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USE OF ECONOMIC EVALUATIONS OF HEALTH TECHNOLOGIES IN DUTCH HEALTHCARE DECISION-MAKING: BARRIERS AND FACILITATORS

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OBJECTIVES: This study aimed to provide insight into the current and potential use of economic evaluations in Dutch healthcare decision-making and to identify barriers and facilitators to the use of such studies. **METHODS:** Interviews containing semi-structured and structured questions were conducted among Dutch healthcare decision-makers. Responses to the semi-structured questions were analyzed using a constant comparative approach. For the responses to the structured questions, summary statistics were prepared. **RESULTS:** Sixteen healthcare decision-makers from the macro- (national), meso- (local/regional), and micro-level (patient setting) were interviewed as well as two health economic experts. Decision-makers' knowledge of economic evaluations was only modest, and their current use appeared to be limited. Nonetheless, decision-makers recognized the importance of economic evaluations and saw several opportunities for extending their use at the macro- and meso-level, but not at the micro-level. The disparity between the limited use and recognition of the importance of economic evaluations is likely due to the many barriers decision-makers experience preventing their use. Such barriers include a lack of resources, methodological factors, lack of consensus-based willingness-to-pay thresholds, lack of relevant economic evaluations, public resistance, incentives to treat, ambiguity about the physicians' responsibility for improving the efficiency of healthcare, and a limited ability to shift resources between sectors. Possible facilitators for extending the use of economic evaluations include educating decision-makers and the general population about economic evaluations, presenting economic evaluation results in a clearer and more understandable way, providing incentives for using economic evaluations, and improving the reliability, consistency, and transparency of economic evaluations. **CONCLUSIONS:** This study demonstrated that the current use and impact of economic evaluations in Dutch healthcare decision-making is limited at best. Therefore, strategies are needed to overcome the barriers that currently prevent economic evaluations from being used extensively, and recommendations will be provided as to what those strategies could be.

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SUCCESS RATE OF INCLUDING MEDICINES TO THE REIMBURSEMENT SYSTEM IN SLOVAKIA

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OBJECTIVES: The aim of this work is to evaluate the success rate of including medicinal products to the reimbursement system after the adoption of new drug legislation in December 2011. **METHODS:** We assessed the inclusion of drugs to the reimbursement system based on data published on the Ministry of Health website. We evaluated the success rate of reimbursement applications in the period from 1.1.2012 to 30.6.2015. We analysed separately the successful and unsuccessful proceedings, the success rate of proceedings in individual therapeutic groups, as well as the development of the success rate of the inclusion of drugs over the monitored period. With unsuccessful proceedings, we assessed the shortcomings in pharmacoeconomic analyses given in the decisions. **RESULTS:** In the evaluated period a total of 178 applications were registered for the inclusion of new drugs to the reimbursement system. Of these, 55 cases (30.9%) concerned drugs that in the Budget impact analysis showed the need for an increase in expenditure. In 79 cases, a new active substance was included, with the remainder comprising fixed combinations, new strengths, forms and packaging. A total of 127 applications were successful (71.35%). In the case of applications with an budget impact, the success rate was 60%. In the case of unsuccessful submissions, in 58.8% the reason for non-inclusion was the pharmacoeconomic analysis and the most common shortcomings concerned the selection of analysis (13.7%), selection of comparator (11.8%) and incorrect calculation of output parameters (11.8%). The highest inclusion success rate was seen for drugs in the ATC groups M, V and D, while the lowest was for drugs in groups H, L and S. **CONCLUSIONS:** The success rate for inclusion of new drugs is relatively high in Slovakia, but the majority of included drugs do not require higher healthcare expenditures. The most frequent reason for non-inclusion of a drug was shortcomings in the pharmacoeconomic analysis.

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USE OF HEALTH SERVICES IN BRAZIL: A SYSTEMATIC REVIEW AND META-ANALYSIS OF PREVALENCE STUDIES

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OBJECTIVES: To estimate the prevalence of health services use in Brazil. **METHODS:** The protocol of present review is available at PROSPERO (CRD42015016648). A structured search for population-based surveys was performed in MEDLINE, EMBASE, Scopus, LILACS, SciELO and Brazilian theses repository. Selection of studies, data extraction and critical appraisal processes was completed by two independent reviewers. Methodological quality assessment included random sample, unbiased sampling frame, sample size, standard for measures, unbiased assessors for outcomes, response rate, subgroup analysis and description of subjects. In STATA, results of similar studies were grouped in meta-analysis of random effects and their heterogeneity was investigated by a model of inverse variance. All results were stratified by recall period and health service (dental or medical consultation or hospitalization). **RESULTS:** The search recovered 1,312 references. Fifteen articles and five national surveys were included. The studies presented good methodological quality. They were made between 1995-2015 and, mainly, in the southern region. 829,941 people were interviewed about the use of dental services in the past 360 days, of which 32% (95% CI 22.7-41.9%) responded positively. 70% (95% CI 64.9-75.1%) of 710,703 subjects visited a doctor in last 54 weeks. Finally, 10.4% (95% CI 9.5-11.3%) of 695,072 respondents report hospitalization in previous 12 months. All results were

statistically heterogeneous. **CONCLUSIONS:** Medical doctors were more requested than dentists and hospitals. The use of health services was more concentrated in developed areas. The pooled results of meta-analysis suggest representativeness of Brazilian population for the last decade.

