

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).

SP-117

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

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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.

SP-118

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**

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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.

SP-119

Hospitalization Costs of the Acute Hepatitis a Cases in Mongolia

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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