PP482 Invasive Electroencephalography In The Pre-Surgical Diagnosis Of Pharmacoresistant Epilepsy

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Introduction. Worldwide, more than 50 million people suffer from epilepsy, and there are 16–51 new cases per 100,000 population each year. Up to 30 percent of patients with epilepsy are pharmacoresistant, who are candidates for surgical treatment. Invasive electroencephalography (iEEG) is a mandatory method in the arsenal of epileptic centers, and is gradually becoming the gold standard for invasive determination of boundaries between the affected and functional zones of the cortex and subcortical brain. Treatment costs correlate with the severity of the disease, with patients having uncontrolled seizures incurring eight times the costs compared to those with controlled epilepsy.

Methods. To assess the clinical and cost-effectiveness of the iEEG in the pre-surgical diagnosis of pharmacoresistant epilepsy, a systematic search of literature by keywords in the MEDLINE database was conducted. The search resulted in sixty-six articles. The analysis included twenty studies that met the search criteria.

Results. Most studies including meta-analysis show very low rates of complications of iEEG. Literature data demonstrate cost-effectiveness of the method in patients with pharmacoresistant epilepsy in comparison with continued antiepileptic drug therapy. As an integrated method, rather than a simple method, it takes maximum account of clinical, neurophysiological and anatomical-functional data to achieve accurate localization of the epileptogenic zone. Currently, iEEG is a clinically effective method to improve the safety and specificity of resective surgery.

Conclusions. With the use of iEEG, mortality and disability of patients with pharmacoresistant epilepsy will be significantly reduced. It has also been proven that epilepsy surgery leads to significant financial savings in the treatment of pharmacoresistant epilepsy. The results of the clinical and economic evaluation (mini-HTA report) have been submitted to the Ministry of Healthcare for decision-making on including iEEG in government reimbursement system.

PP495 Addressing The Interactions Between Health Regulation And Health Technology Assessment In Brazil

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Introduction. The interaction of health technology assessment (HTA) and health regulatory agencies has been widespread, especially for decision-making in health system coverage. The objective of this paper is to report the HTA-regulatory interaction in Brazil.

Methods. This is a case study on the interaction between HTA and regulation in Brazil. Technical documents and Brazilian legislation on health regulation and HTA were analyzed. The study was conducted in July 2019.

Results. HTA-Regulatory Interaction in Brazil is still incipient. There is no responsible agency for interaction between agencies, as there is in Europe and Canada, for example. In the last 4 years, cooperation has started between the Brazilian Health Surveillance Agency (Anvisa) and the Oswaldo Cruz Foundation (Fiocruz) for post-registration monitoring of medicines. During this partnership, 170 post-marketing drug opinions were prepared, assisting the regulatory agency in decision-making.

Conclusions. Brazil legislation guarantees essential medicines at low cost or free. The interaction between HTA and regulation has the potential to reduce the time taken to incorporate technology to the patient, in addition to ensuring greater safety for users of the Unified Health System. In this sense, it was observed that the interaction between health regulation and science and technology institutions has innovative potential in this approach.

PP498 Decision Support Tool For Investments In Health Technology Replacement: Experience Of A Public Teaching Hospital In Brazil

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Introduction. Based on the needs assessment of the medical and non-medical departments, the Investment Committee of the Hospital de Clínicas de Porto Alegre (HCPA), a teaching hospital in Brazil, recommends on which technologies the limited financial resources should be invested. Technology inclusion requests are evaluated by the hospital's technology assessment unit. For technology replacement, we have found models to assess the criticality of medical equipment, but they were insufficient to support the decision, which involves all departments of our hospital. This study aimed to develop an automated tool to support decision making regarding investments in equipment replacement in the hospital.

Methods. A working group was set up with professionals from healthcare administration, clinical engineering and research departments. From the hospital's inventory database, we developed the tool using Google SheetsR. We have defined three departments for pilot testing of the tool: hemodynamics, laundry, and basic research. These departments represent the areas of healthcare, support services, and teaching and research in the hospital.

Results. The criticality of medical equipment is assessed based on the criteria of function, physical risk, impact, remaining equipment life cycle, intensity of use and number of corrective

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maintenance actions performed. For the equipment in the administrative, support and research areas, the function and physical risk criteria were replaced by the safety and by the risks to the quality of service criteria. The evaluation is carried out by a multidisciplinary team. The tool categorizes the equipment into low, medium and high criticality.

