therapeutic appropriateness and adherence to guidelines are the only way to try to contain costs. The hope is that, in this new year 2017, new biosimilar drugs are approved that would make, at least for the naïve subjects, more sustainable management of these diseases.

PP009 Quality Assessment In A Clinical Setting: A Look Upstream From Health Technology Assessment

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INTRODUCTION:

Health Technology Assessment (HTA) has various areas of application, one of which is quality improvement activities in clinical settings. Using patients' satisfaction as indicator of quality of care can inform the 'needs assessment' of a clinical deparment.

The principal aim of this study is to quantify patients' satisfaction with the anesthesia services received perioperatively at our hospital, including physical discomfort and anesthesia care. To this end, we asked the following question: "In adult patients who undergo day surgery at our hospital, what is the level of satisfaction with the anesthesia services received perioperatively?" A second aim is to discuss how quality assessment and HTA can intertwine.

METHODS:

This is a quality assessment study, using a patient self-administered survey method.

We included all patients who had a day-surgery at our hospital and we excluded those who cannot understand English or French, who present cognitive barriers, and those who were admitted the same day.

Patients were recruited postoperatively in phase II of recovery, using a nonprobability convenience sampling method. We used a validated questionnaire which addresses the two dimensions of anesthesia care related our research question: (i) physical discomfort and (ii) satisfaction with anesthesia care. We added to this questionnaire, a supplemental question to measure satisfaction with preoperative anesthetic care. Parallel to this, we also gathered the data routinely collected by the recovery nurses during a 24 hour postoperative patient follow-up.

RESULTS:

We collected data from November 2015 to February 2016. A total of 156 questionnaires was completed. Two respondents (1.3 percent) said they were 'unsatisfied' or 'very unsatisfied' with the anesthesia care they received in general and thirty-six (23 percent) said they were 'satisfied'. The most frequently reported physical discomfort symptoms were: thirst (78 percent), pain (72 percent), drowsiness (68 percent), cold (58 percent), and sore throat (54 percent).

CONCLUSIONS:

Our study suggests that, while reporting patients' level of satisfaction regarding various aspects of the anesthesia care they received, such quality assessment study can identify gaps in the use of existing methods and technologies and help in acquisition prioritizing.

PP011 Covering New Medical Devices With Low Cost-Effectiveness Evidence

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INTRODUCTION:

The Korea National Health Insurance (K-NHI) has covered medical devices with low cost-effectiveness evidence by what is known as the Selective Benefit (SB) since December of 2013 as a type of conditional

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coverage. Most medical devices in the SB category are new technology and have higher levels of clinical effectiveness and/or functions than those in the benefit category, but they are characterized as being expensive. We compare the K-NHI medical device coverage system to those in Japan and Taiwan so as to be more informed about how to cover and set prices for new medical devices.

METHODS:

We searched for materials related to medical device coverage or the reimbursement systems of three countries (Korea, Japan, and Taiwan). National health insurance laws, policy reports, and the websites of the Ministries of Health of the respective countries, for instance, were also reviewed.

RESULTS:

The NHI systems of Korea, Japan, and Taiwan have several similarities with regard to their medical device benefit lists. They reimburse listed medical devices separately although they cover them basically by including procedures or a diagnosis-related group (DRG) fee. The K-NHI reimburses for medical devices with low cost-effectiveness using the actual market medical price, similar to other medical devices in the benefit category. However, there are no detailed rules regarding how to set prices for these devices. Every listed medical device is covered at the notified price in Japan, but the prices of new medical devices with improved functions can add 1 -100 percent of the price to the notified price. The prices of devices related to new medical procedures are determined by cost-accounting methods. The NHI service in Taiwan compensates for medical devices which are alternates but clinically improved types through a balance billing method.

CONCLUSIONS:

The NHI systems in Japan and Taiwan set prices with regard to reimbursements for new medical devices separately, specifically for devices which are advanced clinically or functionally but expensive. The K-NHI must consider establishing a pricing or reimbursement system for new medical devices through the discussion with stakeholders for reasonable reimbursements and decreasing the financial burden on the K-NHI.

PP012 Efficacy And Safety Of The ELIPSE Gastric Balloon For Weight Loss

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INTRODUCTION:

Conventional gastric balloons for weight loss require endoscopy for placement and removal. The ELIPSETM is a new gastric balloon designed for weight loss that is swallowed and does not require endoscopy or anesthesia. The device is designed to remain in the stomach and be expelled after a predetermined time of 4 months. The objective of this work is to assess the efficacy and safety of the ELIPSETM procedureless gastric balloon for weight loss.

METHODS:

The ELIPSETM procedureless gastric balloon was identified by the early Awareness and Alert System, "SINTESIS-new technologies," of The Instituto De Salud Carlos III (AETS-ISCIII). An early assessment of the technology was conducted. The searched databases were: MEDLINE (PubMed), Centre for Reviews and Dissemination, and the Cochrane Library. Clinical studies using the device published in any language until 10 January 2017 were reviewed.

RESULTS:

A prospective, non-randomized, open label study supported by industry was retrieved. Thirty-four patients were enrolled. Six patients treated with an experimental device were excluded. Twenty-eight patients successfully swallowed the device. No endoscopy or anesthesia was required. All devices were excreted safely. Of the twenty-five patients finally

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