

## Oral Presentations

### OP06 Evaluating Public Health Interventions: A Neglected Area In HTA

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**Introduction.** Public health (PH) interventions are crucial for ensuring sustainable healthcare infrastructures. Nevertheless, they represent a neglected area in HTA due to various methodological issues and their complex design that goes beyond clinical setting. Our study provides an environmental scan of HTA initiatives related to the assessment of PH technologies on a global level.

**Methods.** The Initiative for Public Health Outcomes Research and Measurement (INPHORM) interest group has conducted a survey among European and international societies, health bodies and networks during September 2018. The questionnaire evaluates what kind of PH technologies and/or interventions have been evaluated in the last five years, or are planned for the future.

**Results.** Our preliminary findings from November 2018 indicate a total of 94 initiated and 44 completed surveys. Among the completed ones, the majority of respondents came from European countries (36%), followed by North (30%) and South America (16%) countries. Sixty-eight percent of institutions reported engagement in any aspect of HTA in the area of PH (N = 30). Medical aspects of the PH technology are considered by 83 percent of the institutions, followed by organizational impact (67%), economic evaluation (60%) and societal consequences (60%). An average of four PH technologies has been evaluated by the responding institutions in the last five years. In reference to methodological aspects, 90 percent of institutions used a classical HTA approach for evaluating PH interventions, while 40 percent used budget impact analyses. Among the barriers for reaching a decision, conflicting stakeholder priorities, lack of data and clear methodological frameworks were most commonly cited.

**Conclusions.** Data analysis is currently on-going and final results will be presented during the Cologne meeting. This study will allow to raise awareness about the importance of PH interventions in HTA, identify existing gaps and propose future methodological developments.

### OP10 Approaches To Gain Reimbursement For Medical Devices In Germany

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**Introduction.** Medical devices (MDs) differ regarding their risk class (I to III), operational area (in-, outpatient), intended use (diagnostic, monitoring, intervention), and with regard to available clinical evidence. Therefore, the market access processes as well as the approach of gaining reimbursement differ significantly. From a variety of potential approaches the underlying analysis illustrates five MD-specific processes.

**Methods.** Based on a systematic search of publicly available regulations the main pathways of potential reimbursement for MDs were evaluated.

**Results.** MDs to be used in the in-patient setting can be divided into three categories: an innovative MD (a) is exceeding a current reimbursement framework (German Operations and Procedures Key (OPS) / diagnosis related groups (DRG)), (b) falls within an existing reimbursement rate, or (c) the MD is based on a known mode of action (MoA) for which already adequate reimbursement exists. Due to less empirical data from MDs for a) and b), a health technology assessment (HTA) is required before inclusion in a DRG, whereas a MD with known concept (c) will be grouped into existing price structures. Initiators of these processes are hospitals through a so-called NUB application. MDs entering the outpatient sector are covered by another reimbursement catalogue (EBM/GOÄ) and have to pass an assessment by the G-BA (rapid HTA) if based on new MoA (d). Such an assessment can only be initiated by

respective umbrella organizations of service providers (e.g. KBV (National Association of Statutory Health Insurance Physicians)). MDs not being positively recommended by the G-BA are not reimbursable. For MDs (e) with known MoA no HTA is required.

**Conclusions.** For a successful market launch including sufficient reimbursement not only the market potential, but also the specific regulatory pathways have to be considered carefully. New and innovative MDs in the outpatient sector may have a longer application process to gain a positive reimbursement decision than MDs used in inpatient setting.

## OP14 Progress In Use Of Telerehabilitation For Persons With COPD

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**Introduction.** Telerehabilitation shows promise in many fields though strong evidence of benefit has been limited. We reviewed progress in the use of telerehabilitation for persons with chronic obstructive pulmonary disease (COPD). A challenge in caring for persons with this condition is the ability to achieve high levels of patient participation and compliance with rehabilitation processes.

**Methods.** Relevant publications were identified through literature searches from November 2009 to May 2018. We selected those that described studies of telerehabilitation in the management of COPD and reported clinical or administrative outcomes. Study quality was assessed using an approach that considers both study performance and study design. Judgments were made on whether the telerehabilitation application had been successful, if reported outcomes were clinically significant, and if further data were needed to establish the application as suitable for routine use.

**Results.** Twenty-five publications, on 26 studies, were selected. Twelve were of high or good quality. In 11 studies the telemedicine application was successful. Nine studies had unsuccessful applications, and for six studies success was unclear. Further data before routine use would be required or desirable for all successful applications. In many studies there were difficulties associated with availability of skilled mentors, motivational support for patients and access to reliable remote monitoring and communication technology.

**Conclusions.** Various types of telerehabilitation are potentially helpful in the management of COPD. Availability and access to these technologies should improve. However, in management of this clinically challenging condition their use must be linked to suitable training and education of patients with COPD and timely support for them from healthcare professionals.

## OP15 Use Of Digital Health Information Among HIV Populations In Uganda

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**Introduction.** Cellphones can be used to support treatment and disseminate health information. Literature has shown an unmet need for information for people living with human immunodeficiency virus (PLHIV) and others affected by the epidemic. The World Health Organization (WHO) emphasizes the incorporation of cellphones as a tool to support HIV adherence and information dissemination. We sought to assess rates of utilization of health information provided through the Call for Life Uganda (CFLU) platform among HIV-positive individuals.

**Methods.** CFLU uses the Mobile Technology for Community Health (MoTeCH) software Call for Life™ developed by Janssen and adapted to the Uganda setting in collaboration with Infectious Diseases Institute (IDI). It offers daily pill reminder calls/sms, health info tips; symptom reporting and clinic appointment reminders. CFLU was used in a randomized control trial (RCT) undertaken to improve outcomes in HIV patients providing information categorized into Antiretroviral therapy (ART) and adherence, positive living, general health, pregnancy, breastfeeding, and sexuality. We used data from the RCT between August 2016 to June 2018 to generate frequency distributions and gender differences regarding utilization of health information.

**Results.** From a total of 300 respondents receiving the CFLU intervention, a majority were: females (70%), aged 16 to 35 years (62%), married (74.7%), had attained secondary and higher education (57.3%); and employed (67.7%). Overall, 255/300 (85%) utilized at least one of the health-tips categories. Participants utilized mostly general health information 211/300 (70%); followed ARTs and adherence 173/300 (57.7%); pregnancy and breastfeeding 137/300 (45.7%), sexuality 113/300 (37.7%), and positive living 98/300 (32.7%). Gender differences were noted regarding ARTs and adherence utilization with higher percentage of females to males (61% vs 50%) and for sexuality, a higher percentage of males to females (41.6% vs 33.3%,  $p < 0.05$ ).

**Conclusions.** The findings indicate that when availed with platforms for health-related information, PLHIV populations will utilize them mostly for adherence. We recommend increased incorporation of such technologies to disseminate information in this key population.

## OP16 Assessing The Viability Of Medical Equipment Procurement In Hospital

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**Introduction.** ABC-VEN analysis is an easy method of clinical and economic analysis on the costs of drug coverage and an important tool for monitoring and ensuring the rational use of medicines. However, this methodology is difficult to apply in assessing the viability of medical equipment procurement