in study design and the availability of evidence for value demonstration. Systematic reviews and retrospective database studies investigating the efficacy and safety of orphan treatments as supportive care, and comparisons of costs against the new therapy, were generally expected by most of the respondents. Cost-effectiveness analysis was required in some of the countries, with the rest expecting only a budget-impact analysis based on local epidemiological data. Findings were similar for therapies for diseases with low prevalence but without orphan drug designation. CONCLUSIONS: Unmet needs in rare diseases are high, and effective new therapies are welcomed and valued by payers in these key reimbursed markets in Asia. Decision makers are willing to show a degree of flexibility in their evidence requirements for these kinds of products.

PHR7
PHARMACEUTICAL BENEFIT ADVISORY COMMITTEE ACCEPTABILITY
THRESHOLD RESULTS 2005-2011
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OBJECTIVES: To examine the indicators of success in reimbursement application in Australia made by the Pharmaceutical Benefit Advisory Committee (PBAC), and describe the rationale behind it. Of interest is whether or not listing on the Pharmaceutical Benefit Scheme (PBS) is recommended based on the clinical evidence, the cost-effectiveness outcomes, political will, and whether there is clarity in the recommendations made for the subsidisation of drugs on the PBS. This examination is conducted in order to shed light on the basis of decision making and the impact of political factors. METHODS: The method used in this approach was a literature review from 2004-2011

PHR78
SIMILAR HTA, DIFFERENT ACCESS OUTCOME? COMPARISON OF ORPHAN ONCOLOGY DRUG ASSESSMENT IN SOUTH KOREA, AUSTRALIA AND THE UK
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OBJECTIVES: To identify drivers for positive recommendations and implications for improved patient access to orphan oncology treatments.

HPH80
EFFECTIVENESS OF MULTIDISCIPLINARY PERSPECTIVE INTERVENTION WITH COMMUNITY INVOLVEMENT IN DECREASING ANTIBIOTIC SALES IN VILLAGE GROCERIES IN THAILAND
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OBJECTIVES: To evaluate a Multidisciplinary Perspectives Intervention with Community Involvement (MPI&CI) which was implemented to reduce antibiotics sales in village groceries which were illegal based on Thai Drug Act (1967). METHODS: MPI&CI was developed based on information obtained from focus groups that included multidisciplinary stakeholders. The intervention consisted of 1) communication about antibiotic knowledge, 2) investigation of availability of antibiotics in groceries, and 3) informing grocery owners when antibiotics were found for sale in their groceries. Community leaders in the intervention group were trained in a one-day workshop to implement MPI&CI in their villages. A quantitative posttest posttest measurement was conducted to assess the effect of MPI&CI. Data were collected from 20 villages in one district in Mahasarakham Province (intervention group), and in another 20 villages in a different district in the same province (comparison group). A generalized linear mixed model poison regression with repeated measures was used to evaluate the effectiveness of MPI&CI.

RESULTS: The results indicated that the intervention was effective at reducing the number of antibiotics available for sale in groceries. Groceries in the intervention group had 67% fewer antibiotics available at post-intervention compared with pre-intervention (relative rate 0.13, 95% CI 0.07, 0.23), while the control group had only an 8% reduction in antibiotic availability (relative rate 0.92, 95% CI 0.88, 0.97) between the two time periods. CONCLUSIONS: This study suggested that community involvement during development and implementation of the intervention is an effective approach for reducing antibiotic sales in village groceries in Thailand. Further study should be developed to assess the sustainability and long-term effect of MPI&CI.

PHP81
FACTORS INFLUENCING INTERPROFESSIONAL COLLABORATION: A LITERATURE REVIEW FROM 2004-2011
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OBJECTIVES: Interprofessional collaboration and team-based care have been regarded as important approaches to improve health care. Factors enhancing and prohibiting interprofessional collaboration in practice settings, however, are not fully understood. This study provides an updated literature review on factors influencing interprofessional collaboration from 2004-2011. METHODS: Databases including ABR/INFORM Global, CINAHL Plus, MEDLINE, PsycINFO, Sociological Abstracts, and ProQuest Dissertations & Theses were searched using keywords such as collaboration, team, interprofessional, interdisciplinary, determinant, and factor, and subject headings such as interprofessional relations (MeSH) and multidisciplinary care team (CINAHL). Only empirical studies conducted in patient care situations examining interprofessional collaboration were reviewed. Due to the large number of hits, article titles were screened prior to abstract screening and retrieval of full articles. Salient systematic, organizational, and interactional factors identified from the articles were summarized respectively. RESULTS: Over 7000 article titles were screened, 680 abstracts were retrieved, and 110 articles were retained. A wide range of qualitative (N=53) and quantitative (N=66) methods (N=9) were used in these studies. The main systematic factors included regulatory and economic incentives, as well as professional culture differences and dominance of medical power. Organizational factors included leadership, physical space, staffing, and team training. Interactional factors, which have been studied the most extensively, included communication, team climate, shared purpose, awareness and respect. Additional factors included complexity of patient cases and team