HPA processes and in the process of incorporating new health technologies within the current Brazilian context (SUS perspective), given how important the broad suitability of new health technologies is. This is the aim of an ongoing study that will provide guidance to support HTA units in the Brazilian Ministry of Health and abroad in their decisions regarding patient participation.

PHP158
NEW PERSONALIZED HEALTH CARE APPROACH: ENGAGING PROSTATE CANCER PATIENTS, PROVIDERS, AND PAYERS
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OBJECTIVES: Creating interventions that engage/educate prostate cancer (PCA) patients and caregivers is an integral part of enhanced quality of care. A PCA management tool is intended to serve as a mechanism for more effective transitioning of patients through stages of care. Moreover, the development of a single-stop resource compendium is intended to objectively define quality care so that patients have a better understanding of their diagnosis and choices via a format that is not only easily understood but also enhances communication and trust with their health care providers (HCPs).

METHODS: Part 1—build a single source, web-based compendium of PCA resources for patients and caregivers, HCPs, and payers designed to engage and educate patients, facilitate understanding of treatment strategies, empower patients to work closely with their HCPs, and provide patients with resources and tools that enable enhanced quality decision-making. In addition the compendium will draw attention to the subset of patients, a disproportionate number of whom are from disparity or underserved populations, by identifying ways to address their unique needs. Part 2—develop a predictive model for PCA management that incorporates geographic variation in morbidity and mortality for PCA patients and provides customized pathway choices for treatment sequencing. RESULTS: (IN PROCESS) By 2020 there will be a disproportionate number of PCA patients in the United States. The model will be translated into a single-stop resource compendium, to be made available to support patients. In 2015 the Commission on Cancer (COC) will require providers to meet new standards to evaluate patients in distress adding additional stress on the current care system. Under the Affordable Care Act (ACA), providers will be assuming more responsibility for patient behaviors and outcomes. In recognition of these challenges and timing of events we present the pathway in the development of treatment and interventions that can serve as an integral step in future patient-centered PCA care.

PHP159
OPERATIONALISING MULTIPLE CRITERIA DECISION ANALYSIS FOR HEALTH TECHNOLOGY ASSESSMENT
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OBJECTIVES: To discuss the different methods of multi criteria decision analysis (MCDA) that could be used in health technology assessment (HTA) and their relative merits. The current practice of health technology appraisals is based on the incremental cost-effectiveness ratio (ICER). Even though other factors (e.g. severity, life saving, etc) are considered along with ICERs, there is concern that its approach may fail to capture other important sources of value. MCDA is a MCDA method that might be used to support decision making. For example, what criteria should be incorporated? Whose weights should be used and how to compute them? How to incorporate uncertainty into the MCDA process? What should the ‘basic’ cost-effectiveness threshold be? This paper will discuss these questions, outline and assess methodological issues that would be raised by the use of MCDA in health technology assessment. RESULTS: MCDA does not just stop at simple weighting and scoring; more flexible approaches are available that appear to be more relevant to health technology appraisal and value based pricing (VBP). A potential MCDA approach for HTA is to calculate “weighted” QALYs from the QALY weights which reflect the broader value of the product’s benefits and compare against the updated “basic threshold” value.

CONCLUSIONS: There are general practical issues that might arise from using this MCDA approach in the HTA process and further research needs to be performed to address the questions identified in order to ensure the success of this MCDA technique in the appraisal process.

PHP160
THE MOBILE TECHNOLOGY FOR COMMUNITY HEALTH (MOTech)
INITIATIVE-AN M-HEALTH SYSTEM PILOT IN A RURAL DISTRICT OF NORTHERN GHANA
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OBJECTIVES: Ghana’s Community-based Health Planning and Service (CHPS) is designed to use new information technology to this is based health care with full participation and support from community members. METHODOLOGY: The CHPS initiative scales up strategies developed and tested with a project of the Navrongo Health Research Centre in northern Ghana. Launched in 1994 as a three-year project for mobilizing voluntary resources, and cultural institutions for supporting community-based primary health care, the project was expanded to a district-wide four celled trial in 1996. When evidence demonstrated that Navrongo strategies reduced childhood mortality, a replication project was launched in Kwanta district to test and develop
methods for scale-up. Using evidence from Nkwanta, national scale-up was launched in 2000 as a program of exchanges for district teams to work with Navrongo and Nkwanta implementers on designing pilot implementation of CHPS. This program aimed to identify key determinants of this success and implications of the Upper East Region experience for efforts to develop evidence-based community health services elsewhere in Africa. CONCLUSIONS: Although CHPS scale-up has been launched in all 170 districts, the Upper East Region remains its lead performing region, despite challenging economic, ecological, and social circumstances for health development.

