A NEW ANTI-REBATE LEGISLATION IN SOUTH KOREA: WILL IT WORK THIS TIME?
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OBJECTIVES: The objective of this study is to examine the potential impact of recent reform in anti-rebate law of drugs in South Korea. METHODS: It has been an old business practice that some doctors and pharmacists receive financial benefits from pharmaceutical companies and distributors in exchange for business favors in Korea. These kickbacks are considered "unethical and illegal drug rebates". The Korean Fair Trade Commission reckoned customer damage caused by illegal rebates in the medicines market at about USD$ 22 billion, accounting for about 20% of total pharmaceutical sales in the year of 2007. There are a couple of reasons why illegal drug rebate is so prevalent in Korea. First, the current drug pricing system guarantees relatively good prices for generic products which local companies focus on producing to a group of patients and are measures of the degree of functionality of the health care system. At the highest level are societal outcomes, which measure the impact of health on the wellbeing of society. Consensus as to what is meant by "outcomes" would be an important step towards improving the quality of the discourse and critical thinking in this area.

A TYPOLGY OF OUTCOMES FOR HEALTH RESEARCH
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Measuring "outcomes" is at the heart of this Society's mission and of efforts to improve health and health care delivery. Despite this central role, there is no common agreement upon definition as to what is meant by outcomes. For example, for some commentators, outcomes refer uniquely to quality-of-life and survival of individual patients; this thinking underlies the US Patient Centered Outcomes Research Institute. For others, including those doing economic evaluation, outcomes may refer to the average health benefit groups of patients. Yet others use "outcomes" to refer to aspects of functioning of the health care system. This lack of consistency does little to illuminate the challenges in equitably delivering timely, high quality, and affordable health care. In this presentation, the authors present a typology of outcomes for health research along with relevant examples. At the most granular level, endpoints in randomized trials are often clinical outcomes which are characterized as immediately observable - "hard" - such as hospitalization, death or functional status, or latent - "soft" - such as quality-of-life, pain, or satisfaction. At the next level are health outcomes which are the results of care delivered in actual practice and can be subdivided into treatment outcomes which reflect the intended and unintended medical consequences of undergoing therapy and patient outcomes which reflect the impact on patients of undergoing care in the real world. System outcomes can be thought of as the impact of delivering care to a group of patients as measured by the degree of functionality of the health care system. At the highest level are societal outcomes, which measure the impact of health on the wellbeing of society. Consensus as to what is meant by "outcomes" would be an important step towards improving the quality of the discourse and critical thinking in this area.

ENDOGENOUS COST-EFFECTIVENESS ANALYSIS IN HEALTH CARE TECHNOLOGY ADOPTION
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Total health spending and its share in the social product have been staple indicators in assessing and comparing health care systems. Comparison of health care systems based on ratios and cents is limiting, however, since the health care system is not an artifact of the economy. Institutions shape societal values on health care leading to peculiarities even among health care systems that share traditions in terms of health care financing and delivery. This paper presents a framework to compare health care systems in a meaningful way that accounts for systemic differences and similarities using the empirical technique cluster analysis. The analysis could allow a three-step procedure. A review of the literature will be conducted to identify major institutional indicators of any given healthcare system. Cluster analysis will then be employed using these indicators based on data of OECD member countries. Based on the isolated clusters using the "minimum description length" approach, "peer" health care systems will be identified and described highlighting so-called leaders of the pack. At the heart of the performance of every health care system is the extent to which it is able to respond to the desire for a healthy life by members of society. This implies accounting for both efficiency, which investigates the link between the health care resources and health outcomes, and effectiveness, which assesses the achievement of goals rather than choosing one over the other. Assessing health care systems against peers and over time would not only set systems apart given their shared intent of ensuring health by providing health care but may well engender learning and lead to a race to the top.

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endogenous cost-effectiveness analysis policies aimed at lowering spending may actually raise it. Second, reimbursement policy based on endogenous cost-effectiveness analysis policies may be adopted in the future. Third, under the standard conditions when producer costs are unobservable, we provide a test for these conditions using data on technology appraisals in the UK 1999-2005.

