

computer software. Differences between demographic variables and expectation items were analyzed by t-test and ANOVA. The physicians had lower willing to provide were 24-hours telephone consultant (3.1 ± 1.5), to inform patients to receive pap smear (3.7 ± 1.2), and to have health checkup (3.8 ± 1.1). But patients in FPIHCP have very high expectations in 24-hours telephone consultant service (4.4 ± 0.9) and informing them to receive Pap smear (4.1 ± 1.2), and to have health checkup (4.3 ± 0.9).

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Literature Review: Factors Which Influence the Coverage of Social Health Insurance in Mongolia **Javkhlahbayar Dorjdagva¹, Enkhjargal Batbaatar¹, Tseden Purevdorj¹, Amir Shmueli²**

1. Health Sciences University of Mongolia, Mongolia
2. Hebrew University, Israel

In Mongolia, 95 percent of SHI coverage was observed after two years of the SHI system introduction in 1994, declined to 87.6, 74 percent in 2000; 74 percent in 2006. Aim of the research is to describe factors which influence the SHI coverage in Mongolia and examine their effect on the coverage so that appropriate recommendations can be made to Policy makers. This review is based on various papers selected from a variety of Health journals, health financing documents obtained from WHO, WB and other sources. The results of this research suggest that differences in lifestyle, economic situation and administrative capacity of the SHI organizations in the urban and rural populations were the primary reasons for the existing differences in the coverage between these two populations. The cessation of insurance premium government subsidies for the students and herdsman from low income and vulnerable group is the main reason for recent decline of the SHI coverage. The decline of the SHI coverage of the country can be further explained by the marked reduction of the SHI coverage in the rural part of the country but also very low increase in rate of coverage in urban areas. Improving the management of collecting premium according to the traditional lifestyle of the people in the rural areas and including student's premium for SHI in the university's tuition fee in order to increase the SHI coverage for students are recommended strategies to increase the SHI coverage of Mongolia.

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Physician Characteristics Associated with Repeat Use of CT and MR Imaging **Dachen Chu¹, Ran-Chou Chen¹, Heng-Ching Lin², Tom Chen³, Sheng-Tzu Hung², Nai-Wen Kuo², Pesus Chou¹**

1. National Yang-Ming University, Taiwan
2. Taipei Medical University, Taiwan
3. Taipei City Hospital, Taiwan

Object: Use of high-cost imaging modalities, such as computed tomography (CT) and magnetic resonance (MR) imaging, has increased 50% between 2000 and 2004. Repeated examinations account for one-third of these high-cost radiological examinations. The purpose of this study is to evaluate the relation between physicians' characteristics and repeated CT and MR imaging within 90 days, using a nationwide population-based dataset from Taiwan's National Health Insurance system.

Methods: All physicians who ordered CT and MR imaging examinations between 2004-2005 were identified. We analyzed the total number of CT and MR scans, the number of repeat scans and the repeat scan rate, according to physician characteristics (specialty, age, gender, and practice hospital). A multivariate logistic regression analysis was performed to explore the adjusted relationship between physician characteristics and their rate of ordering repeat CT and MR imaging. **Results:** A total of 16,307 physicians were responsible for a total of 2,152,292 CT and MR scans during 2004-2005 in Taiwan. The repeat scans accounted for 21.5% of the total. Male physicians and physicians aged 41-50 years ordered more repeat scans. Internal medicine is the most frequent repeat users of CT/MR scans. Internal medicine physicians ordered 44.3% of all scans, and 50.6% of all repeat scans. Surgeons ordered 40.4% of total scans, and 38.5% of repeat scans. Family doctors, OBS/GYN, and pediatrics rank the last among the specialists. Physicians who practice in medical centers ordered the most CT/MR scans. **Conclusion:** Our study shows that repeat use of CT and MR scans is related to physicians' characteristics.

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Hospitalization Costs of the Acute Hepatitis a Cases in Mongolia

Davaa Gombojav, Gombojav Davaa, Luvsan Munkherdene

Health Sciences University of Mongolia, Mongolia

Background: Hepatitis A (HAV) was reported 35 per 10 000 in Mongolia in 2008, which increased by two times in comparison with cases registered during 2003-2007. An outbreak of hepatitis A has been ongoing with 18 230 confirmed cases reported in 2007-2008.

Objective: The objective of this study was to analyze data of the morbidities, average stays in hospital and costs associated with the hospitalization of hepatitis in 2008.

Methods: Data on epidemiological characteristics of hepatitis A for children aged 0-15 who admitted to the National Center for Communicable Diseases collected by the Health info Data Set. National hospitalization rates were calculated for hepatitis A. Morbidities, mean and average length of stay to hospital, and mean medical cost of hospitalization were analyzed.

