

hospital-assisted patients from the following therapeutic areas: surgery (orthopaedic, cardiac and urologic), cardiology, oncology, gastrointestinal bleeding, abnormal uterine bleeding, hemodialysis, inflammatory bowel disease and pregnancy. Model inputs were obtained from Portuguese national health databases and literature review. The public health impact was measured in life years (LY) gained, disability-adjusted life years (DALY) reduction, hospital length of stay (LOS) and 30-day readmission rate reduction. The economic value was expressed in total and hospitalization costs savings.

RESULTS:

A total of 384,704 patients were eligible for PBM strategies. We estimated that a one year nationwide PBM implementation could avoid 594 premature deaths, representing a gain of 1,481 LY and a reduction of 3,660 DALYs relative to the current paradigm. An 8.4 percent and 37.3 percent reduction in length of stay and 30-day readmission rate are expected, respectively. This corresponds to EUR70.4 million savings in hospitalization costs. Although PBM closer monitoring would imply additional physician visits and medicines use, leading to EUR24.1 million in additional expenditure, in this population the overall PBM implementation can generate net savings of more than EUR67.7 million per year (6.3 percent reduction of public expenditure).

CONCLUSIONS:

The implementation of a nationwide PBM in Portugal may represent a great public health impact, especially in decreased mortality and disability, with substantial public expenditure reduction.

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OP86 Identifying Surgical Procedures Of Low Or No-Added Value In Spain

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INTRODUCTION:

There is an increasing interest in divesting activities, giving rise to several initiatives both academic and governmental to identify and address one of the problems of health systems. In 2013 the Spanish Atlas of Variability in Clinical Practice (VPM) in collaboration with the Spanish Network of Health Technology Assessment (HTA) Agencies started a project with the purpose of providing elements to support a national strategy aimed at minimizing the use of doubtful procedures in the Spanish National Health System (1).

METHODS:

The identification, selection and definition of low added value procedures and the determination of the most cost-effective alternatives were carried out jointly between the AtlasVPM group and the HTA agencies of Andalusia (AETSA), Catalonia (AQUAS), Galicia (Avalia-t), Basque Country (Osteba), Madrid (UETS) and Aragon (IACS). The process consisted of the following phases: (i) Literature review; (ii) Preliminary list of procedures of dubious value; (iii) Analysis of feasibility and construction of the indicators (variability); and (iv) Empirical validation of the defined indicators. Different lists and sources of evidence were used to identify the procedures and evidence that support their low-value.

RESULTS:

The synthesis of the evidence gave rise to an initial list of fifty-nine procedures of doubtful value that could be classified as: obsolete or outdated procedures in comparison to more effective / cost-effective alternatives (n = 31), procedures of doubtful value

when used outside their main indication (n = 17) and procedures for which the evidence around effectiveness was still insufficient (n = 11). With the advice of clinical experts and coders, the original list was reduced to seventeen procedures and after some adjustments to thirteen.

CONCLUSIONS:

Identifying procedures of low-added value is a complex task and is context dependent. Literature could be useful to identify a preliminary list but the analysis of the clinical practice, its variability and reasons that justify it are required to determine which procedures are good candidates for disinvestment.

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OP89 Using Economic Evidence To Set Priorities In Ghana: The Case Of Malaria

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INTRODUCTION:

Malaria remains the number one cause of morbidity and mortality in Ghana. Since 1961, several malaria control strategies have been adopted, some of which were discontinued due to funding. In spite of the numerous malaria control strategies in place, its prevalence continues to rise. Priority setting using economic evidence has been proven to ensure efficient use of resources in a cost-effective manner (1). This study, therefore, sought to examine economic evaluation studies conducted on malaria in Ghana and their influence on malaria control policies.

METHODS:

A systematic search was conducted in databases including Medline and Embase to identify relevant Malaria economic evaluation studies conducted in Ghana up to December 2016. Malaria control policies formulated in Ghana over the years were also reviewed. The economic studies were examined alongside the policies to establish their influence on them.

RESULTS:

A total of eight studies were identified, all of which were conducted in response to a global directive on malaria control and funded by international agencies. All studies were cost-effective; five evaluating preventive measures and the remaining evaluating treatment. The studies used different methodological approaches, rendering the comparison between alternatives impossible.

Most malaria control initiatives are funded by international agencies, hence its abandonment when funding ceases. Although the majority of economic studies addressed some of these policies, none of them directly influenced their adoption. These policies were rather influenced by global malaria control initiatives. Also, malaria chemoprophylaxis; demonstrated as cost-effective by three studies, is not on the Ghana malaria control policy (2,3).

CONCLUSIONS:

To ensure sustainability of malaria control strategies and subsequently reduce its prevalence, Ghana must invest financially into economic analysis for formulating and implementation of these policies. Also, the use of economic evidence by policy makers can be promoted, should researchers adopt a methodological guideline for its conduct that ensures comparability of results.

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