PHP161 PHARMACOECONOMICS: NEED TO IMPLEMENT AS A TOOL FOR DRUG REIMBURSEMENT IN INDIA
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Health care is one of India's largest sectors. Private and Public sector spending in India is highly skewed towards the private sector accounting for nearly 80% of total health care spending in India. However, a major chunk is through out of pocket (OOP) expenditure whereas only 11% of population has health insurance. About 35% of population is covered by state or central health insurance schemes. The public health spending is comparatively low. As a percentage of GDP the public health spending has reduced from 1.3% in 1990 to 0.9%. The overall budget on drugs and medicines by both central and state governments is only a fraction of health sector expenditure. The state expenditure is also not uniform as some states are spending about 5% on medicines whereas other states are spending as high as 17% on medicines and drugs. Despite these disparities in drug and medicines expenditure in states in India, it is reported that public institutional spend inadequate in India. Though the government of India has ceiling on drug prices of about 76 drugs, many drugs are out of control and for same drug offered by different companies' different price exist. Due to differences in price of various drugs and molecule, access to necessary care is not uniform. This is an issue during reimbursement of drugs. Private health insurance companies do not have a list of medicines that would be reimbursed. Thus, private health insurance players reimburse different amount to different patients for same molecule with different brand names. If pharmacoeconomics is applied as a tool to identify the best treatment option, the burden on health care would reduce for all stakeholders including patients, insurance companies and the government.

PHP162 PATIENT SAFETY PROGRAMME IN KKB DISTRICTS OF ODISHA, INDIA
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ORGANIZATION: The Development for society (DFS) is a non Governmental organization working in undivided KKB districts of Odisha in the area of Health, Nutrition and quality assurance for patient safety at community level. OBJECTIVES: Patient safety is the absence of preventable harm to a patient during the process of health care. The discipline of patient safety is the coordinated efforts to prevent harm, caused by the process of health care itself, from occurring. The data on frequency and magnitude of available adverse patient events in Odisha is not well known. The goal is to create a data base on frequency and magnitude of avoidable adverse patient safety events for further intervention of quality of care. METHODS: Surgical Safety; Hand Hygiene; Reimbursement in India: Pharmacoeconomics: Need to implement as a tool for drug reimbursement in India. CONCLUSIONS: Regardless of stent type used, the short-term clinical and economic implications of this success and implications of the Upper East Region experience for efforts to develop evidence-based community health services elsewhere in Africa. Pharmacoeconomics is applied a tool to identify the best treatment option, the burden on health care would reduce for all stakeholders including patients, insurance companies and the government.

CARDIOVASCULAR DISORDERS – Clinical Outcomes Studies

PCV1 CARDIOVASCULAR SAFETY OF CONCURRENT USE OF ATYPICAL ANTIPSYCHOTIC AGENTS AND LONG ACTING STIMULANTS IN CHILDREN AND ADOLESCENTS DIAGNOSED WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER
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OBJECTIVES: The study examined cardiovascular safety of concurrent atypical antipsychotic agents and long acting stimulants (LAS) use in children and adolescents with Attention Deficit/Hyperactivity Disorder (ADHD).

