an integral part of most economic evaluations. We challenge this practise and propose to separate the estimation of effectiveness from the overall process of economic evaluations. Our main argument is that the estimation of effectiveness is not necessarily a core competency for authors of economic evaluations. RESULTS: Hence this crucial issue gets too little attention in discussions and guidelines of economic evaluations. Subsequently we argue that this niche of evidence-based-medicine is still underdeveloped. It urgently needs scientific discussion and development of its own guidelines. CONCLUSIONS: We propose that the estimation of effectiveness on the basis of efficacy data should be done as an endeavour in itself. This would make the appraisal of these two distinct procedures, namely effectiveness assessment and economic evaluation, clearer and thus more valuable. The European Union is currently trying to develop this field (Pharmaceutical Forum Conclusions—Press release September 29, 2006).

PMC32
SYSTEMATIC BIAS BETWEEN INTERNET AND MAIL SURVEYS: IMPLICATION FOR SCALING OF CONJOINT QUESTIONS
Hurtin CC1, Winter J1, MC Fadden DL2
1ENDEPUS Research Inc and Visiting Econometric Lab UC Berkeley, Cambridge, MA, USA, 2UC Berkeley, Berkeley, CA, USA
OBJECTIVES: To examine the role of two modes of administrations of surveys: mail and internet, and associated source of bias on validation of results of patient surveys, set up by J Winter and D McFadden at Berkeley. Since internet surveys are increasing, especially for conjoint surveys in health care, it becomes important to control such biases on estimators of demand for care. Previous estimations of survey biases in conjoint models for health care choices (e.g. Suzuki and Ohkusa on common cold, 1999) did not address such sources of biases.
METHODS: Two experimental questionnaires designed in 2003 and 2004 were administered on AARP patients, with the two modes of administration. This paper analyses responses to three policy questions. They are measured with scaling responses, similar to the one used for the validation stage of a new cost index for physicians’ decision making. RESULTS: Results from the 2003 survey show that there is systematic bias associated with modes of administrations. The paper provides 2003 results on three policy questions where scaling measures were used on health care choices for different types of care; preliminary results of a modified 2004 design of the 2005 survey will also be provided. Findings from Winter and McFadden suggest that there are systematic biases between internet and mail surveys in the range of 0.514 to 0.528 for the selected choice questions. These results will be updated and discussed in the context of the creation of a sampled survey on primary care physicians combining mail and internet surveys CONCLUSION: This paper contributes to methodological advances to improve validation of new type of reversed conjoint surveys as predictive tools for demand of health care, especially for the validation of physicians’ surveys, when there are a lot of variations in adoption of IT systems in physicians’ practices.

PMC33
PHARMACOECONOMICS IN THE HEALTH CARE SYSTEM IN GAUTENG PROVINCE
Modiba WK1, Nazer D2, Wessels F3
1University of Limpopo Medunsa Campus, Pretoria, Gauteng Province, South Africa, 2Tshwane University of Technology, Pretoria, Gauteng Province, South Africa, 3Quintes Research Group, Irene, Gauteng Province, South Africa
OBJECTIVES: Pharmacoeconomics (PE) has been defined as ‘the description and analysis of costs of drug therapy to health care systems and society’. PE concepts and methods have been with us since the early seventies. The trend in the use of PE in formulary decision-making, disease management programmes and cost-effectiveness of health care interventions is on the increase. This study investigated the role of PE in decision-making in the private and public sectors of the health care system in the Gauteng region. METHODS: Two focus group sessions were conducted at Technikon Pretoria. Face-to-face interviews were also conducted with key informants in PE who did not participate in both focus groups. The triangulation method of combining focus group methods and face-to face interviews was chosen to increase the reliability of the data. Six and three participants for the first and second focus groups, respectively, with similar backgrounds in PE were recruited from both the private and public sectors. A moderator who was conversant in PE facilitated the focus group sessions while the researcher recorded the responses from the participants. RESULTS: Using the Donabedian matrix for the analysis, mixed results were observed in the private and public sectors about the perception and use of PE. There was an increased awareness of PE as a decision-making tool by most respondents. Lack of PE culture, conflict of interest, and wastage of resources were the most prevalent health care concerns affecting both sectors of the health care system of the Province. Although PE methods are globally transferable, models are required to reflect the Gauteng Province’s health care setting. CONCLUSION: PE exists as a decision-making tool aimed at demonstrating the value for money in the allocation of health care resources. PE is instrumental in understanding and solving the health care issues faced by decision makers both sectors of the health care system in the Gauteng Province.

PMC34
AN APPLICATION OF ITEM RESPONSE THEORY TO PRESCRIBERS’ KNOWLEDGE AND ATTITUDE MEASUREMENT
Ko Y1, Malone DC2, D’Agostino JV1, Skrepnek GH1, Armstrong EP1, Brown M1, Rehfeld RA1, Abarca J1, Woosley RL2
1University of Arizona, Tucson, AZ, USA, 2The Critical Path Institute, Tucson, AZ, USA
OBJECTIVES: To use item response theory (i.e. Rasch) analysis to develop and evaluate scales to test prescribers’ DDI knowledge and perceived usefulness of DDI information sources, and to examine factors that may be associated with prescribers’ DDI knowledge.
METHODS: Data were obtained from a US national mail survey sent to 12,500 prescribers. The survey instrument included 14 drug-drug pairs that tested prescribers’ ability to recognize clinically important DDIs and five 5-point Likert scale questions that assessed prescribers’ perceived usefulness of DDI information provided by various sources. The knowledge and usefulness questions were examined via Rasch dichotomous and rating scale models, respectively. Regression analysis was used to examine factors related to prescribers’ DDI knowledge scores which were derived from Rasch analysis. RESULTS: None hundred fifty completed questionnaires were received. Rasch analysis of knowledge and usefulness items revealed satisfactory model-data fit (infit mean square ≤ 1.5 and outfit mean square...