

standard treatment in patients with diabetic foot ulcers. The effectiveness measure was quality-adjusted life years (QALYs). We ran extensive sensitivity analyses, including a probabilistic sensitivity analysis.

RESULTS:

Sixteen RCTs and four observational studies were included for the effectiveness and safety meta-analysis. The primary outcome was the proportion of chronic wounds completely healed: 143 patients out of 334 (42.8 percent) were cured in the standard treatment arm and 251 patients out of 375 (66.9 percent) in the PRP arm, relative risk (RR) 1.68 (95% CI: 1.22–2.31). It was unclear whether there was a difference in the risk of infection (RR 0.53, 95% CI: 0.10–2.71) or adverse events (RR 1.05, 95% CI: 0.29–3.88) between PRP and standard care. Three studies were considered for the cost-effectiveness analysis. In the base case analysis, PRP led to higher QALYs and healthcare costs with an estimated incremental cost-effectiveness ratio (ICER) of EUR 41,767 (USD 48,323)/QALY.

CONCLUSIONS:

PRP treatment is more expensive and more effective than standard treatment. The estimated ICER is above the acceptability threshold in Spain.

PD43 Value-Based Procedure For Updating The Italian Health Benefit Package

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INTRODUCTION:

In Italy, the central government sets the health benefit package (denominated “Livelli Essenziali di Assistenza” - LEAs) of the National Health System (NHS), which must be provided to all residents. In 2004, the Italian Ministry of Health established a new technical body, the National LEA Commission, responsible for updating LEAs.

METHODS:

Recently, the Ministry has commissioned to the National Institute of Health (NIH) the development of a new

value-based procedure for updating the health benefit package for the Italian NHS, supporting the National LEA Commission. A review and comparison of value frameworks and decisional models was performed in order to select a framework and a model that can be applied to the Italian context, design an administrative process for the update procedure, and propose approaches for: (i) the assessment of services currently included in the health benefit basket and of those planned to be incorporated, (ii) the process of appraisal and decision-making to be adopted by the Commission.

RESULTS:

The NIH outlined an evidence and value-based three-step (i.e. priority setting, assessment and appraisal) administrative process that integrates roles and responsibilities of the different Italian healthcare institutions involved in LEA updating and HTA.

CONCLUSIONS:

The NIH is proposing to the Ministry of Health and to the National LEA Commission a new evidence and value-based procedure for updating the health benefit package for the Italian NHS. This procedure is entering a pilot phase in which potential gaps can be identified and minimized for its subsequent implementation.

PD44 Multi-Comparator Incremental Cost-Effectiveness Ratio: A New Framework For Cost-Effectiveness Analysis

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INTRODUCTION:

Current practice in cost-effectiveness analysis (CEA) involves the estimation of the incremental cost-effectiveness ratio (ICER) between a new intervention and one alternative comparator reflecting the standard of care. As this focuses on pairwise comparisons, rather than considering the whole range of available alternatives at any given time, this method fails to capture the full impact of bringing the new intervention to market.