The aim of the study was to examine the motivation behind the will to work abroad among BSc nursing students. The examination was carried out at the University of Pécs Faculty of Health Sciences and the Clinical Centre of University of Pécs. The respondent pool was created by non-randomised convenience method and consists of 98 nurses and 75 nursing BSc students. Data collection was carried out by questionnaire, which consisted of socio-demographic questions and the WHO’s Well-Being Scale. Data analysis was carried by SPSS-22 software, and included descriptive statistics, t-test and chi-square test (p < 0.05). RESULTS: 89.3% of the responding students reported the possibility of working abroad, and the most important motivation was the low wages in Hungary (95.5%). Respondents with a language exam are more willing to go to work abroad (p = 0.04). 33.7% of the nurse respondents reported the possibility of working abroad, which is lower than in case of nursing students (p = 0.001). 73.3% of the responding nursing students would like to work as a nurse after finishing college, but as students progress in their program, the rate of their willingness to work as a nurse decreases (p = 0.026). Nurses who do not plan to work abroad reported a more stressful career path (p = 0.036).

CONCLUSIONS: The future of nursing and the quality of patient care depends on the appropriate number of highly qualified, committed nurses. Wages and social respect of nurses is highly important.

PHP62 PATIENT SAFETY: AN OVERVIEW OF THE HOSPITAL ACCREDITATION PROCESS IN BRAZIL

Bueno CC1, Alves AF1, Retamero A1, Castro AP1, Clark LG1, Clark OA1
1Evidencias - Kantar Health, Campinas, Brazil, 2Evidências - Kantar Health, Campinas, Brazil

OBJECTIVES: To determine the impact of drug exclusion policies on overall health care costs; 14 (73.7%) policies were reported to have a negative impact, and nine (42.8%) were found not to impact the WHO questionnaire (p = 0.023). Approximately 60% of nurses are not at all satisfied with wages, and 40% is not satisfied with the respect towards nurses by the society. Wellbeing of nurses was influenced by the satisfaction with workplace (p = 0.010), wages (p = 0.004) and the quality of life at work (p = 0.006).

CONCLUSIONS: The future of drug exclusion policies on overall health care costs.

PHP65 DRUG EXCLUSIONS IN UTILIZATION MANAGEMENT OF ONCOLOGY MEDICINES BY PAYER ORGANIZATIONS IN THE UNITED STATES

Haren M
Zitter Health Insights, Livingston, NJ, USA

OBJECTIVE: To understand the progression of current payer oncology management techniques.

METHODS: Zitter Health Insights’ (ZHI) Prior Authorization Tracking Tool is a subscription data service that monitors and analyzes details of managed care PA policies for a wide range of therapeutic categories. ZHI analyzed hundreds of policies covering approximately 95% of all insured lives in the US for the cancer types discussed above between 2013 and 2014. The cancer subtypes highlighted in this article, chronic myelogenous leukemia (CML), melanoma, and prostate cancer were analyzed by a variety of reasons for the utilization of UM policies in addition to recent expansion of therapies available for treatment.

RESULTS: Utilizing Zitter Health Insights’ Prior Authorization Tracking Tool we have found widespread adoption of a more restrictive drug management across a variety of cancer subtype specific targeted therapies. Specifically, we show that UM stringency correlates with increased numbers of therapies indicated for a given oncology subtype.

CONCLUSIONS: We anticipate that the observed shift in oncology management will spread to other therapeutic areas, to propagate in payer organizations as more competitive treatments enter the oncology market. Further research is needed to determine the impact of these increased restrictions on patient access, outcomes and long-term costs.

HEALTH CARE USE & POLICY STUDIES – Formulary Development

PHP64 DO FORMULARY® DRUG EXCLUSION POLICIES ALWAYS SAVE MONEY? A LITERATURE REVIEW

Chamberj 1, Rane PB1, Neumann PJ1
1Tufts Medical Center, Boston, MA, USA, 2Center for the Evaluation of Value and Risk in Health, Tufts Medical Center, Boston, MA, USA

OBJECTIVES: Insurers are increasingly implementing policies that exclude drugs they deem to be low value from their formularies in an attempt to control drug spending. Our objective was to identify and review empirical evaluations of drug exclusion policies and to examine how the policies impacted patients and health care costs. METHODS: We performed a literature search to identify empirical studies that evaluated drug exclusion policies using the following search terms, “formulary exclusion”, “drug exclusion”, “therapeutic interchange”, and “drug substitution”, among others. We included studies that examined the impact of patients switching from one drug to another because of a drug exclusion policy. We reviewed each study to determine how the drug exclusion policy impacted patients, i.e., if frequency or severity of symptoms or disease control were affected, and overall health care costs, i.e., how drug expenditures changed and whether costs associated with hospitalizations, physician office visits, laboratory tests, and so on, increased.

RESULTS: Nineteen studies were included in our analysis. Twenty studies reported the impact of 21 drug exclusion policies on patients; six (28.6%) policies were reported to have a positive impact, six (28.6%) policies were reported to have a negative impact, and nine (42.8%) were found not to have impacted patients. Eighty studies reported the impact of 19 drug exclusion policies on overall health care costs; 14 (73.7%) policies were reported to have reduced costs, one (5.3%) was reported to have had a neutral impact on costs, and four (21.1%) were reported to have increased costs.

CONCLUSIONS: Decision makers should be mindful of the impact of drug exclusion policies on affected patients and on overall health care costs.