Results: The total number of hospitalized patients with hepatitis A diagnosis was 1291 subjects. Fifty one

percent of hospitalized hepatitis A was diagnosed among boys. The average stay in hospital caused by hepatitis A was 12 days. Total cost of treatment was 6 677 USD per all subjects in a year, it comes from budget of the public hospitals. Estimated 110 251 USD per year expended by Health Insurance Fund, however patients spent 109 353 USD out-of-pocket payment for hospital services in 2008. Forty four percent of the family income goes to the non-medical cost.

Conclusions: During the wide outbreak hospitalizations, ambulatory visits, and their medical and non-medical expenditures due to hepatitis A cases have been increased among all age groups in the country.

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Analysis of the Impact Factors of Hypertension Refill Prescription on Healthcare Utilization in Taiwan

Zheng-Lun Li, Zhi-Liang Yang, He-Rui Dong, Shang-Wei Xu, Yu-Jia Zhang

Asia University, Taiwan

Background and objectives: Because aging of population and change of lifestyle in Taiwan, the type of disease is transformed from acute infectious disease into a chronic disease, and ages fast of population structure. And the number of out-patient clinic has always been high since the Health Insurance starting, therefore the Bureau of National Health Insurance in order to reduce unnecessary outpatient amount, they encouraged physicians who treat chronic patients with stable condition can use chronic refill prescription.

Methods: This study data files provided by the National Health Research Institute in 2006 and its name is million sample date. With the assistance of the Bureau of National Health Insurance, the researchers linked the Ambulatory care expenditures by visits data(CD), and the Details of ambulatory care orders data(OO). The study was conducted on a nationally representative sample of 909,325 beneficiaries and local in 2006.

Results: Study found that the prescribe ratio is raise (28.78%), but the ratio of the second dispensed only the original half of the prescribe (47.33%), while the third is a lower percentage (only 23.94 %), shows the effect is poor that implementation of chronic refill prescription in Taiwan

Conclusions: The results can be seen, if you would like to enhance the effectiveness of the implementation of refill prescription, not only Physicians need to raise the ratio of the prescribe of refill prescription but also People need a good habit of medical treatment, recommendations should continue to promote knowledge of refill prescription on people.

SP-121

Development and Validation of an Instrument to Identify Patients with Knee Osteoarthritis in the Community

Pushpika N. Jayalath¹, Pushpa Fonseka²

1. Unit of Youth Elderly & Persons with disability, Sri Lanka

2. University of Sri Jayawardanapura, Sri Lanka

Introduction Osteoarthritis (OA) is the most common form of joint disease in the world. Objective To develop and validate an instrument to identify patients with knee osteoarthritis in the community Methodology An instrument was developed after selecting an appropriate definition and classification criteria to identify knee OA patients in the community. Definition and the clinical only criteria for classification of OA of the knee given by the American College Rheumatism were selected following perusal of literature and "Delphi" technique. Selection of appropriate pain and stiffness scales was achieved by the Principal Investigator (PI) and the supervisor who is a specialist in rheumatology.

Judgmental validity of the instrument was assessed by the panel of experts. Criterion validity was determined by assessing 93 patients with knee OA and 67 patients with knee pain of other origin who have attended the Rheumatology Clinic at Colombo South Teaching Hospital. Consultant Rheumatologist's diagnosis was considered as the Gold Standard. Results An instrument comprised of 22 items was developed and named as Knee Osteoarthritis Diagnosis Instrument (KODI)-Sinhala. Experts who participated in the opinion survey proved the judgmental validity. Criterion validity was assessed by calculating the sensitivity (90.3%) and specificity (88%) of the KODI-Sinhala by comparing the final diagnosis made by the Consultant Rheumatologist with that of the PI. High reliability of the instrument was confirmed by high test re-test reliability (kappa statistic = 0.96, 0.97). Conclusion: KODI-Sinhala was found to be a valid and a reliable instrument.

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Do Non-Communicable Diseases Cluster in Suburban Settings in Sri Lanka?

Shreenika Weliange¹, Arosha Wijewickrama¹, Leeda Fernando², Wasantha Gunathunga¹, Carukshi Arambepola¹

1. University of Colombo, Sri Lanka

2. MOH Office, Pitakotte, Sri Lanka

Background: Non communicable diseases (NCDs) are on the rise in Sri Lanka owing to the demographic transition and change in lifestyle and environment related to recent urbanisation. They tend to occur early and follow a severe course.

Methodology: A cross sectional study was carried out in Pitakotte health area, which is a suburban setting located in the district of Colombo. A total of 100 households were surveyed using a cluster sampling method. Household and individual information on common NCDs ever diagnosed by a medical person was collected by public health midwives using an interviewer-administered questionnaire.