OBJETIVOS: O programa Desfechos caracteriza-se como um centro de coleta de dados que tem como principal objetivo mensurar o desfecho clínico e qualidade de vida periódica de pacientes pós alta hospitalar. O programa trabalha em conjunto com os Programas Integrados na disponibilização de informações com foco nos indicadores de resultado. Este trabalho irá apresentar o Programa Desfechos e os dados coletados (jan/2011-jan/2015), em diversos períodos de seguimento pós alta hospitalar. **MÉTODOS:** Estudo transversal, retrospectivo, a partir da análise quantitativa dos dados. Neste estudo foram realizadas ligações telefônicas utilizando o instrumento EQ-5D para medir qualidade de vida. O método utilizado foi o Time Trade-Off (TTO). O estudo foi realizado no Hospital Israelita Albert Einstein (HIAE), um hospital geral, privado, de alta complexidade. **RESULTADOS:** Realizamos 16.479 ligações telefônicas e obtivemos 10.985 (67%) de contatos com sucesso. Na coleta dos dados de qualidade de vida, os pacientes apresentaram a média de TTO: 0,546 antes do procedimento ou alta hospitalar e após 6 meses, apresentou TTO:0,814. No follow up coletamos 268 (9%) informações de óbitos. Os principais motivos de censuras foram: insucesso após 4 tentativas (30%); dados cadastrais desatualizados (1%) e recusas (2%). **CONCLUSÕES:** É essencial que as organizações de saúde avaliem de maneira eficaz os desfechos clínicos e estado funcional de seus pacientes após alta hospitalar. Desta maneira será possível avaliar a qualidade da assistência prestada, identificar as reais necessidades de seus pacientes e assim, melhorar a utilização dos recursos e sistemas de saúde.

PMS11

SUBJECT RECOMMENDATIONS FOR IMPROVING THEIR COMPLIANCE AND ENGAGEMENT IN COMPLETING DAILY ELECTRONIC DIARIES IN OSTEOARTHRITIS CLINICAL TRIALS

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OBJECTIVES: Clinical trials for osteoarthritis (OA) are increasingly using electronic methods to collect patient-reported outcomes (ePRO). As use of this technology increases, it is important to consider patient preference in questionnaire design. The purpose of this study was to determine optimal use/compliance for subjects completing daily ePRO diaries on handheld devices. **METHODS:** 104 subjects with OA were surveyed in the US. Subjects were asked to assume that they were using a handheld electronic device to complete questionnaires in a clinical trial. Subjects were given examples and asked about their preferences for improving their compliance and engagement in the technology. **RESULTS:** Subjects were 37 to 90 years old and 58% female. 62% reported that they would like to see a "thank you" screen at the end of each questionnaire. 78% thought it would be helpful or necessary to regularly receive a graph to track and monitor their symptoms. 92% preferred to see their progress as they completed a questionnaire. 70% of subjects said they would like the first screen of the questionnaire on the device, summarizing questionnaire length/estimated completion time. Subjects were asked if being informed by the device that their compliance was below expectations would motivate them to complete a daily questionnaire. The majority of subjects (76-80%) indicated that this information would motivate them, 13-15% indicated this would have no impact on their motivation, and less than 9% indicated such messaging would be discouraging. **CONCLUSIONS:** Subjects with OA were motivated by knowing their compliance in completing a daily questionnaire. Specifically, subjects preferred a diary screen summarizing questionnaire length/completion time, tracking their progress through a questionnaire, and "thank you" messages upon questionnaire completion. Subjects were interested in tracking and monitoring their health status. Investigators should consider including these design elements for use with ePRO assessments in clinical trials.

PMS12

EVALUACION SOBRE MEDICAMENTOS Y ACTOS MEDICOS CUBIERTOS FINANCIERAMENTE POR RESOLUCION JUDICIAL- FNR

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Fondo Nacional de Recursos (FNR) creado por ley para asegurar el acceso de toda la población a un conjunto de prestaciones médicas de alta especialización e impacto económico. Basándose en la calidad, asegura la viabilidad económica de sus prestaciones. Adquiere especial relevancia el seguimiento de la situación de los pacientes que han recibido financiación del FNR para la realización de actos médicos o medicamentos fuera del listado de cobertura priorizada a su cargo, como consecuencia de una sentencia judicial que impone al FNR dicha prestación.**OBJECTIVOS:** Analizar coberturas adjudicadas judicialmente. Determinar si corresponden a cobertura no priorizada. Verificar el cumplimiento de las sentencias de condena; el tiempo transcurrido entre la adjudicación y la cobertura; y la sobrevida de los mismos. **METODOLOGÍAS:** Estudio descriptivo a través de encuesta telefónica a los pacientes con cobertura judicialmente determinada, entre 2007- 2014. Sin criterios de exclusión. **RESULTADOS:** En el período se cubrieron 56 solicitudes, 5% no ubicados. 93% sector privado, 95% Medicamentos: Interferón Beta 35,7% (n= 20), Sorafenib 27.5% (21), Bevacizumab y Temozolamida 5.4% (3). Patologías Esclerosis Múltiple y Hepatocarcinoma 35.7% (20), tumores SNC 7.1% (4). La sobrevida de los pacientes fue de 70%. La mortalidad en Hepatocarcinomas fue 94.1% y la sobrevida de 8 meses. En los pacientes con EM fue de 4.34 años, no fallecidos. **CONCLUSIONES:** La totalidad de las solicitudes se encontraban fuera de la normativa del FNR, no contempladas por el FTM ni PIAS. La cobertura fue inmediata a la sentencia, cumpliendo los aspectos técnicos y médicos. Entrevistados mostraron interés y disponibilidad a participar en estudios de estas características. La experiencia demostró la pertinencia de incluir seguimiento periódico a pacientes cubiertos judicialmente.

