engagement. CONCLUSIONS: The evidence-based market access value resource approach provides a clear, concise, and globally integrated value story that will assist in market access and form the basis of consistent communication regarding value at the national, regional, and local level across external stakeholders (e.g., payer decision makers, physicians, patient advocates). Access for a biologics will depend upon varying levels of required evidence.

PHP156 CLAIMS REIMBURSEMENT ANALYSIS OF THE NATIONAL HEALTH INSURANCE SCHEME IN GHANA

Neish Boeteng E National Health Insurance Scheme, Accra, Ghana

OBJECTIVES: To assess the value and service quality of the National Health Insurance Scheme (NHIS) benefits. METHODS: A review method was employed to analysis medical claims for the 2011 to 2013 period. The medical claims were retrieved from the database of the Ashiedu Keteke District NHIS Office. The incurred claims ratio, promptness of claims settlement, and claims rejection ratio indicators of benefit value and service quality were analyzed. RESULTS: A total of 421,574 medical claims with a cost of GH37.3 million (USD4.2 million) were analyzed. These claims came from thirteen accredited health care providers–three public health facilities, four private clinics and six community pharmacies. The incurred claims ratio settled significantly from 4.3 to 7.2 over the period, 2011-2013. The proportion of claims settled beyond 90 days increased consistently from 26% to 90% over the same period. Although, the proportion of claims rejected increased from 0.9% to 3.6% over the period under review, overall, it was low. The reasons for rejection included provision of benefits to inactive subscribers and breach of sub-limit on certain expense category. CONCLUSIONS: There is increased awareness and utilization of health services; however, there are considerable delays in claims settlements. It would be necessary for management of the NHIS to settle claims in time to ensure that health care providers are financially resource to render service to subscribers.

PHP157 NATIONAL HEALTH INSURANCE FUND DRUG EXPENDITURE IN BULGARIA, 2007-2012: REFERENCE BASED PRICING ALONE OR IN COMBINATION WITH OTHER APPROACHES TO PRICING

Diamanov VT1, Yakov Ty2, Petrov D2

1Cancer clinics Doc Dr Valentina Tsokova, Sofia, Bulgaria, 2Medical University Plovdiv, Plovdiv, Bulgaria

OBJECTIVES: Our team wanted to compare the economic effect of restricted market access and reference based pricing (RBP) vs. RBP alone in two consecutive periods, 2007—2009 and 2010—2012. METHODS: We used the officially published cash accounts of the drug expenditure at the hospitals and health centers of the National Health Insurance Fund (NHIF) for each of the years from 2007 to 2012. Then we compared the data about the expenditure for drugs, as well as the data about the cash budget. RESULTS: The drug expenditure increased between 2007 and 2009, the NHIF drug expenditure increased with 15% (from EUR 144 mln to EUR 166 mln). For that period, the drug expenditure was generally 100% within the budget. From 2010 to 2012, while only RBP has been applied, the expenditure increased with 62% (from EUR 187 to EUR 303 mln). For that period, the drug expenditure increased with 34% in 2010, 15% in 2011, 20% in 2012. CONCLUSIONS: RBP alone cannot control the drug expenditure in a long term. Additional measures are needed together with RBP Performance-based pricing, differential pricing, comparative pricing, profit control and price-volume agreements may be considered as additional to RBP measures for pricing and budget control.

PHP158 ANALYSIS OF NEW MODEL OF THERAPEUTIC POSITIONING REPORTS AS A P&R DECISION-MAKING TOOL IN SPAIN

Rodriguez T, Izmirliova M, Ando G

Institute of Health Care Management, Ljubljana, Slovenia

OBJECTIVES: This study aims to determine if the recently proposed model for therapeutic positioning reports (IFPs) in Spain is actually being used as a supportive tool for pharmaceutical pricing and reimbursement (P&R) decisions whilst delivering financial transparency and market access and regional market harmonization.

METHODS: Primary research was conducted with regional payers on the proposed model of IFPs, which contain a comparative evaluation on effectiveness and safety, as well as may contain considerable consequences regarding to potential ways of future structural changes, considering both interests of entitled patients (right to access innovative therapies) and the Health Fund (increase savings, improve efficiency). Creating an analysis based on real world (patient level) data may result in complex investigation opportunistic of this patient segment and reimbursement category.

PHP159 EVALUATION OF SOCIAL WELFARE PART OF HUNGARIAN DRUG PROVISION TOXICITY

Andrisz P, Komáromi T, Gyáni G

Healthcare Consulting Ltd., Budapest, Hungary

OBJECTIVES: The part of Hungarian drug provision system, which is available on social welfare list, charged several times and in different extents in recent years. The introduction of drug budget in 2006 and simultaneously the abolition of social welfare drug list implied the most significant change. The chief aim of our analysis to give a comprehensive overview about the main trends on this field examining the range of available products on social welfare list based on different aspects, also concerning the trends of demand, product structure, expenditures and budget control.

RESULTS: The incumbent social welfare benefits category were considered as the key sources and indicators of our analysis. For new products, changes, demand (DOT) and number of patients within social welfare list category significantly decreased after 2006 until 2009, but since then both of them stagnate. Significant growth of reimbursement outflow within this segment can be observed until 2011, but after slight decrease. Part share of higher level reimbursement categories within reimbursement outflow increased. Demand moved to more expensive products, while patients were able to access to more innovative active ingredients in higher level reimbursement categories. Strong correlation can be observed between changes of acts and breaks in turnover trends.

CONCLUSIONS: Results of the analysis support objective judgement of the present social welfare provision system, as well as more maintain considerable consequences regarding to potential ways of future structural changes, considering both interests of entitled patients (right to access innovative therapies) and the Health Fund (increase savings, improve efficiency). Further analysis based on real world (patient level) data may result in complex investigation opportunistic of this patient segment and reimbursement category.