Conclusions. The tool prioritized the equipment based on objective criteria evaluated by the departments' multidisciplinary team comprising experts who use the equipment in their activities, the department administrator and clinical engineers, and provided transparency regarding the decision-making of the hospital's Investment Committee. In 2019, the limited financial resources were invested only in the replacement of highly critical equipment. We believe the tool can be reproduced in hospitals in low and middle-income countries.

PP499 Disinvestment Supported By A Hospital-Based Health Technology Assessment Unit: A Case Of A Teaching Hospital In Brazil

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Introduction. The Hospital de Clínicas de Porto Alegre (HCPA), a public teaching hospital, has a Hospital-based Health Technology Assessment (HB-HTA) unit to support the decision-making process on technology incorporation, rationalization or disinvestment. In 2017, the plastic adhesive drape was standardized at HCPA for use in cardiovascular, digestive, orthopedic, and neurological surgery for the purpose of preventing surgical site infection (SSI). This study evaluated whether the plastic adhesive drape technology is more effective than the no adhesive drapes in the surgical procedures in which it is used in the HCPA, so as to support the medical board's decision regarding the rationalization of use.

Methods. The primary outcome was the surgical site infection rate (SSI). Searches were performed in PubMed, Cochrane and national and international health agencies: World Health Organization (WHO), National Institute for Health and Care Excellence (NICE), Centers for Disease Control and Prevention (CDC), Society for Healthcare Epidemiology of America (SHEA), Brazilian National Commission for the Incorporation of Technologies (CONITEC) and Brazilian National Health Surveillance Agency (ANVISA) databases. The search strategy combined terms related to the technology and types of surgery in which it is used in the HCPA. The quality of the included studies was assessed. Additionally, data on technology utilization and costs in the hospital were analyzed.

Results. Technology assessment followed AdHopHTA project recommendations. Data from the hospital showed that the technology has been used in fifteen surgical specialties, different from the proposed incorporation, with a progressive increase in consumption from 2017 to 2018. The literature review included a systematic review with seven clinical trials, which concluded that the plastic adhesive drape lacks benefits, with potential for increased risk of SSI. The evidence was of moderate quality.

Conclusions. The expenses associated with the use of the technology were considered unjustified as it is not reimbursed by the Brazilian Ministry of Health and its disinvestment was recommended. The Medical Board approved the disinvestment of the technology based on the evidence found by the HB-HTA unit, and the medical staff complied with the decision.

PP501 Inclusion Of Key Stakeholders' Views When Developing A mHealth Assessment Tool: Focus Groups And Health Consensus Results

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Introduction. The Agency for Health Quality and Assessment of Catalonia (AQuAS) is developing an evaluation tool for mobile health (mHealth) solutions to be used by health technology assessment (HTA) agencies and evaluation experts. In order to have a practical and comprehensive tool taking into account the particularities and challenges of mobile interventions, we considered the views and opinions of key stakeholders. The objective was to present the final selection of general aspects (dimensions) to be assessed in the evaluation, as well as the specific items (criteria) to be included in each of these topics, as a result of different co-design approaches with health professionals, developers, hospital managers, HTA agencies and patients.

Methods. A list of criteria used for health apps evaluation were drawn from a literature review. The initial list included eighty-nine criteria items grouped in nine domains. Those criteria and domains were discussed during four focus groups (FG). The importance of the criteria that were not considered as mandatory were later rated through a Delphi online sub-study, in a scale from one to six points, taking as consensus value when median value (median 6, Interquartile range, 0–1) was reached.

Results. FG reduced domains and criteria from nine to seven and from eighty-nine to thirty-three, respectively. Most mandatory criteria were related with security, user experience, and clinical effectiveness. Fifty-seven individuals (53.7% of 106 invited to participate) were registered in the online platform (50.1% women, 68.4% 35–64years old and 42.1% from HTA agencies). From fifty non-mandatory criteria under consensus, ten criteria reached consensus (most from solution's content and health problem covered domains) concluding with a 43/7 criteria/domain tool.

Conclusions. Insights from main stakeholders on the content of the tool for mHealth assessment were considered through the FG and Delphi technique. The dimensions of security and privacy, clinical effectiveness, solutions' content, technological aspects, users' experience and costs were considered mandatory. The dimension related to the impact on the organization was appraised as a secondary domain for evaluation. A workshop with AQuAS research team and HTA external researchers will help to define: the assessment methods (type of instrument,

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