

INTRODUCTION:

In order to improve research planning it is critical to understand how decision makers have used previous health technology assessment (HTA) results, and what expectations policy makers and health professionals have in HTA programs. In this study, we aimed to examine how HTA results have been used by decision makers, and explore complex relationships between the National Evidence-based Healthcare Collaborating Agency (NECA) and various decision-making bodies in Korea.

METHODS:

Three areas of healthcare decision in which NECA has been extensively involved were selected: prevention programs, single technology reimbursement, and clinical guidelines. We conducted in-depth interviews with two or three key informants from decision making bodies in each selected area. The interview participants included clinicians and government officials. We also conducted interviews with the researchers who participated in the related research to better capture the context. The interviews were analyzed using qualitative content analysis.

RESULTS:

Eight interviews with decision makers and five interviews with researchers were conducted and analyzed. Three main themes were revealed in the data. Firstly, it was revealed that NECA was primarily expected to be an intermediary between clinicians and government. Both government and clinicians had referred to NECA’s HTA results, which are expected to be scientific and impartial, when they need to reach one another on controversial topics. Secondly, there was a high need for deliberative process to resolve the conflicting interests regarding HTA results. Lastly, they wanted the HTA process to be more responsive to fast changing healthcare environments by introducing a form of rapid review.

CONCLUSIONS:

Lack of effective communication channels between government and healthcare providers in Korea has made a room for HTA to be a common language for both sides. It is time to give up the ‘one-size-fits-all’ approach to conducting HTA research and tailor the research process to various needs of decision makers.

.....

PP162 Bridging Brazil’s Know-Do Gap On Social Engagement In Health Technology Assessment

AUTHORS:

Maria-Sharmila Sousa (sharmila.sousa@gmail.com), Mabel Figueiró, Aline Silva, Everton Silva, Marcus Silva, Viviane Pereira, Jorge Barreto

INTRODUCTION:

Social engagement in health encompasses the idea of involving (parts of) society as full partners in the decision-making regarding both development and implementation of health technologies. Evidence shows that patient engagement is linked with fewer adverse events, better patient self-management, fewer diagnostic tests, decreased use of healthcare services and shorter lengths of stay in hospitals. Matching the escalating healthcare requirements to face the ongoing societal and economic challenges regarding access and coverage to (new) health technologies is not an easy task for health providers.

METHODS:

We conducted a systematic review (CRD42017068714) designed to address the institutional implementation of social engagement by the Brazilian Ministry of Health. All systematic reviews were evaluated using the new version of AMSTAR and, once all findings are synthesized, we will use the GRADE-CERQual approach to assess for confidence.

RESULTS:

From 399 publications that met the inclusion criteria, 80 described the implementation of social engagement during the development and implementation of (new) health technologies at various levels (local, regional, national, supranational), countries and for different health technologies and social actors. The remaining 319 publications constitute case studies describing barriers and enablers to implementing social engagement in HTA and coverage decision-making processes. By mapping barriers and facilitators, we explored effectiveness and sustainability, further observing how citizen science-based strategies can ultimately reform health service delivery by innovating the social engagement in health technology development and implementation.

CONCLUSIONS:

This systematic review addresses the know-do gap on social engagement in health technology development and implementation, from a global perspective, as a way of improving the Brazilian Ministry of Health’s HTA activities and enabling a Brazilian strategy to reform health service delivery. Enabling social engagement as early as possible, during all the stages of the development cycle, grants a more effective and sustainable health care system.

.....

PP163 The Cost-Reimbursement Mismatch For Heart Transplant In Brazil

AUTHORS:

Jeruza Neyeloff (jneyeloff@hcpa.edu.br), Laís Zeilmann, Lívia Goldraich, Vanessa Oliveira, Eduarda Ghisleni, Laura Hastenteufel, Nadine Clausell

INTRODUCTION:

There is an important mismatch in the number of heart transplants performed and the patients in need of a new heart in Brazil, despite a large public transplant program providing universal health coverage for organ transplantation. It is unclear whether the limited number of heart transplants could be related to the high costs of the procedure and potential underpayment from public agencies. We sought to investigate costs of heart transplant in Brazil from the perspective of a transplant center and to compare results to the values reimbursed by the public health system.

METHODS:

All adult heart transplants performed in an academic center from Jul/2015-Jul/2017 were reviewed. Both absorption costing and time driven activity based costing techniques were used to detail costs related to the transplant index admission. Patients’ electronic records were reviewed, involved professionals were interviewed, and the hospital electronic system was queried. Costs associated with infrastructure, personnel, surgical materials, medications, laboratory and imaging were calculated. Brazilian Reais were converted to US Dollars using 2016 purchasing power parity data from OECD.

RESULTS:

All 27 patients who underwent heart transplants in the time period were included. Survival at 30 days was 94 percent. Average and median cost for the transplant admission was USD 62,336.27 and USD 47,105.52, respectively, while the current reimbursement value is USD 29,675. The lowest cost accrued by the hospital was USD 21,568.90, while the highest was over USD 300,000. Almost 70 percent of costs were related to personnel and hospital structure and not to direct consumption of medications, exams or materials. Total cost was highly dependent on the length-of-stay, particularly days spent in intensive care units.

CONCLUSIONS:

The value currently reimbursed by the public system in Brazil for heart transplants is below the average costs for the procedure in a reference center. This large cost-reimbursement mismatch might limit the increase in the number of transplants that is needed to meet current demands.

.....

PP164 Identifying Complications Of Partial Nephrectomy Using Physician Claims

AUTHORS:

Jian Sun (jsun9@ualberta.ca), Tania Stafinski, Fernanda Inagaki Nagase, Devidas Menon

INTRODUCTION:

Many population-based studies identify surgical complications using hospital discharge abstract databases (DAD). With DAD, however, complications occurring after the discharge date cannot be followed up. This study used physician claims data to identify the complications of partial nephrectomy, and to compare the rates of complications of open, laparoscopic, and robot-assisted nephrectomies.

METHODS:

Physician claims, DAD, and ambulatory care data from April 2003 to March 2016 were provided by Alberta Health. DAD and ambulatory care data were used to extract information on patients with kidney cancer who underwent partial nephrectomy. All physician claims within 30 days before and after surgery for the cohort