the drivers of drug consumption would be beneficial in finding the appropriate tool / intervention to restrain polypharmacy and improve patient compliance.

**PHP3**

**INNOVATIVE HEALTH TECHNOLOGIES IN THE “ANTI-AGING-MEDICINE” FIELD: RESULTS FROM A SYSTEMATIC HORIZON SCANNING**

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**OBJECTIVES:** “Anti-Aging”, as an example of “preference oriented medicine”, is a currently much debated field. While it is sometimes perceived as beneficial in averting unwanted effects of aging, improving quality of life and well-being, there is also substantial criticism. The current investigation aims at providing an overview on new health technologies of potential importance for future “anti-aging” interventions. **METHODS:** The analysis is based on the ZIM innovation database, which comprehensively records developments related to new and emerging health technologies. During the observation period from 2003 to 2007, n = 15,552 datasets covering technological innovations in health care could be identified from international publications and relevant internet sources. In three broadly defined application fields (hormone therapy, cosmetics and interventions related to improvement in cognition) upcoming health technologies were identified from the database. Currently available technologies, their intended use and potential future applications were described. **RESULTS:** Regarding hormone therapy (n = 97 hits in total) most frequently addressed indications were obesity (n = 28), fertility (n = 15), contraception (n = 15), menopause (n = 9), childhood growth (n = 8), and andropause (n = 6). Cosmetic interventions (n = 47 in total) mostly addressed the treatment of face (n = 20), skin (n = 13), and the female breast (n = 6). Reports on cognition (n = 8) focused on the improvement of the physical functioning (n = 5) or controlling of body parts/prostheses (n = 3). For most technologies and applications, however, it proved to be difficult to distinguish a particular “preference oriented” use from a potentially disease-related assignment. **CONCLUSIONS:** Most innovations represent either a minor improvement of an existing intervention or are still far from possible routine use. Findings that specifically indicate “preference based” applications were relatively rare. This leads to the conclusion that research and development of new health technologies primarily starts from a perceived demand for serious diseases and clear-cut indications. Only subsequently “preference oriented” uses may be addressed.

**PHP4**

**PATIENT PREFERENCES TOWARD HEALTH SERVICES PROVIDED BY THE GENERAL PRACTITIONER**

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**OBJECTIVES:** In the Dutch health care system, like many other countries, the general practitioner (GP) plays a key role in securing equity and effectiveness in delivering health care. Nowadays, GPs are often part of primary care centers and it is foreseen that these centers will play an even more important role in future health service delivery. A European comparison in nine different countries concluded patients favour small practices and full time GPs. The percentage of GPs working in small practices varies between countries. In the UK the percentage is 16% whereas in Belgium the percentage is 69% and in Netherlands the percentage is 39%. Continuity of care and access is highly appreciated by patients. For instance, it has been shown that patients are more satisfied with primary care if they always have the same GP and if they experience short waiting times. Given the development of larger primary care centers, people are hesitant if the current GP service levels can be maintained. On the other hand, an advantage of primary care centers is that they do offer multiple medical services like pharmacy and physiotherapy. The purpose of this study was two-fold. First, it was questioned which type of services is preferred by patients in three different GP settings and if people would be willing to pay for these services. Second, we wish to investigate differences between patients in different GP settings. The selected GP settings were 1) a single person GP practice (SP); 2) a healthservice with multiple independent GPs (GP); and 3) a multi-disciplinary and comprehensive primary care center supervised by one management (PCC). **METHODS:** A discrete choice experiment (DCE) was carried out among 164 patients in the three different GP settings. The DCE comprised 6 attributes including 1) time to appointment; 2) choice of time; 3) access by telephone; 4) consultation time; 5) availability of other medical services and; 6) WTP. Sample size for the DCE was estimated at around 45 patients in each GP setting. The DCE included 6 attributes. The maximum number of levels for an attribute was three, allowing 72 choice combinations. The DCE survey used 15 random and 2 fixed choice sets. Following the DCE, all 164 and an extra group of 114 patients (278 in total) were interviewed by a research assistant. Sampling was carried out to obtain equal group sizes (approx. 55) in each of the GP settings (SP, GP and PCC). DCE data were analyzed using sawtooth software. This abstract reports the first preliminary analyses of the complete dataset. **RESULTS:** Socio-economic (income and education) and demographic data (age and gender) of patients in each of the GP settings were comparable. The DCE showed preference for improved telephone services and time to appointment as most important attributes. Except for “time to appointment” no large differences were found between the GP settings. Only patients in the GP group accepted longer waiting times compared to SP and PCC. SP and PCC patients did prefer to have access within 24 hours, whereas GP patients accepted longer waiting times. Overall, most important attributes were “time to appointment”, “access of service by telephone” and “WTP”. The availability of pharmacy services was preferred by all patients. About 50% of all patients weren’t willing to pay for additional services. However, some 35% was willing to pay an extra amount of €9 for each consult if they would receive additional services. **CONCLUSIONS:** This study shows a similar outcome compared to previous studies on access to GP services. “Time to first appointment” and “access by telephone” are most important factors to consider by patients. However, an interesting finding was that one third of all patients were willing to pay for improved services. The DCE study didn’t show big differences in preferences between patients in the different GP settings. In some aspects (e.g. accessibility) the SP scored better compared to PCC and GP.

**PHP5**

**HEALTH LITERACY—AN ECONOMIC PERSPECTIVE: A SYSTEMATIC REVIEW**

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**OBJECTIVES:** Health Literacy (HL) is an important skill for health relevant decisions. Limited HL is associated with poorer health outcomes but little is known about the economic implications of limited HL. We assessed 1) the costs of limited HL for the health care system, and 2) the cost-effectiveness of interven-