PHP66 OBSERVATIONS FROM US PAYORS TODAY AND PREDICTIONS FOR THE FUTURE: Smeedling J1, Sax M1, Carlisle JA2, Brook RA3
1The TPG-NPFRT, Glastonbury, CT, USA, 2The Pharmacy Group, Glastonbury, CT, USA, 3The JSTAxX Group, Newington, NH, USA

OBJECTIVES: To understand US health plans, insurers, and PBMs’ areas of concern today and expectations for the future. METHODS: Online medical pharmacy director survey of: advisor/plan information; disease-states of concern today and in 5 years; formulary strategies; prescription-drug costs; outcomes and long-term costs.

RESULTS: 71.6% of plans cover multiple member-types; 91.3% commercial; 91.3% Medicare MA-FDP, 76.1% Medicare FDP-only lives. In describing their plans, Commercial-FFS (80.4%), Medicare-FFS (76.1%), Medicaid-FFS (76.1%), Commercial-FFS (65.2%), Medicare-FFS (23.9%), Medicaid-Traditional (21.7%). Most plans (52.2%) do not plan require AMCP “dossiers” for pharmaceutical products review; 39.1% will require them as back-ups only, while 8.9% use them as a basis for their review. AMCP dossiers are not required by 76.6% of plans for medical-devices and only 4.4% use them as a basis for their reviews. The most concerning from a medical-care POV was Cancer/oncology (CAN); Diabetes (DIAB) and Hepatitis C (HCV); second most concerning was CAN; Rheumatoid Arthritis; DIAB; and HCV. Other items mentioned included: orphan diseases; cardiovascular/heart disease; multiple sclerosis; biologics; behavioral health and HIV. From a budgetary point of view, the disease states are most concerning, as the respondents today. HCV, CAN, DIAB and second most concerning was CAN, HCV, DIAB; and third CAN, DIAB; and HCV. Other items mentioned included: orphan diseases; cardiovascular/ heart disease; multiple sclerosis; biologics; and HIV. The classes expected to experience the greatest growth over the next 5 years included CAN, HCV, DIAB; secondary CAN; DIAB; thirdly Cardiovascular, CAN; DIAB. Other areas include biosimilars, immunomodulators; and orphan/rare diseases.

CONCLUSIONS: Managed care decision makers’ concerns about oncology, HCV and diabetes in today’s market are expected to remain as concerns in the coming years.

PHP67 HOW EFFECTIVE IS A WORKPLACE WELLNESS PROGRAM IN REDUCING PRESCRIPTION DRUG EXPENDITURES IN CANADA?

Adorjannou A, House MJ, Burke S, Témko RT, Yaquann EM, Sarma S, Zaric GS
Western University, London, ON, Canada

OBJECTIVE: Workplace wellness programs (WWPs) are of increasing interest globally as employers, insurers and policy makers attempt to grapple with improving employee health while containing health care costs. WWPs are workplace-based programs that incorporate health promotion activities with the goal of improving the health of employees. This research aimed to determine the effectiveness of comprehensive WWPs in Canada can lead to significant reduction in prescription drug costs.

Methods: The analysis examined prescription drug claims of treatment group employees versus control group employees, with 12-month pre-intervention (baseline) and 12-month post intervention (post design was used to assess changes in employees’ prescription drug costs. The analysis examined prescription drug claims of treatment group employees post intervention. AMCP dossiers are not required by 76.6% of plans for medical-devices and only 4.4% use them as a basis for their reviews. The most concerning from a medical-care POV was Cancer/oncology (CAN); Diabetes (DIAB) and Hepatitis C (HCV); second most concerning was CAN; Rheumatoid Arthritis; DIAB; and HCV. Other items mentioned included: orphan diseases; cardiovascular/heart disease; multiple sclerosis; biologics; behavioral health and HIV. From a budgetary point of view, the disease states are most concerning, as the respondents today. HCV, CAN, DIAB and second most concerning was CAN, HCV, DIAB; and third CAN, DIAB; and HCV. Other items mentioned included: orphan diseases; cardiovascular/ heart disease; multiple sclerosis; biologics; and HIV. The classes expected to experience the greatest growth over the next 5 years included CAN, HCV, DIAB; secondary CAN; DIAB; thirdly Cardiovascular, CAN; DIAB. Other areas include biosimilars, immunomodulators; and orphan/rare diseases.

CONCLUSIONS: Managed care decision makers’ concerns about oncology, HCV and diabetes in today’s market are expected to remain as concerns in the coming years.

HEALTH CARE USE & POLICY STUDIES – Health Care Costs & Management

PHP65 INNOVATIONS IN UTILIZATION MANAGEMENT OF ONCOLOGY MEDICINES BY PAYER ORGANIZATIONS IN THE UNITED STATES

Zitter Health Insights, Livingston, NJ, USA

OBJECTIVE: To understand the progression of current payer oncology management techniques.

METHODS: Zitter Health Insights’ (ZHI) Prior Authorization Tracking Tool is a subscription data service that monitors and analyzes details of managed care PA policies for a wide range of therapeutic categories. ZHI analyzed hundreds of policies covering approximately 95% of all insured lives in the US for the cancer types discussed above between 2013 and 2014. The cancer subtypes highlighted in this article, chronic myelogenous leukemia (CML), melanoma, and prostate cancer were analyzed by a variety of reasons for the utilization of UM policies in addition to recent expansion of therapies available for treatment.

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CONCLUSIONS: We anticipate that the observed shift in oncology management will spread to other therapeutic areas, to propagate in payer organizations as more competitive treatments enter the oncology market. Further research is needed to determine the impact of these increased restrictions on patient access, outcomes and long-term costs.