

survey, representing 97% response rate. About 39% (79) had more knowledge of NHIS, 56% (115) were more satisfied with NHIS services, and 98% (200) were more satisfied with healthcare services. Postgraduate education (OR=23.53, 95% CI: 1.42-388.73), tertiary education (OR=13.93, 95% CI: 3.21-60.31), secondary education (OR=6.85, 95% CI: 1.94-24.10), and six or more years of enrolment (OR=5.09, 95% CI: 1.05-24.66) were significantly associated with more knowledge of NHIS. Similarly, more knowledge of NHIS (OR=3.79, 95% CI: 1.92-7.45) was significantly associated with more satisfaction with NHIS services. However, being an old patient was negatively associated with more knowledge of NHIS (OR=0.25, 95% CI: 0.08-0.73) and more satisfaction with NHIS services (OR=0.31, 95% CI: 0.11-0.87). **CONCLUSIONS:** Clients have less knowledge of the NHIS, are somewhat satisfied with NHIS services and more satisfied with healthcare provider services. More education and sensitization on the scheme targeting individuals with low level of education would be necessary to increase their knowledge and improve satisfaction.

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INFLUENCE OF DISEASE FAMILIARITY ON IMPLIED TIME PREFERENCES FOR SEIZURE FREQUENCY REDUCTION

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OBJECTIVES: To test the association between time preference rates and diagnosis of condition used in the scenario to elicit time preference rates. We hypothesised scenarios that are more familiar may lead to higher estimates, as they place a higher value on the future benefits of adherence. **METHODS:** Data from two empirical surveys that estimated time preference using a scenario of delays in starting antiepileptic medication and reduction in seizure frequency were compared for samples of: (i) hypertensive adult patients in England or Wales; and, (ii) UK patients with epilepsy. Time preference rates were elicited using a questionnaire containing 4-items to derive estimates for a 3-year and a 6-year delay. The same questionnaire was hosted within two independent online surveys. Patients were matched using propensity scoring based on age, sex, and employment status. Associations between time preference rate and condition were assessed using an independent two-sample t-test with equal variances, using the propensity score matched sample for both the 3-year and the 6-year delay. **RESULTS:** 485/512 patients with hypertension and 310/311 patients with epilepsy were matched in the analysis. Mean annual time preference rates for the 3-year delay were significantly higher for patients with the condition (epilepsy=0.21, 95% CI: 0.20, 0.22) than for patients not known to have the condition (hypertension=0.08, 95% CI: 0.05, 0.12). Similarly, mean time preference rates for the 6 year delay were significantly higher for patients with the condition (epilepsy=0.012, 95% CI: 0.11, 0.112) than for patients not known to have the condition (hypertension=0.04, 95% CI: 0.03, 0.06). Familiarity with condition explained 38.2% and 53.2% of the variability in time preference for the 3- and 6-year delay, respectively. **CONCLUSIONS:** Evidence on the association between experience of the condition described in the hypothetical scenario and estimated time preference rates suggests people with experience of condition have higher time preference.

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STAKEHOLDER PERSPECTIVES ON THE INTEGRATION OF PATIENT PREFERENCES IN THE MEDICAL PRODUCT LIFE CYCLE: A MULTIMETHOD APPROACH

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OBJECTIVES: This study aimed to explore stakeholders' desires, expectations, concerns and requirements regarding the measurement and use of patient preferences throughout the medical product life cycle. **METHODS:** This study used a four-step multimethod approach. First, 16 exploratory interviews were conducted. Second, a literature review consulting scientifically published and other publicly available documents was performed. Third, 144 semi-structured interviews were conducted with stakeholders (patients, informal caregivers, patient representatives, physicians, regulators, reimbursement agency representatives, health technology assessment representatives, industry representatives, academics) from Sweden, Romania, Italy, the United Kingdom, the Netherlands, Germany, France and the United States. Fourth, 8 focus groups with different representatives from the same stakeholder groups were designed. **RESULTS:** The exploratory interviews with patient representatives (n=4), physicians (n=2), regulators (n=2), health technology assessment representatives (n=4), industry representatives (n=3) and academics (n=1) revealed a lack of consensus on the definition for patient preferences. Interviewees agreed on the value of using patient preferences in all stages of the medical product life cycle. The literature review showed that the use of patient preferences to inform industry, marketing authorization, health technology assessment and reimbursement decision-making is desired by stakeholders. Stakeholders' requirements for measuring and using patient preferences are general, operational and quality requirements. Stakeholders expect that using patient preferences will lead to more meaningful results when used for industry decision-making and a higher legitimacy and public acceptance of marketing authorization and reimbursement decisions. Stakeholders are concerned about methodological and scientific aspects and the lack of guidance for measuring and using patient preferences. Results of the semi-structured interviews and focus groups will also be presented at the ISPOR congress. **CONCLUSIONS:** Although the use of patient preferences is desired by stakeholders, their concerns and requirements need to be addressed before patient preferences can be integrated throughout the medical product life cycle.