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HURDLES THAT IMPEDE ECONOMIC EVALUATIONS OF HEALTH CARE INTERVENTIONS TESTED BY GENERAL PRACTITIONERS IN FLANDERS: A QUALITATIVE STUDY

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OBJECTIVES: Four hurdles associated with economic evaluations in health care interventions were identified and examined in a previous published literature review. These hurdles include (i) 'Ignoring the impact of condition-specific outcomes', (ii) 'Ignoring the impact of QoL externalities', (iii) 'Calculation of costs from a too narrow perspective' and (iv) 'The lack of well-described & standardized interventions'. This study aims to determine how healthcare providers experience and deal with these hurdles in practice and what solutions or new insights they would suggest. **METHODS:** Fourteen general practitioners (GPs), who were participating in a health care intervention in Flanders, were interviewed about the four described hurdles in a semi-structured way. A thematic framework was developed to enable the qualitative analysis. **RESULTS:** The interviews revealed a clear need to tackle these hurdles. GPs confirmed that more condition-specific outcomes in economic evaluations are needed, especially in the field of mental health and stress. The proposed dimensions for the condition-specific questionnaires varied however between the GPs. With respect to QoL externalities, GPs confirmed that health care interventions have an impact on the environment of the patient (friends and family). There was however no consensus on how this impact of QoL externalities should be taken into account. Besides health care costs, the impact of health care interventions on work productivity, the patients' social life (culture, sport) and other items such as traffic accidents must be incorporated to provide an overall picture. Standardization appears to be of limited added value for most of the interviewed GPs because they need a certain degree of freedom to interpret the intervention. Lack of time has been claimed by GPs as the biggest issue for standardization of health care interventions. **CONCLUSIONS:** This qualitative research demonstrated that these hurdles occur in practice and contributes to improve the methodological quality of economic evaluations of health care interventions.

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ASSOCIATION BETWEEN DEPRESSION AND DISCONTINUATION WITH ANTIDIABETIC DRUGS

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OBJECTIVES: Adherence to antidiabetic treatment is a crucial issue in type 2 diabetes management. Depression negatively influences adherence to self-care recommendations, such as diet, physical activity and drug therapy. The objectives of this study are to measure the association between depression and discontinuation with antidiabetic drugs (ADs), among new users of oral antidiabetic drugs (OADs) and to estimate factors associated with discontinuation among these new users with depression. **METHODS:** We used administrative claims data of the public health insurance plan in Quebec, Canada, to identify an adult cohort (≥ 18 years) of new OAD users free of depression between 2000 and 2006. We followed patients from OAD initiation up to AD discontinuation, ineligibility to the public drug plan, death, or the end of the study, i.e. December 31, 2008, whichever came first. A Cox regression model with depression as a time-dependent variable was used to compute the adjusted hazard ratio (AHR) of discontinuation. A Cox regression models was used to identify factors associated with discontinuation in the sub-cohort of patients with depression. **RESULTS:** We identified 114,366 new OAD users, of which 4,808 were diagnosed with depression during follow-up. The median time from OAD treatment initiation to discontinuation was 2.4 years: 55.4% of patients with depression versus 44.5% without depression discontinued their treatment during follow-up. The AHR of discontinuation with ADs was 1.52 (95% confidence interval [CI]: 1.41-1.63). Among the 4,808 patients with depression, independent factors associated with discontinuation included starting treatment with other drugs than metformin (especially polytherapy with insulin), being prescribed the first OAD by a specialist (vs a general practitioner), and younger age at OAD initiation (<45 years). **CONCLUSIONS:** Patients with depression are more likely to discontinue their treatment. Physicians should target patients at risk for discontinuation in order to improve persistence with antidiabetic drugs and diabetes management.

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EFFECTIVENESS OF A COMMUNITY-BASED FALLS PREVENTION PROGRAM FOR THE ELDERLY

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OBJECTIVES: With the ageing of the Singapore population, the incidence of falls and its consequences will increase unless effective interventions are implemented. This evaluation assesses the effectiveness of the Stepping Out program in preventing falls, improving overall physical performance, general well-being and falls efficacy. **METHODS:** Stepping Out is a 52-week program for community-dwelling elderly residents. Participants were risk-stratified prior to receiving physical exercises, education, and referrals to healthcare providers and community partners. The first 3-months were supervised by nurses and physiotherapists, and the next 9-months by community volunteers. The evaluation utilized a prospective cohort design with waitlisted controls. Eligible participants were invited into the program one year before receiving the intervention, during which data collected for that