RESULTS: A substantial share of the variance (around 20%) was related to the hospital level. Preliminary results suggest that supplementary fees had a borderline significant positive impact on DES use. Further hospital characteristics also had a significant impact on the use of DES (p < 0.05), as well as area characteristics.

CONCLUSIONS: There appears to be a small influence of supplementary fees on the use of DES, further hospitals' area characteristics might be of higher importance than patient characteristics when influencing the diffusion of technologies to financial incentives only would fall too short.

PM65 SYSTEMATIC REVIEW OF STUDIES OF THE EFFICACY OF NEGATIVE PRESSURE THERAPY FOR COMPLEX FOOT WOUNDS IN DIABETIC PATIENTS

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OBJECTIVES: Systematic analysis of the available studies of the clinical effectiveness and safety of negative pressure therapy, as compared with traditional courses of treatment, in complex foot wounds in diabetic patients. METHODS: A bibliographical search was performed using the following databases: Embase.com, Medline and Cochrane Library, covering from 2000 until the present. The following descriptors and key words were used: diabetic foot, negative-pressure wound, vacuum-assisted closure and diabetic ulcers. The Jadad criteria were used to determine the quality of the clinical trials. The studies selected were randomized clinical trials that featured patients older than 18 years, with complex ulcers, postoperative wounds, or wounds resulting from the amputation of the foot, with a control group comparing negative pressure therapy with conventional therapies (saline solution, alginate or hydrophilic substances). The treatments were applied every 48 hours. A total of 12 studies, of which only 7 were pertinent, were selected. Two independent reviewers extracted the information and determined the methodological quality of the selected studies. RESULTS: Of the 7 studies selected (539 patients), 5 involved patients with postoperative wounds and 2 used the same group of patients. One of the two studies involving ulcers of the foot was limited by its simple size (N = 10). The methodological quality of the studies is moderate-low. CONCLUSIONS: The evidence supports the effectiveness and security of negative pressure wound therapy for complex foot wounds in diabetic patients. Given that it is unlikely that further research will change this positive appraisal (despite the moderate-low quality of the studies analyzed, its cost profile and the absence of adverse effects) it is possible to make a strong recommendation in favor of the therapy.

PM66 DEMAND FOR ROUTINE FOLLOW-UP VISITS FOR CARDIAC IMPLANTABLE ELECTRICAL DEVICES (CIED) IN GERMANY AND THE UNITED KINGDOM

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OBJECTIVES: Based on clinical trial evidence, remote follow-up (FU) has been recommended for replacing in office visits routinely scheduled to monitor device functionality (e.g., implantable cardioverter defibrillators, ICD) and heart rate variability. However, FU services for CIEDs are mandatory to ensure device functionality and monitoring. Given that it is unlikely that further research will change this positive appraisal (despite the moderate-low quality of the studies analyzed, its cost profile and the absence of adverse effects) it is possible to make a strong recommendation in favor of the therapy.

PM67 THE COST-EFFECTIVENESS OF TRANSCATHETER AORTIC VALVE IMPLANTATION IN ELDERLY PATIENTS WITH SEVERE AORTIC STENOSIS WHO ARE CONTRAINDICATED FOR CONVENTIONAL SURGICAL AORTIC VALVE REPLACEMENT IN THE UNITED KINGDOM

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OBJECTIVES: To assess the cost-effectiveness of transcatheter aortic valve implantation (TAVI) versus medical management (MM) for severe aortic stenosis (AS) in elderly patients with excessive surgical risk. METHODS: A Markov model was developed as a tool for survival, quality-adjusted life-years (QALYs) and medical costs, in elderly patients in the UK with severe AS and excessive risk for conventional aortic valve replacement (cAVR). Incremental cost-effectiveness ratios (ICERs) were estimated as cost per QALY-gained, from the National Health Service (NHS) perspective, over 3 years. Clinical and utility outcomes over the first year were derived from published results of a head-to-head randomized controlled trial comparing transcatheter femoral TAVI and MM. Base-case analyses assumed no additional procedure-related adverse events after the first year—not including re-hospitalizations due to cardiovascular events—and constant treatment-specific mortality after the first year. RESULTS: Incremental cost-effectiveness ratios (costs vs. QALYs) were £26,100 per QALY gained from the University Health Economics, Inc., Waltham, MA, USA, 2Tufts University School of Medicine, Boston, MA, USA, 4Abbott Vascular, Santa Clara, CA, USA

OBJECTIVES: The objectives of this study were to: i) evaluate, from a global perspective, the importance of decision-making processes, roles of individuals involved, and physicians' and administrators' beliefs about future decision making for the adoption of cardiovascular devices and medical technologies; and ii) determine which clinical and health economic factors decision makers consider the most influential and what types of data they use when making decisions. METHODS: We surveyed cardiovascular physicians and hospital administrators in the US, UK, Australia, France, Germany, and Japan using a web-based questionnaire. Respondents were asked about their involvement in and opinions on the decision-making process in their institutions, and the role that clinical and economic data play in influencing decisions. Chi-squared tests were used to test for statistical differences between physicians and hospital administrators (all countries combined) and across countries. RESULTS: The questionnaire was completed by 151 physicians and 154 administrators across the six countries. Thirty-seven (81%) physicians and 31 hospital administrators responding from each country. Physicians, followed by hospital administrators, were most frequently responsible for making decisions, but respondents believed influence would shift towards committees in the future. Physicians (78%) and administrators (81%) believed costs would more heavily influence decisions in the next 5 years. Approximately half of hospital administrators consulted economic data often when making device adoption decisions. Use varied somewhat by country with most frequent use by both physicians and hospital administrators in the U.S., U.K., and Australia. CONCLUSIONS: Physicians’ and hospital administrators’ involvement in the decision-making process for implantable cardiac device adoption varies in many countries, with committees and administrators assuming more important roles. While clinical data is most influential to the decision process, the impact of health economic data seems to be growing.

PM69 TREATMENT OF URINARY TRACT INFECTIONS IS COMMON AMONGST PATIENTS IN CATHETER-DEPENDENT BOUTONNIERE CATHETERISATION

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OBJECTIVES: To collect real-life data from a Swedish setting on treatment patterns and frequency of urinary tract infection (UTI), amongst patients in presumed need of chronic, intermittent catheterisation. METHODS: We used the CEBRax database, which combines data from a public claims database for the South-West region of Sweden, comprising around 1.5 million individuals, with national Swedish registers on drug utilisation and mortality. We identified two sets of patients; Population I: spinal injury, in addition to neurogenic bladder, and Population II: self-catheterisers. RESULTS: The frequent use of prophylactic treatment in the spinal injury population pointed to an increased need for chronic, intermittent catheterisation. METHODS: We used the CEBRax database, which combines data from a public claims database for the South-West region of Sweden, comprising around 1.5 million individuals, with national Swedish registers on drug utilisation and mortality. We identified two sets of patients; Population I: spinal injury, in addition to neurogenic bladder, and Population II: self-catheterisers. RESULTS: The frequent use of prophylactic treatment in the spinal injury population pointed to an increased need for chronic, intermittent catheterisation.