

The aim of the study was to examine the motivation behind the will to work abroad among nurses and nursing BSc students. **METHODS:** 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, behind which 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 ($p = 0.040$). 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 better psychological wellbeing based on 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 ($p = 0.033$) and perceived social respect ($p = 0.006$). **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.

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

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OBJECTIVES: Patient safety (PS) is a serious public health issue worldwide. Estimates show that 1 in 10 patients are harmed while receiving hospital care due to errors or adverse events. Although literature is controversial on the impact of hospital accreditation (HA) on quality-of-care issues, it continues to grow globally. The objective of this study is to conduct an overview of the HA process in Brazil and evaluate how it can contribute to patient safety measures in the country. **METHODS:** We assessed the organizations that credit health institutions in Brazil to analyze how the process is conducted and which hospitals are accredited in the country. We also collected data on Brazilian hospitals from the Ministry of Health (MoH), Brazilian Federation of Hospitals (FBH) and National Health Confederation (CNS). Additionally, a literature review was performed in Medline and SciELO databases using mesh terms "patient safety" and "accreditation", among others. **RESULTS:** In Brazil, the main accrediting organizations are the National Accreditation Organization (ONA) and the Joint Commission International (JCI). According to CNS data (November/2015), Brazil has 6,687 hospitals (30% public and 70% private) of which 540 (about 8%) have accreditation. This contrasts with over 90% accreditation rates in US and over 80% in Canada. ONA accredited 487 Brazilian hospitals, 70% of them located on the Southeast Region (SER) of the country and JCI accredited 53 institutions (75% on the SER). Literature review and further data will be presented on the poster. **CONCLUSIONS:** In Brazil, there is no law, nor encouragement by governments or health care providers requiring health institutions to seek accreditation. The overwhelming majority of accredited hospitals are concentrated in the SER, the most economically developed region of the country. Application of accreditation standards may contribute to the improvement of PS and reduction of medical errors by raising the standard of quality.

HEALTH CARE USE & POLICY STUDIES – Formulary Development

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

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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:** Our search strategy identified 3,195 abstracts. We included 26 studies that met the study inclusion criteria. One study evaluated two separate drug exclusion policies meaning that we included information pertaining to 27 drug exclusion policies 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. Eighteen 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.

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

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OBJECTIVES: Determine the aggressiveness 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 tumor types discussed above between 2013 and 2014. The cancer subtypes highlighted in this article, chronic myelogenous leukemia (CML), melanoma, and prostate cancer were selected because they exemplify a variety of reasons for the initiation 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 an initiation of a movement towards a more stringent payer UM of branded medications across a variety of cancer subtypes. 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 UM found represents a larger trend, and will continue 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.

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OBSERVATIONS FROM US PAYORS TODAY AND PREDICTIONS FOR THE FUTURE

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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. **RESULTS:** Fifty-four percent of respondents were MDs. Most worked for a health plan (83.6%) and 39.6% of the plans were local; 35.4% national; and 25.0% regional. Plans cover multiple member-types: 91.3% commercial; 89.1% Medicaid; 91.3% Medicare MA-PDP; 76.1% Medicare PDP-only lives. In describing their plans, Commercial HMS/PPO (80.4%), Medicare HMO/PPO (73.9%), Medicaid HMO/PPO (65.2%), Commercial-FFS (47.8%), Medicare-FFS (23.9%), Medicaid-Traditional (21.7%). Most plans (52.2%) do not plan require AMCP "dossiers" for pharmaceutical products review, 39.1% use 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 DIAB; CAN and HCV; and third CAN; 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 to the respondents today: HCV; CAN; DIAB and second most concerning was CAN; HCV; DIAB; and third CAN; Rheumatoid Arthritis; DIAB; and HCV; Other items mentioned included: orphan diseases; cardiovascular/heart disease; multiple sclerosis; biologics; and HIV. The classes expected to experience the most growth over the next 5 years included CAN; HCV; DIAB; secondary CAN; DIAB; HCV; 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

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

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OBJECTIVES: 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 a comprehensive WWP in reducing prescription drug costs during the first 2 years following program implementation. **METHODS:** A quasi-experimental pre-post design was used to assess changes in employees' prescription drug costs. The analysis examined prescription drug claims of treatment group employees versus control group employees, with 12-month pre-intervention (baseline) and 24-month intervention periods. Differences in differences logistic and generalized linear regression models were used to assess the impact of WWP on the probability of incurring costs and level of prescription drug expenditures, respectively. All regression models controlled for the differences in the baseline prescription drug costs and demographic characteristics of the employees. **RESULTS:** After adjusting for baseline differences, the probability of incurring prescription drug expenditures and level of prescription drug costs for WWP participants fell significantly from pre-intervention to post-intervention relative to controls. Estimated prescription drug cost savings were \$280 per employee per year. Analysis suggested a \$1.86 return for every dollar of investment (ROI) over two years generated by the effect of implementing a comprehensive WWP. **CONCLUSIONS:** It appears that comprehensive WWPs in Canada can lead to significant reduction in prescription drug costs and thereby generate a positive return on investment. This positive ROI suggests that WWPs add financial value to Canadian employers that invest in WWPs. To our knowledge, this is the first study of its kind in Canada.