METHODS: The study involved retrospective longitudinal analysis of 2003-2007 Medicaid Analytical eXtract (MAX) data of four US states. The cohort included children and adolescents aged 6 to 17 years who initiated treatment with LAS for ADHD. The cohort had 6 months of eligibility and 12 months of follow up index period, and index period was defined as the first use of LAS. For the study, concurrent antipsychotic use was identified after the initiation of the index LAS and classified as current use (days of active use), former use, and none (no current or previous use). Beginning with the index date for each participant, the follow up of those who never exposed to antipsychotics was divided into 2 groups: the first group included participants who had no prior exposure to antipsychotics, and the second group included participants who had prior exposure to antipsychotics. The outcomes assessed included time to death, a composite of death and non-fatal MI, and all-cause CVD hospitalizations (interest p<0.05 deemed significant). Results: A total of 23 studies were included. Among the 23 studies (N=4,853 STs) and 3 studies (N=180 STs) reporting in-hospital and 30-day mortality, the pooled incidence rate was estimated to be 7.9%, 95%CI=5.4%-11.3%, I²=86%. Ten studies (N=1,294 STs) reported 30-day death, with a pooled incidence of 11.6%, 95%CI=8.8%-15.1%, I²=55%. Subgroup analysis suggested patients experiencing very-late ST (interaction p<0.04 for both). Sente type (bare-metal vs. drug-eluting) had no significant effect on in-hospital or 30-day mortality (interaction p=0.22 for both). In the 5 studies (N=542 STs) and 3 studies (N=180 STs) reporting in-hospital and 30-day MI, respectively, the pooled incidence rates were 6.1%, 95%CI=2.1%-16.2%, I²=88% and 9.5%, 95%CI=3.8%-22.0%, I²=65%. Only one study reported costs associated with ST, estimating the median/patient cost of hospitalization to treat early ST at $11,134 (in 2000US$). CONCLUSIONS: Regardless of stent type used, the short-term clinical and economic consequences of coronary stent thrombosis (ST) appear significant. While stent type may not influence ST outcomes, an earlier occurrence of ST may be associated with higher mortality.

PCV2 SHORT-TERM CLINICAL AND ECONOMIC CONSEQUENCES OF CORONARY STENT THROMBOSIS
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OBJECTIVES: To conduct a systematic review and meta-analysis to better quantify the real-world incidence of in-hospital or 30-day death or myocardial infarction, following coronary stent thrombosis (ST) and related cost treatment. METHODS: We searched Medline, Embase and Scopus from January 2000 to July 2012 to identify observational or registry studies that evaluated a cohort of ≥25 patients experiencing angiographically-confirmed thrombosis of a drug-eluting or bare-metal stent, required the use of dual-antiplatelet therapy for guideline recommended durations, and reported on the incidence of in-hospital or 30-day death or MI and/or ST related treatment costs. Incidences and treatment costs from each study were pooled using random-effects meta-analysis. Statistical heterogeneity was assessed using the I² statistic (50% deemed significant). Results: A total of 23 studies were included. Among the 23 studies (N=4,853 STs) and 3 studies (N=180 STs) reporting in-hospital and 30-day mortality, the pooled incidence rate was estimated to be 7.9%, 95%CI=5.4%-11.3%, I²=86%. Ten studies (N=1,294 STs) reported 30-day death, with a pooled incidence of 11.6%, 95%CI=8.8%-15.1%, I²=55%. Subgroup analysis suggested patients experiencing very-late ST (interaction p<0.04 for both). Sente type (bare-metal vs. drug-eluting) had no significant effect on in-hospital or 30-day mortality (interaction p=0.22 for both). In the 5 studies (N=542 STs) and 3 studies (N=180 STs) reporting in-hospital and 30-day MI, respectively, the pooled incidence rates were 6.1%, 95%CI=2.1%-16.2%, I²=88% and 9.5%, 95%CI=3.8%-22.0%, I²=65%. Only one study reported costs associated with ST, estimating the median/patient cost of hospitalization to treat early ST at $11,134 (in 2000US$). CONCLUSIONS: Regardless of stent type used, the short-term clinical and economic consequences of coronary stent thrombosis (ST) appear significant. While stent type may not influence ST outcomes, an earlier occurrence of ST may be associated with higher mortality.

PCV3 RELATIONSHIP BETWEEN MAJOR BLEEDING AND CONCURRENT USE OF ANTIPLATELET DRUGS WITH CHINESE MEDICATIONS
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OBJECTIVES: While patients use Chinese medications (CM) concurrently with Western medications in common in Taiwan, the use of CM products with antiplatelet agents might increase the bleeding risks. The objective of this research was to explore the impact of major bleeding risk due to concurrent use of antiplatelet drugs with CMs (American ginseng, Asian ginseng, danshen, and dong quai). METHODS: A nested case-control and case-crossover study using the one study reported costs associated with ST, estimating the median/patient cost of hospitalization to treat early ST at $11,134 (in 2000US$). CONCLUSIONS: Regardless of stent type used, the short-term clinical and economic consequences of coronary stent thrombosis (ST) appear significant. While stent type may not influence ST outcomes, an earlier occurrence of ST may be associated with higher mortality.

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