

OD16 Assessing Technical Aids In Europe: Are There Any Specific Health Technology Assessment Methods To Assess Technical Aids?

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Introduction: Technical aids (TAs) are health devices (e.g., hearing aids, prostheses, wheelchairs) used to restore a body function or compensate for disability. In France, TAs are assessed based on clinical data, as are any medical devices (MDs). Considering that TAs are special MDs (no curative action), specific assessment methods might be proposed. The methods used in Europe were explored.

Methods: To learn about TA evaluation practices in Europe, the French National Authority for Health (HAS) sent a survey to nine identified European health technology assessment (HTA) agencies. The questionnaire was specific to TAs, and the questions asked were about: (i) the reimbursement of TAs (reimbursed or not, at national or local level), (ii) the HTA process (HTA process or not, HTA process description), and (iii) the methods used (any specific methods for assessing TAs other than HTA methods to assess “classic” MDs).

Results: All the European HTA agencies contacted provided a response. All these countries have a healthcare system that allows TAs to be reimbursed. In Austria, Ireland, Italy, the Netherlands, Norway, Portugal, Spain, and the United Kingdom, TAs must be CE-marked and comply with technical standards to be reimbursed; no clinical data are required. However, the National Institute for Health and Care Excellence provides recommendations for certain TA categories. In Germany, the CE-marking and the respect of technical standards are mandatory, and certain TAs need to show a medical benefit (e.g., orthoses); nevertheless, there are no specific methods to assess TAs.

Conclusions: Overall, the feedback obtained does not reveal any specific evaluation method applied to TA assessment in the various European countries analyzed. France stands out from these European countries regarding the assessment of TAs because of its one-stop-shop system for health technology developers and the HAS requirements for technical and clinical data.

OD17 Future Health And Economic Burden Of Cardiovascular Disease In Type 2 Diabetes In Australia From 2021 To 2031

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Introduction: Diabetes is a key risk factor for cardiovascular disease (CVD), with a two-to-four-times higher risk than that in non-diabetes. The health burden associated with CVD imposes a major economic concern on healthcare systems and on society. We sought to estimate the future burden of CVD in terms of health and economic outcomes in type 2 diabetes (T2D) from 2022 to 2031.

Methods: From Australian public healthcare and societal perspectives over the next decade, two dynamic models with annual cycles were designed to predict myocardial infarction (MI) and stroke in patients aged 40 to 90 years. First events at risk of CVD people were estimated using the 2013 pooled cohort equation, while recurrent events in existing CVD were acquired from the global Reduction of Atherothrombosis for Continued Health registry. Costs and utilities were obtained using public sources. Outcomes were fatal and non-fatal MI and stroke, years of life lived, quality-adjusted life years (QALYs), total direct and indirect costs. An annual discount rate of 5 percent was used.

Results: Over the next 10 years, the model projected a total of 83,618 non-fatal MIs (95% confidence interval [CI]: 83,170, 84,053) and 58,774 non-fatal strokes (95% CI: 58,458, 59,013). In terms of health outcomes, total years of life lived and QALYs were 9,549,487 (95% CI: 9,416,423, 9,654,043) and 6,632,897 (95% CI: 5,065,606, 7,591,679), respectively. In terms of economic outcomes, total direct and indirect were AUD9.59 billion (USD6.38 billion) (95% CI: AUD1.90 billion [USD1.26 billion], AUD30.45 billion [USD20.26 billion]) and AUD9.07 billion (USD6.03 billion) (95% CI: AUD663.53 million [USD441.61 million], AUD33.19 billion [USD21.96 billion]), respectively. The chronic costs of CVD contributed most of the total direct cost, while morbidity contributed most of the total indirect costs.

Conclusions: Our study shows that from 2022 to 2031, CVD as a complication from T2D will cause a significant impact on the Australian healthcare system and society. These estimates can be used to explore different strategies to optimize the control of risk factors for the prevention and management of CVD in T2D in Australia.