PHP169
THE VALUES OF GENERAL PRACTITIONERS/FAMILY PHYSICIANS SHOULD BE FOSTERED INTO OTHER CLINICIANS: A RESEARCH STUDY
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OBJECTIVES: The paper is to improve the quality of life and health of the peoples of the world will come soon! So the quality of life and health of the peoples of the world will improve. We plan to adopt the above methods and techniques. Methods: By comparing the general practitioners/family physicians with the clinicians of specialties, summarizing the shortcomings of present health care services, the proposals for promoting health care service, the proposals for promoting health care service, with the values of general practice/family medicine should be fostered into other clinicians. METHODS: The values of general practice/family medicine should be fostered into other clinicians when all the clinicians take care of the patients in any conditions, critical or ordinary, by adopting to the values of general practice/family medicine. While the clinicians take into account of their own specialties. CONCLUSIONS: In applying these proposals, a healthy world and high quality of life of the peoples of the world will come soon! So the quality of life and health of the peoples of the world can be promoted and enhanced.

Cardiovascular Disorders – Clinical Outcomes Studies

PCV1
EXPLORATORY ANALYSIS ABOUT THE APPROPRIATENESS OF A GPS LONGITUDINAL DATABASE ON EVALUATING ATYPICAL ANTIPSYCHOTICS IN TERMS OF DRUGS ADVERSE EVENTS
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OBJECTIVES: The main objective of this study was to understand the appropriateness of a GPS Longitudinal Database on exploring potential causal associations among therapeutic and adverse events. We focus on subjects treated with three of the most widespread atypical antipsychotics drugs known as affecting patients’ lipidic profile and cardiovascular and diabetes risk. METHODS: Data were obtained from CSD LFD, an Italian General Practitioner’s longitudinal database. Patients with a diagnosis of hypertension or diabetes and treated with Antipsychotics, Quetiapine or Olanzapine during the period January 2005 to December 2009 have been selected. For each patient, the first prescription has been considered as the Index Date. The final sample was composed of patients that during the following three months had at least another prescription of the same atypical antipsychotic. Patients have been followed-up for a maximum of 12 months starting from three months after the index date. RESULTS: Treatment groups were composed of 367 patients for Aripiprazole, 1825 patients for Olanzapine and 3088 patients for Quetiapine. The proportion of patients with an out of range value of Total Cholesterol and LDL was significantly lower in Aripiprazole group. The same trend has been observed for the proportion of patients with at least one recorded diagnosis of cardiovascular events and diabetes. The association between treatment and cardiovascular diagnosis presence was still significant even when performing a multivariate logistic model adjusted for gender and presence of a cardiovascular diagnosis during the year before the Index Date (Odds Ratio Olanzapine vs. Aripiprazole: 1.76 [1.08 – 2.85], Odds Ratio Quetiapine versus Aripiprazole: 1.67 [1.03 – 2.70]). CONCLUSIONS: CSD LFD database resulted to be appropriate in exploring potential causal associations among therapeutic and adverse events in psychiatric drug trials. In conclusion, Olanzapine and Quetiapine are superior to Aripiprazole in terms of recorded diagnoses and in terms of recorded laboratory exams values even if, in this case, the sample size was reduced.

PCV2
EVALUATION OF THE PROPHYLAXIS PATTERNS AND 90 DAY OUTCOME EVENTS IN HOSPITALIZED MEDICALLY ILL PATIENTS
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OBJECTIVES: To compare the prophylaxis patterns, incidence of venous thromboembolism (VTE), major and minor bleeding and readmission over 90 days in hospitalized medically ill patients. METHODS: We focused on subjects treated with three of the most widespread atypical antipsychotics drugs known as affecting patients’ lipidic profile and cardiovascular and diabetes risk. The article initiates that appropriate anticoagulant prophylaxis results in lower VTE event rates in hospitalized medically ill patients.

PCV3
THROMBOPROPHYLAXIS USE AND VENOUS THROMBOEMBOLISM, MAJOR AND MINOR BLEEDING EVENT ANALYSIS IN HOSPITALIZED MEDICALLY ILL PATIENTS
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OBJECTIVES: To assess the real-world rate of appropriate prophylaxis use for incidences of venous thromboembolism (VTE), and major and minor bleeding in hospitalized medically ill patients. METHODS: The values of general practice/family medicine should be fostered into other clinicians when all the clinicians take care of the patients in any conditions, critical or ordinary, by adopting to the values of general practice/family medicine. While the clinicians take into account of their own specialties. CONCLUSIONS: In applying these proposals, a healthy world and high quality of life of the peoples of the world will come soon! So the quality of life and health of the peoples of the world can be promoted and enhanced.

