OP144 Health Economics In Clinical Practice Guidelines: The Know-Do Gap

AUTHORS:

Ann Scott (capstone@shaw.ca), Carmen Moga, Christa Harstall

INTRODUCTION:

Clinical practice guidelines (CPGs) are an ideal implementation mechanism for promoting effective clinical practice, but without due consideration of costs they may do more harm than good and become a source of inefficiency. The Alberta Guideline Adaptation Program sought current best practice for incorporating economic information into CPGs to better leverage health technology assessment (HTA) and health economic expertise in its guideline development program.

METHODS:

A comprehensive, systematic review of published and grey literature was undertaken to: (i) catalogue theoretical frameworks and practical methods for incorporating economic information into CPGs and forecasting the post-implementation economic impact of CPGs; (ii) summarize current methods for evaluating the economic impact of CPGs; and, (iii) identify barriers and facilitators to incorporating economic information into CPGs.

RESULTS:

Rigorous economic analyses were infrequently incorporated in CPG development. While a selection of guidance documents and CPG manuals published between 2001 and 2017 by leading CPG developers emphasized the health economist's role and the importance of incorporating economic evidence into CPGs, few provided adequate guidance on the best way to do this. There is no agreement on how best to monitor the economic impact of CPGs. Analysis of a sample of over 100 studies published between 2005 and 2013 identified the three main methods currently used to assess the post-implementation economic impact of CPGs: pre-test/post-test cost analyses, mapping studies, and modelled cost-effectiveness studies. The key elements of each study type were summarized and compared.

CONCLUSIONS:

The review highlighted the under-recognized know-do gap among developers with respect to using health economics information and expertise in CPG development. It identified the advantages and potential limitations of applying health economics to CPG development, as well as areas where developers can better utilize HTA researchers and health economists to improve the quality of guidelines and better document the resource implications and feasibility of the interventions they recommend.

OP145 The Release Of The Fourth Edition Canadian Agency For Drugs And Technologies In Health (CADTH) Economic Guidelines – A Year In Review

AUTHORS:

Karen Lee (karenl@cadth.ca), Doug Coyle

INTRODUCTION:

In March 2017, CADTH released the fourth edition of the Guidelines for the Economic Evaluations of Health Technologies. As part of the update a few notable changes were made to topics such as discount rate, target population, modeling, effectiveness, analysis, and the theoretical foundations for the Guidelines. In this presentation we will describe: the implementation of the Guidelines; approaches taken to facilitate the adoption of the Guideline statements; and the tools provided to assist users and doers in using cost-effectiveness information in healthcare decision making.

METHODS:

Given some of the changes made to the Guidelines, CADTH identified the need to engage stakeholders early in preparation for the release of the fourth edition. Feedback on topics was sought from various stakeholders (researchers in the field, industry, patient groups, and decision makers) throughout the process. Also, suggestions for tools to support the understanding and implementation of the Guidelines were noted by CADTH. To further support use of the Guidelines, CADTH committed to undertake a number of activities including: workshops for decision makers and researchers; worked examples to illustrate the approaches; and development of tools to assist in the use of recommended methods. Updates to align drug submission guidance with the Guidelines are ongoing.

https://doi.org/10.1017/S0266462318001587 Published online by Cambridge University Press

RESULTS:

The final version of the Guidelines was greatly influenced by the stakeholder feedback received, with a focus on greater clarity. Whilst efforts to increase acceptance and adoption of the guidelines are ongoing, we present preliminary findings with respect to engagement with stakeholders and adoption of new guidance in drug submissions.

CONCLUSIONS:

The plan to engage stakeholders continues to be effective. As such, there has been general acceptance of the changes and an interest in education and tools to assist with implementation of the Guidelines.

OP149 Survival Rates And Costs In Hepatocellular Carcinoma With Cirrhosis

AUTHORS:

Jangmi Yang (jmyang@neca.re.kr), Sangjin Shin, Insun Choi

INTRODUCTION:

Early detection of primary hepatocellular carcinoma (PHC) patients with cirrhosis is critical to enhance PHC patients' survival rates and to save medical costs. The study aimed to generate real world evidence to support the importance for early detection of PHC patients, and this evidence will contribute to a cost effectiveness analysis of the national liver cancer surveillance program.

METHODS:

A retrospective analysis was performed on 98,275 PHC patients with cirrhosis in the National Center Cancer Registry from 2005 to 2014, linked to the Korea National Health Insurance claims database. The hazard ratio (HR) of mortality within five years and medical costs for the patients were compared by surveillance, epidemiology, and end results (SEER) stage.

RESULTS:

There were differences in survival rates and medical costs depending on their characteristics including sex, age at diagnosis, SEER stage and types of initial treatment of cancer. The HR of mortality within five years of the PHC patients with distant stage versus local stage was 3.36 with 95% Confidence Interval (95% CI: 3.33–3.38) which is higher than those of the patients with regional stage (HR 1.93, 95% CI: 1.92–1.95). The estimated annual medical cost was USD 38,208 with standard deviation (SD) 54,399 for localized stage but USD 16,345 (SD 42,377) for distant stage.

CONCLUSIONS:

If PHC patients with cirrhosis were detected at early stage, their survival rates would be clinically better with a big saving for medical costs than if they were detected at distant stage. This result itself highlights that importance of the national liver cancer surveillance program. Future studies are indicated to apply these quantitative results into the cost-effectiveness analysis of the Korean national liver cancer surveillance program.

OP150 Acquired Immune Deficiency Syndrome Benefit Package: A Financial Review

AUTHORS:

John Wong, Stephanie Anne Co (stephanie.a.co@gmail.com), Christine Ingrid Espinosa, Wilibald Zeck, Raoul BermejoIII, Denise Silfverberg

INTRODUCTION:

The Philippines has an increasing number of newly diagnosed cases of human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS). Most Filipinos rely on out-of-pocket (OOP) expenditure to finance their healthcare needs. In 2010, the Philippine National Health Insurance Corporation (PhilHealth) introduced an Outpatient HIV/AIDS Treatment (OHAT) package to cover the necessary basic healthcare expenses of patients. The objective of this study was to review the OHAT package in terms of patients' financial risk protection, specifically the amount of OOP expenses incurred and the package's support value.

METHODS:

The study was divided into two phases: (i) patient surveys (PS); and (ii) facility costing surveys (FCS). PS focused on information from enrolled and non-enrolled patients, specifically their current financial needs and expenses. The FCS reviewed actual cost breakdown for each treatment hub of package inclusions.

https://doi.org/10.1017/S0266462318001587 Published online by Cambridge University Press