

concentration ratio index (CR), net sales ratio, and ex-factory price. We compared the pilot province before and after the policy, with national level and other provinces. We considered related drug policies to eliminate confounding. Focus group discussion on conclusions and suggestions will be conducted.

RESULTS:

There are no peer review articles, only news media on this topic. In Fujian Province, the number of distributors dropped from 246 to 62. In 2015, the Top 3 drug wholesalers reached a market share of 36 percent (CR3), and Top 10 for 86 percent (CR10). Compared to the whole country, CR3 is 26 percent and CR100 is 86 percent. Net sales in the drug wholesale market in Fujian accounted for 75.6 percent, with an increase of 4.3 percent. While at the national level, it is only 57.2 percent with an increase of 0.3 percent (3).

CONCLUSIONS:

The Two-invoice System in China reduces intermediate circulation, and increases industrial concentration. Net sales directly to hospitals are encouraged, which affects distribution and production areas. Production enterprises tend to invoice with higher prices instead of offering reserve prices to agents.

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VP181 From National To European Assessment - The German Case

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INTRODUCTION:

Health Technology Assessment (HTA) processes have become a fundamental part in the lifecycle of new medicines. However, their deep relation with national legislation creates ambiguous and controversial results between the European countries. Can they be standardized across Europe?

METHODS:

Sources of national differences have been identified in timelines, documents, methods, data interpretation, and conclusions. In order to harmonize and standardize HTA cooperation across Europe the European Network for HTA (EUnetHTA) was established. We analyzed guidelines, requirements, and output of EUnetHTA and noted the differences between those guidelines and the German G-BA (Federal Joint Committee, Gemeinsamer Bundesausschuss) standard and IQWiG (Institute for Quality and Efficiency in Health Care, Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen) methods.

RESULTS:

The comparison between German and European HTAs highlights that although both procedures follow the rules of Evidence-Based Medicine, differences in Body of Evidence, Comparator, Surrogate Endpoints, Subgroups, and Evidence Synthesis may lead to diverging HTA outcomes. The European HTA framework facilitates the appropriate depiction of clinical reality through comprehensive inclusion of the existing evidence with context specific statistical methods. It might become a worldwide platform for HTA evaluation and discussion.

CONCLUSIONS:

Only the involvement of both, pharmaceutical companies and HTA bodies within a unified European framework can lead to a mature and transparent procedure with a reliable outcome independent of legal requirements.

VP182 Network Amongst The Health Technology Assessment Ecosystem

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INTRODUCTION:

There has been a growing interest in international collaboration among Health Technology Assessment (HTA) organizations on macro, meso, and micro policy-making levels. Global member-driven professional HTA societies make contributions to scientific improvement and enhance interactions in the HTA ecosystem. However, little is known about collaboration between HTA organizations at the global level. This study intends to examine the main drivers of network relationships of HTA organizations.

METHODS:

Social network analysis was used to ascertain the relationships between HTA organizations and to visualize the main drivers of collaboration. The total number of memberships of the HTA organizations of the *International Society For Pharmacoeconomics and Outcomes Research* (ISPOR), Health Technology Assessment International (HTAi), International Network of Agencies for HTA (INAHTA), EuroScan, European Network for HTA (EUnetHTA), HTAsiaLink, Red de Evaluación de Tecnologías en Salud de las Américas (RedETSA) were considered to create the network. Ten different types of HTA organizations were considered in the analysis including the Ministry of Health (MoH), university, for-profit, and hospitals. The

Fruchterman-Reingold algorithm was used to perform network analysis; average clustering coefficient and average path length were examined to measure collaborative performance.

RESULTS:

A network graph of the HTA ecosystem shows the highest collaborative frequency in terms of HTA organizations, occurred with members of the Ministry of Health, government agencies, universities, and non-profit organizations. The average path length was 2.21 and the average clustering coefficient was 36.576 which indicates an obvious clustering effect.

CONCLUSIONS:

These study results highlight that the network throughout the HTA ecosystem is driven by government organizations. Integrating the private sector into the system, creating common information and data sharing strategies, and improving the number of internationally experienced HTA professionals are essential strategies to foster collaboration in HTA organizations. As HTA is shaped by local dynamics and there is no gold standard for HTA implementation, encouragement of collaborative efforts is the only way to prevent duplication of effort and to make health technologies available for everyone.

VP184 A Cost Analysis Of Flash Glucose Monitoring Systems In Veneto Region

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INTRODUCTION:

A novel, sensor-based, factory-calibrated Flash Monitoring System (FMS) has recently proved to be an effective alternative to conventional self-monitoring of blood glucose (SMBG) in patients affected by type 1 and