the importance of POls, to propose a method to measure a POl’s influence, and to examine the possible roles of POls.

PHP136

COMPARATIVE ANALYSIS OF THE LSHT SECTOR CONCERNING WEALTH CREATION AND ECONOMIC GROWTH FOR SUB-SECTORS IN SELECTED CANADIAN PROVINCES AND UNITED STATES AS WELL AS EUROPEAN REGIONS

O’Sullivan A1, Denis D1, Dumont N2

1University of Montreal, Montreal, QC, Canada, 2INPE-SECOR, Montreal, QC, Canada, 3Montreal InVivo, Montreal, QC, Canada

OBJECTIVE: The life sciences and health technology (LSHT) sector is one of the key knowledge based area in Quebec. It provides for economic growth, wealth creation and quality of life improvement. The LSHT sector has been experiencing important changes of its R&D model over the past 5 years, hence modifying resources allocation. The purpose of this study was to determine the LSHT in Quebec at a look at its recent evolution and identify key elements of success contributing to grow this sector.

METHODS: Information, gathered from the Quebec ministry of finance and economy, Quebec Institute of Statistics, Statistics Canada, Montreal International, US Departments of commerce and the universities being involved. The objective was to develop a comparative analysis of the LSHT sector concerning wealth creation and economic growth for selected LSHT sub-sector in selected Canadian provinces, US states and European regions. The following information was gathered for the analysis: public and private employment and salaries (direct and indirect), gross domestic product (GDP), concentration of employment. RESULTS: The analysis shows that the LSHT sector accounts for 3.5% of Quebec GDP and that employment in this sector generates more value (+7%) when compared to the other sectors taken together. The comparative analysis, based on 35 regions in Europe, United States and Canada, shows that Quebec is one of the 3 regions with a diversified LSHT sector whereas other regions have specialized in one subsector (biotechnology, medical technology, pharma). The results show also that only 22% of regions grew between 2008-2012. CONCLUSION: This analysis suggests that the growth of LSHT cannot only be explained by diversity of the regions. The need for large research and health centers as well as collaborative approach could explain the success for that growth. Further analysis would be required to measure the impact of each of these factors.

PHP137

TRANSFERABILITY OF INTERNATIONAL EVIDENCE ON THE BENEFITS OF INNOVATIVE MEDICINES INTO CENTRAL EASTERN EUROPEAN COUNTRIES

Bamgade B.A.1, Kalo Z.2, Petрова G.2, Vitezic D.3

1Syrem Research Institute, Budapest, Hungary, 2Eotvos Lorand University, Budapest, Hungary, 3Medical University of Sofia, Faculty of Pharmacy, Sofia, Bulgaria, 4University of Rijeka Medical School, University Hospital Centre Rijeka, Rijeka, Croatia

OBJECTIVES: Pharmaceutical stakeholders in Central Eastern Europe (CEE) often refer to international evidence from other jurisdictions to express the benefits of innovative medicines in cost savings or productivity gain. One of the most frequently cited statements argues that increased expenditure on innovative medicines may be offset by reduced hospital stay or avoided complications. Another popular argument is to extend the value of modern medicines with the potential towards the expiry date labelling.

RESULTS: The analysis identifies that one’s knowledge, attitudes and beliefs (KABs) about the following MI domains: 1) causes; 2) recognition; 3) how to seek information; and 4) sources of help can predict their help-seeking behaviors (HSB). The purpose of this study is to systematically evaluate the predictors and directionality of HSB. This approach minimizes patients’ experiences and beliefs, and may place the views of the professional at odds with that of the patient resulting in disillusionment and distrust of the health care system. Second, MIH limits the role of prevention and self-management, which is problematic because if a patient views MI as unpreventable and untreatable, it may preclude them from seeking treatment. Third, MIH posits that KABs can predictively determine HSB unidirectionally. A bidirectional relationship may be more appropriate because patient behavior and human decision-making are fluid and constantly changing. In addition, this bidirectional relationship allows for a period of assessment necessary for patients to weigh their KABs against the current assumptions. Lastly, the model appears to be flexible and can be applied to any HSB (e.g., access to care and insurance status). In conclusion, as the first theory to conceptualize literacy regarding mental health, the MIH laid the foundation for exploring the relationship between KABs and HSB. However, several improvements and additions to the theory may advance its body of work.

PHP139

EXAGGERATED EXPIRATION DATES OF PHARMACEUTICALS: ENHANCING ECONOMIC BURDEN ON HEALTH CARE SYSTEM OF A COUNTRY

Kaulal N, Vaidya Y, Gulati M, Singh SK

University of British Colombia, Vancouver, Canada

EXCLUSION CRITERIA: The expiry dates mentioned on the medicines are considered inviolable by the patients. By the manufacturer and approved by the highest regulatory agencies of a country, expiry date is considered as the ultimate safeguard to ensure the safety and efficacy of the drug. To overcome this, knowledge about the expiry dates of the drugs, the procedures being generally followed by pharmaceutical industries to give the expiry dates to the drugs, cases where the expiry dates have been extended by the regulatory agencies themselves as well as the role of the patient in extending the expiry date with FDA and saved American taxpayers millions of dollars. The article also recommends the scientific course that may be taken towards a more pragmatic approach towards the expiry date labelling.

PHP140

THE DIGITAL DIVIDE: CHALLENGING ASSUMPTIONS TO IDENTIFY THE IMPORTANCE OF A TAILORED APPROACH FOR ADHESION AND PATIENT ENGAGEMENT

McKay C

InVivo, Inc, North Wales, PA, USA

OBJECTIVES: At present, the digital divide is generally considered a problem of access. This perspective is perpetuated by several assumptions regarding the availability, usability, and content of current health information and technological communications (ICT) promoting chronic care management. These biases serve to limit benefits of health technology innovation among the medically underserved or at-risk patient populations. Most prominent, the myths of ready access and sustained engagement are presented - both of which differentially expose already vulnerable groups to fewer opportunities for advances and even advances to improve patient care accessibility to other groups in addition to poorer quality information to base medical decisions upon, thus reinforcing disengagement and potentially widening the divide.

RESULTS: By drawing on a range of literatures, including health communications, medical informatics, social determinants of health, health behavior and promotion, the purpose of this work is to deconstruct the divide, describe its importance and impact in health care settings, in an effort to improve understanding in order to inform tailored intervention development. RESULTS: Specifically, this conceptual work describes elements and challenges assumptions driving the divide in order to: expand understanding of the digital divide in practice, recognize important patient groups are being negatively impacted, and increase awareness of eHealth literacy and efficacy that may directly impact adherence and patient engagement. Examples of patient-centered tools and trials are provided, such as the Personal Health Record (PHR), illustrating the potential for reducing as well as increasing the digital divide; if features of the divide are not considered when developing technologically-based behavioral interventions, those relying on health ICT may serve to amplify inequalities in health and health care. CONCLUSIONS: Explicitly outlining the elements upon which patient-centered interventions may be tailored appropriately are offered, providing suggestions to inform both population-based as well as individual-based health management strategies.