Health Technology Assessment (HTA) process by conducting a sensitivity analysis. Sensitivity analysis allows identification of the elements representing the source of uncertainty and to determine the impact of this variability on the stability of the assessment results, in order to provide more adequate and objective support to decision-making process.

METHODS:

A new method for health technologies evaluation, Decision-oriented HTA (1), which integrates the Analytic Hierarchy Process (AHP) (2) in the model Core Model® of the European Network for HTA (EUnetHTA) was taken into account. In this context, a mathematical model was implemented to conduct a sensitivity analysis on weights and on performance values of the technology alternatives evaluated. The objective is to evaluate the effects on AHP results induced by a change on initial values of each criterion of the decision-making model. Sensitivity analysis was carried out by calculating the minimum changes of the weights and performances needed to reverse the current ranking of alternatives technologies (3).

RESULTS:

This approach was applied to some technology assessment studies such as video-laparoscopy, femtosecond laser, da Vinci robot, to test their efficacy and reliability. It is very important to perform a sensitivity analysis and assure the stability of the solution when the performance values associated to the technology alternatives are close because, in this case, a small change of performance values reversed the ranking of alternatives technologies.

CONCLUSIONS:

Applying sensitivity analysis to such decision-making processes is essential to ensure the consistency of final decisions. This evidence has shown that this method allows for a more rapid interpretation of results, thus facilitating the choice of decision-makers about the decision to invest or not in new technology.

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PP075 Has A Drug Replacement An Impact On Hospital Treatment? A Health Technology Assessment-debate

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INTRODUCTION:

Drug product changes occur in hospitals for different reasons: improved efficacy or tolerance of a drug, reduced costs, new pharmaceutical innovations or drug shortage (1). The aim of this analysis is to develop a process model for drug product changes and to determine a hospital specific threshold when product change is reasonable, provided that the efficacy and safety of the new product is economically reasonable (2).

METHODS:

The individual process steps at the Klinikum rechts der Isar in Munich (MRI) were recorded to develop a process model. The required expenditure of time for the different process modules was documented and a process cost calculation undertaken.

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RESULTS:

Product changes can be divided into three groups: generic changes, identical active ingredient but different brand name, and complex drug changes with different active ingredients or changed drug formulation. The later change is associated with a higher demand for information, which is reflected in higher process costs. Relevant costs arise during the process of product purchase and on the ward. The cost per product change inclusive operating expenses at the MRI range (3) from EUR2,300 to EUR6,420 and depend on the frequency of prescription and the complexity of the product.

CONCLUSIONS:

This Health Technology Assessment (HTA) shows that main costs for a drug product change arise due to additional staff costs on the ward. Reasonable thresholds can aid in decision making when considering cost effectiveness and potential risks of the medication or patient safety.

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PP076 Research On Drug Policy Change In China Since 2009 New Medical Reform

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INTRODUCTION:

Drugs are a special commodity for treating diseases and protecting health. There are problems in China's drug research, production, distribution and use (1) thus the national drug policies, including government long-term frameworks and specific policies, play an important role (2). This study summarized and analyzed drug policies in China since the New Medical Reform, to determine patterns of policy change, and aiming to provide theoretical support for drug policy making for the world.

METHODS:

We downloaded all drug policies issued between April 2009 to December 2016 on State Council, National Development and Reform Commission, National Health and Family Planning Commission, China Food and Drug Administration websites. These documents were combined with academic articles to extract data, which was processed in Microsoft Excel 2013. We also use the Advocacy Coalition Framework to analyze dynamic factors for drug policy change in China.

RESULTS:

There are 113 drug policies during last 8 years on 4 websites; 76 of them are released by a single ministry. Thirteen, ten, ten, fifteen, seven, fourteen, twenty-six and eighteen policies are issued each year, respectively**.** Fifteen are classified in long-term frameworks, while the other ninety-eight are specific policies. And fourteen of ninety-eight policies are focusing on basic drug systems, while six are on centralized purchases, nine on public hospitals reform, seven on drug safety, sixteen on prices, fourteen on distribution, twelve on administration, five on traditional medicine, and fifteen on specific drugs.

CONCLUSIONS:

After the basic drug system was built in 2009, the government started to focus on its distribution over the next 7 years. Policies on centralized purchases are mainly issued in 2010 and 2015, and creative modes have been coming up since 2015. The Government cares not only about production safety, but also safety in sales. Prices were decided by government at first but then follow the market forces. Work focus shifted from the above contents to drug distribution, price,

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