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PATIENTS ACKNOWLEDGE ADAPTATION: THE CASE OF AMPUTEES

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OBJECTIVES: Measurement of health states' QoL is at the base of resource allocation of health care expenditure. Currently, the public evaluates health states in a hypothetical scenario. However, studies confirm there are differences between the assessments of the public and the ones of the patients. Most research attributes the disparities to adaptation and scale of reference bias. The aim of this paper is to gauge the existence of adaptation based on a survey on amputees and controls, and draw attention to the methodological issues of measuring QoL in the presence of adaptation. **METHODS:** We test different hypothesis on QoL evaluations done by patients with acquired amputations, and the public. Our methodology consists of OLS estimations for proof of adaptation and Probit for determinants of gaps between amputees and peers and the public evaluations. **RESULTS:** We observe that patients adapt to health states whereas the public perception does not reflect this phenomenon; in our dataset, each additional month results in an increase of 8.53% in reported QoL. Amputees reported QoL values converge to those of healthy individuals after 2 years since event. Adaptation is the main determinant of the gap between patients' and the public' QoL evaluations. We also analyse the dynamics of the QoL evaluations of patients. Our main interest is the evaluations done by amputees on behalf of peers. While patients with shorter duration since event evaluate their own QoL higher than those of peers, the QoL reported converges over time, and thus patients themselves acknowledge adaptation. **CONCLUSIONS:** This later finding is relevant in moving forward and improving measurements of quality of life. This inference could be easily tested and replicated in patients with different conditions, such as diabetes or urology conditions, where adaptation has already been proven. If patients acknowledge themselves adaptation, their evaluations are more accurate compared to the public.

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SURVEY OF NURSES' KNOWLEDGE ABOUT SURGICAL WOUND CARE AND ITS COMPLICATIONS AND THE KNOWLEDGE OF WOUND DRESSINGS

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OBJECTIVES: The rapid and extraordinary advances of medicine felt the impact in many areas of wound care consequently many treatment material and wound dressing appeared on the market. Thus we witness of a significant improvement in several areas of wound healing. Multicentre studies related to wound care made in the 20th century which are integral parts of today's wound care protocols. My research aims to assess the nurses' knowledge of the affected departments about management of surgical wounds, complications and phases of wound healing as well as intelligent dressings. **METHODS:** The quantitative and retrospective study was made between 1st of December, 2015 and 30th of January, 2016 with a non-randomly sampling of experts and self-made questionnaire. Main groups of the questionnaire are about sociodemographic, knowledge of surgical wounds, complications and dressings. The target group is the registered nurses from ear-nose-throat, traumatology, obstetrics and gynecology and general surgical departments of Kanizsai Dorottya Hospital in Nagykanizsa (n=85). Descriptive statistic and χ^2 test (p<0.05) was used in Microsoft Office Excel. **RESULTS:** There was no significant difference between the education of nurses and the knowledge about the wound dressings (p=0.07) however significance was among the daily nursing work and knowledge of intelligent dressings (p<0.01). No greater knowledge about phases of wound healing was observed among those who perform wound care in their daily work (p=0.14) but more knowledge about the order of wound care of primary healing wounds (p<0.01). The nurses' knowledge about smart dressings was higher who received training before applying the bandage (p<0.01). **CONCLUSIONS:** General knowledge of nurses surveyed is deficient which need to be improved to ensure safe patient care. Information source must be available and accessible. Organization of training courses would be effective to broaden their professional knowledge.

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METODOLOGY TO ASSESS PRICING AND REIMBURSEMENT (P&R) POTENTIAL IN CENTRAL AND EUROPEAN (CEE) COUNTRIES

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OBJECTIVES: CEE region is characterised by its wide range of approaches to granting public funding for drugs – from a “no submission and no HTA” approach up to an extensive HTA with systematic review and economic evaluation. The aim is to create and test the methodological approach on assessment of P&R potential in CEE countries. The further goal is to identify countries with the highest reimbursement potential for a particular drug in the region. **METHODS:** The methodology approach on P&R potential assessment took into account: current management of disease, patient numbers, KOL mapping, patient pathways, guidelines and funding mechanisms, drug pricing and reimbursement processes, timelines, likelihood of achieving an average European list price and opportunities to supply drug on a Named Patient Programs basis. The necessary information was divided into six categories: epidemiology, price, probability of reimbursement, time, analytical effort, cost of application. For each category, a weight reflecting the importance and impact of parameters was assigned. The methodology has been tested on an orphan drug example in 15 CEE countries. **RESULTS:** The following CEE countries were pre-selected: Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Russia, Serbia, Slovakia, Slovenia, Turkey and Ukraine. The greatest weights were incorporated to probability of public funding, epidemiology, price and time – 24%, 22%, 20% and 18% respectively, whereas cost of application and analytical effort were assessed as of lower importance: 10% and 6%. Turkey was assessed to have the highest P&R potential for tested drug. Poland and Slovakia were also found as important with attractive achievable price and similar moderate probability of reimbursement. **CONCLUSIONS:** Despite many differences among countries, using