METHODS:

We used an activity-based costing method in which cost of personnel time targeted at preparedness, and response activities was based on a time recording system and interviews with key professionals of the organizations involved. In addition, patient days of hospitalizations, laboratory tests, personal protective equipment (PPE), as well as costs for additional cleaning and disinfection were acquired via the organizations. All costs are expressed at the 2015-euro price level.

RESULTS:

The estimated total costs of EVD preparedness and response in the Netherlands were averaged at EUR14.1 million, ranging from EUR7.6 to EUR24.9 million. There were thirteen possible cases clinically evaluated and one confirmed case, admitted through an international evacuation request, corresponding to approximately EUR1 million per case (2). Preparedness activities of personnel, especially of all ambulance care services and hospitals that could possibly receive a case, and expenditures on PPE, were the main cost drivers.

CONCLUSIONS:

The estimated total cost of EVD preparedness and response in the Netherlands was substantial. Costs made by healthcare organizations were higher than among public health organizations (3). Designating one ambulance care service and fewer hospitals for the assessment of possible patients with viral hemorrhagic fever or other highly infectious disease of high consequence might improve efficiency and reduce future costs. The experiences and collaboration of healthcare organizations that managed patients with possible EVD can serve as a valuable resource for future outbreaks of other highly infectious diseases.

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PP007 Technology Adoption In Hospitals - Balancing Incentives - A Survey

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INTRODUCTION:

Health Technology Assessment (HTA) in the hospital framework involves evaluating safety and cost-effective benefits alongside additional perspectives. We must take into account: professional skills, patient mix, infrastructure costs, the competitive arena and promoting innovation as part of the hospital strategy. Within budgetary constraints, hospitals need to focus on clinical excellence, prioritizing selected technologies in key fields.

METHODS:

A survey was conducted among thirty-five mid-level managers; department directors and head nurses from eight medical centers. The data was collected from a structured questionnaire scoping five fields: clinical efficiency, risk, benefit, contribution of relevant "players" for decision making and impact of adoption.

RESULTS:

Personal characteristics of the responders correlated with certain trends: managers with longer seniority ranked life-saving higher than younger managers, as did men in comparison to women. Participants from the peripheral regions ranked improvement in quality of life

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higher than respondents from the center of the country. The importance of functional improvement of the patient was graded higher by nurses, compared to the physicians.

In operative aspects, improving staff communication was considered significantly higher among experienced managers, women, staff members in the central region hospitals and among nurses in comparison to physicians. Women ranked improvement of medical standards and guidelines higher, irrespective of their professional sector. At initial stages of the technology lifespan, scientific evidence on effectiveness was found to have a stronger influence on adoption decisions than national guidelines.

Budgetary repercussions of adopting a new technology were ranked significantly higher in the central region. Experienced managers attributed greater impact to economic issues than younger managers.

Social dimensions, such as providing care for a large population, reaching the target population, improvement of service and patient preferences were graded significantly higher by women.

CONCLUSIONS:

The survey highlights the insights of managers for decision making on adopting technologies in hospitals. These decisions need to integrate clinical advantages, competitive markets and national strategies with personal and professional parameters assists in bridging the gaps between local hospital activities and governance.

PP008 Health Technology Assessment Analysis Of New Biological Drugs In Chronic Inflammatory Diseases

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INTRODUCTION:

Innovative therapies with high cost are increasing in every therapeutic area, making it increasingly difficult the role of the pharmacist in trying to rationalize the economic resources to satisfy the needs of the entire population. The analysis of therapeutic appropriateness has a key role in the management of chronic inflammatory diseases where the biological drugs are used by patients for a long period of time. With increasing competition among companies and the advent of the first biosimilar drugs, the costs are declining and the duty of the Pharmacist is the supervision of treatments so that there is a good cost / effectiveness in an attempt to free resources and safeguard the survival of the Health Service National.

METHODS:

In the year 2015 up to September 2016, all patients were monitored in the departments of Rheumatology, Gastroenterology and Dermatology based on the type of disease, drugs, route of administration and dosages. We evaluated the previous non-biological treatments of first line, therapeutic switch between any drugs with different mechanisms of action, the analysis on the state of the disease, any therapeutic dosages not reported in Summary of Product Characteristics and the reasons that lead the doctors to deviate from guidelines.

RESULTS:

The treatments of 684 patients were analyzed: 409 in Rheumatology, 212 in Gastroenterology and 63 in Dermatology. The most frequently used drugs are those that have major use in clinical practice: Adalimumab, Etanercept and Infliximab (three anti-TNF alpha drugs). The first two, having a subcutaneous administration compared to intravenous administration, allow greater patient compliance and are therefore preferred to Infliximab. In Rheumatology the use of newer drugs with different mechanisms of action by inhibition of TNF alpha is not negligible and this is an indication of poor accuracy in the application of the guidelines.

CONCLUSIONS:

Biologicals are well tolerated and improve the quality of life of people with highly disabling diseases. The

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