percent in CP group, much higher than that in non-CP group (70.22 percent). For 244 cases that used combined antibiotics, the compliance rate for the recommended combinations of antibiotics was 20.12 percent in the CP group, but 1.25 percent in the non-CP group. After controlling patients' characteristics, the patients in the CP group got more appropriate antibiotics than those in the non-CP group.

CONCLUSIONS:

Adoption of the CAP clinical pathway in hospitals can improve antibiotics' utilization.

OP46 Addressing National Health Service (NHS) Priorities: Medtech Innovation Briefings

AUTHORS:

Naomi Herz, Kate Goddard, Thomas Macmillan (thomas.macmillan@kcl.ac.uk), Anastasia Chalkidou

INTRODUCTION:

Medtech innovation briefings (MIBs) are intended to support National Health Service (NHS) decision makers and staff who are considering using new innovative medical devices and in-vitro diagnostics. MIBs are produced in support of the NHS 5-Year Forward View, specifically to accelerate innovation in new treatments and diagnostics. This project aimed to evaluate the extent to which published MIBs address national priorities set by NHS England, including in six clinical areas: cancer, mental health, dementia, diabetes, learning disabilities, and maternity.

METHODS:

Data was extracted from eighty-seven MIBs downloaded from the National Institute for Health and Care Excellence (NICE) website including: study design, amount of evidence, date of CE mark, population, cost, manufacturer, device class, publication date, and category of conditions and disease (as prescribed by NICE). Descriptive analysis was done for each variable and frequency tables were produced for MIBs by disease category.

RESULTS:

Cardiovascular disease (n = 19) and cancer (n = 12) were the two most common conditions addressed by MIB-evaluated devices. The four medical conditions with the fewest MIBs (n = 1 each) were: diabetes, liver conditions, neurological conditions, and fertility, pregnancy and childbirth. Of the eighty-five MIBs with stated device classifications, just over half were Class IIa and IIb devices and 18 percent were in-vitro diagnostics. The earliest original CE mark was 1997, and approximately half of the devices obtained or updated their CE mark after 2010.

CONCLUSIONS:

Chronic conditions such as cancer, cardiovascular disease, and diabetes accounted for 89 percent of total deaths in the UK in 2014, thus, the most commonly published MIBs aptly address these issues. However, MIBs are lacking in five out of six NHS priority areas. There is opportunity for innovative technologies to be reviewed via MIBs and alternative NICE pathways in the areas of diabetes, maternity, mental health, and learning disabilities and dementia.

OP49 Restrictive Versus Non-Restrictive Drug Reimbursement Systems

AUTHORS:

Laia Maynou (L.Maynou-Pujolras@lse.ac.uk)

INTRODUCTION:

Existing literature shows evidence on the differences in drug reimbursement decisions across countries. These differences are the reason for this study. The main aim of this research is to model the impact of drug reimbursement decisions on health outcomes (that is, life expectancy, healthy life years and mortality rates). In particular, this study is looking at countries that have

https://doi.org/10.1017/S0266462317001404 Published online by Cambridge University Press

different acceptance, restriction and rejection rates for drug reimbursement decisions.

METHODS:

The current study is based on a longitudinal dataset with data from nine European countries from 2002 to 2014. This dataset is formed of primary data on drug reimbursement decisions (that is, cancer drugs) collected in the Advancing and strengthening the methodological tools and practices relating to the application and implementation of Health Technology Assessment (ADVANCE-HTA) project and secondary data on life tables and indicators of health and socioeconomic status (from Eurostat and World Bank). Following the longevity model defined by Lichtenberg (1), a panel data model with country and year fixed-effects is run on this dataset in order to model the impact of the level of access to drugs on health outcomes.

RESULTS:

The results show that the rate of adoption of new drugs into a national health system does not have any significant effect on life expectancy. However, more restrictive systems are positively and significantly related with healthy life years. Finally, for mortality rates, higher rejection rates are associated with lower deaths.

CONCLUSIONS:

To conclude, contrary to the public opinion, results show that a more restrictive drug reimbursement system is not related with a worse health outcome, it is either associated with a positive outcome or it is not related.

REFERENCE:

1. Lichtenberg FR. Pharmaceutical innovation and longevity growth in 30 developing and high-income countries, 2000–2009. *Health Policy Technol*. 2014;3:36–58.

OP50 European Assessments Of Medical Devices: Avenues For Improvement

AUTHORS:

Katharina Hawlik (katharina.hawlik@hta.lbg.ac.at), Patrick Rummel, Claudia Wild

INTRODUCTION:

European collaboration in Health Technology Assessments (HTAs) has gained increasing recognition in recent years, not only on pharmaceutical products but also on high-risk medical devices. For medical devices, quality assessments of efficacy and safety are particularly important due to the weak market authorization in Europe. Strengthening efforts towards better collaboration thus plays a pivotal role to reduce overlap and save resources. This study explored the level of redundancy in HTA assessments of medical devices in Europe in order to identify areas for better collaboration.

METHODS:

We performed an analysis of European HTA reports of medical devices regarding their timing in relation to market authorization, the respective level of evidence used and the overlaps in topics. The ADVANCE HTA database from 2014 was used to select a cohort group of ten high-risk medical devices. A systematic search was conducted to identify all relevant, European HTA reports investigating the ten devices within a time span of 12 years (2003-2015). We analysed the number of annual assessments per technology and evaluated activity patterns, late and early assessors, and minimum evidence requirements.

RESULTS:

The results revealed the amount of redundancies in European HTA production: the number of reports per technology ranged from a minimum of five to a maximum of twenty-two over a time-span of 12 years. Within a single year, one technology was assessed up to six times by different HTA institutes in Europe. Out of fourteen countries included in the evaluation, two countries assessed each technology, and seven

https://doi.org/10.1017/S0266462317001404 Published online by Cambridge University Press