PCV4
COMPARATIVE EFFICACY OF MAINTENANCE OF SINUS RHYTHM VERSUS RATE CONTROL STRATEGIES IN THE TREATMENT OF ATRIAL FIBRILLATION – SYSTEMATIC REVIEW AND META-ANALYSES
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OBJECTIVES: The aim of this study was to assess whether reduction and maintenance of sinus rhythm is associated with clinically meaningful improvement in patients with atrial fibrillation (AF) or atrial flutter (AFL). METHODS: Assessment was based on randomized controlled trials (RCTs) identified by means of systematic searches and searches carried out according to the Cochrane Collaboration guidelines. Studies that met the inclusion criteria if they directly compared two treatment strategies, i.e. maintenance of sinus rhythm (MSR) including first generation antiarrhythmic drugs (FGAAD; mainly amiodarone, sotalol, droperidol, propafenone, dofetilide, flecainide) vs. rate control (RC) including pharmacologic agents (calcium channel blockers, beta blockers, cardiac glycocides), with regard to clinically meaningful endpoints. The most important medical databases (EMBASE, MEDLINE and CENTRAL) were searched until January 2011. Two reviewers independently selected trials, assessed their quality and extracted data. RESULTS: Eight RCTs directly comparing MSR vs RC were identified and included. Meta-analysis of those studies showed that significantly more patients assigned to MSR were in sinus rhythm at the end of study as compared to RC strategy (RR = 4.49 [2.49; 8.09]; NNT13-37months = 2 [4–4]). However, it did not lead to any benefit regarding clinically meaningful endpoints. Comparison between both treatment strategies revealed no statistically significant difference with respect to risk of overall mortality (RR = 1.06 [0.96; 1.17], cardiovascular mortality (RR = 1.01 [0.88; 1.16]), stroke (RR = 1.02 [0.82; 1.26]), systemic embolism (RR = 0.78 [0.59; 1.17]), heart failure (RR = 0.94 [0.80; 1.09]) and length of hospitalization duration, for which they were hospitalized at a medically ill diagnosis. Prophylaxis use results in lower VTE event rates as well as lower major and minor bleeding rates in hospitalized medically ill patients. More effort is required to improve the use of appropriate thromboprophylaxis.

PCV5
THROMBOPROPHYLAXIS WITH THROMBOPOIETIN RECEPTOR AGONISTS: SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS
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OBJECTIVES: To compare the prophylaxis patterns, incidence of venous thromboembolism (VTE), and major and minor bleeding events among patients with different thromboprophylaxis patterns. RESULTS: In patients who received prophylaxis, 12,077), 6,464 (53.52%) received anticoagulant therapy of LMWH only, warfarin only, unfractionated heparin (UFH) only, fondaparinux only, LMWH and warfarin, or UFH and warfarin, from the index hospitalization admission date to 30 days after index hospital discharge, and before VTE events. Rate-adjusted VTE and major and minor bleeding events among patients with different thromboprophylaxis patterns were compared. RESULTS: In patients who received prophylaxis, 2,137 (33.06%) received LMWH only, 693 (10.72%) received warfarin only, 2168 (33.54%) received UFH only, 12 (0.19%) received fondaparinux only, 291 (4.65%) received LMWH and warfarin, and 325 (5.03%) received UFH and warfarin. Among the 6 prophylaxis patterns, patients who received LMWH only were associated with lower VTE (0.39% vs. 1.98%, p<0.0001) and readmission rates (8.38% vs. 13.68%, p=0.0049) than those with LMWH and warfarin combination therapy. In addition, the LMWH only group of patients had lower rates of major and minor bleeding than the UFH and warfarin combination therapy group. CONCLUSIONS: Despite existing guidelines, few medically ill patients receive anticoagulant prophylaxis. Appropriate anticoagulant prophylaxis results in lower VTE event rates in hospitalized medically ill patients.