PMS13

QUALITY OF LIFE IN PATIENTS AFTER TOTAL HIP REPLACEMENT

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OBJECTIVES: The current prevalence of Total Hip Replacement (THR) in adult patients in Slovakia ranges in about 5 200 cases per year with expenditures about 10.545.600 €. The THR has a great impact on the quality of life (QoL) and the physical ability too. Till now in the Slovak Republic was not realised the study like this one. **METHODS:** 118 patients, 59 men and 59 women, with THR were studied. The average age was 62,24 y., the average duration of illness was 7,75 y. and the average waiting time to surgery was 0,73 y. QoL and the taking care about himself (TCaH) was evaluated after THR on the numeric scale from 0 to 10 (0 for the worst, 10 for the best) and pain (0 for the best, 10 for the worst) by patients themselves **RESULTS:** QoL has increased from 4,24 to 6,30 after THR. The ability to take care about himself has decreased from 6,38 to 3,45 after THR. Pain has decreased from 7,85 to 3,32 after THR, and after spa stay from 3,04 to 2,03. The loss of money in productive age patients was 216,63 €. The score of physical health by SF 36 questionnaire was 50,94 points and score of mental health was 65,41 points, the average score was 57,98 points. 35 patients from 45 patients were able to come back to work after THR. **CONCLUSIONS:** THR has a great impact on QoL, pain and on the TCaH too. There was not statistical difference between men and women in all evaluated parameters. The early/earlier made THR could have an important influence on better QoL and pain development. There is a good correlation between results from numeric scale and SF 36.

MUSCULAR-SKELETAL DISORDERS – Health Care Use & Policy Studies

PMS14

CARACTERIZACIÓN DE PACIENTES CON ENFERMEDAD OSTEOARTICULAR DESDE LA PERSPECTIVA DEL ASEGURAMIENTO EN COLOMBIA

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OBJECTIVOS: analizar el comportamiento de pacientes con enfermedad crónica osteoarticular afiliados a una aseguradora colombiana. **METODOLOGÍAS:** a partir de la información de usos y consumos de una aseguradora colombiana para el año 2013, se identificaron todos los pacientes que habían sido atendidos al menos tres veces por servicios ambulatorios o con un egreso hospitalario con diagnósticos asociados a esta enfermedad, que incluyen diferentes tipos de artritis y osteoartrosis, y que fueron identificados de acuerdo con los códigos de diagnóstico. Los pacientes fueron analizados en función de sus variables demográficas, uso de servicios, costos y comorbilidades. **RESULTADOS:** se estimó una prevalencia del 3,75% de enfermedad osteoarticular sobre la población total con una edad promedio de 50,2 años, siendo el 58,93% mujeres. Los pacientes tienen un costo promedio anual en servicios con cargo al plan obligatorio de salud de $1.369.493,20 pesos colombianos, que en total por la carga de pacientes significa el 12,28% del costo total para el asegurador. El 19,39% de estos presenta comorbilidades, siendo diabetes, enfermedad cardiovascular y enfermedades digestivas crónicas las más frecuentes. Además, se estimó que el costo promedio aumenta 1,5 veces a medida que se asocia una comorbilidad adicional. **CONCLUSIONES:** el grupo de riesgo por enfermedad osteoarticular se convierte en un grupo de interés para la gestión del aseguramiento, en especial por la cantidad de pacientes identificados, lo que genera una alta carga de enfermedad. En este caso, esta carga se presenta especialmente en mujeres adultas, y sus costos se potencian con comorbilidades, lo cual hace más importante el control y gestión de la progresión.

PMS15

PATTERNS OF CARE WITH BIOLOGICAL DRUGS FOR ANKYLOSING SPONDYLITIS: REAL-WORLD DATA FROM THE PRIVATE HEALTHCARE MARKET IN BRAZIL

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OBJECTIVES: Ankylosing spondylitis (AS) is a progressive, incurable rheumatologic disease with worldwide prevalence of 0.1-0.5%. Since January 2012, the Brazilian Agency for Supplementary Healthcare (ANS-Agência Nacional de Saúde Suplementar) declared the coverage of intravenous biological drugs (BD) mandatory for patients with AS, rheumatoid arthritis, psoriatic arthritis and Crohn's disease in the private healthcare system (PHS). This study presents real-word data on the patterns-of-care for AS in Brazilian PHS. **METHODS:** We retrieved all requests of BD for patients with AS submitted between January/2012-January/2015 on Evidências-Kantar Health private market administrative claims database. After patient de-identification, data on diagnosis, type of drug, and line-of-treatment were collected. **RESULTS:** BD was requested for 46 patients, 16 males (34.8%) and 30 females (65.2%), mean age of 43.7 years. Drugs requested were: infliximab (39.1%), adalimumab (21.7%), golimumab (19.6%), etanercept (17.4%) and rituximab (2.2%). Most patients (73.9%) were on first-line treatment with BD, 23.9% on second and 2.2% on third-line. Reasons for change in medication were: unsatisfactory response (75%) and adverse events (25%). Based on available information, diagnosis of AS couldn't be confirmed for all patients. For 52.2% AS was the most likely diagnosis, other possible diagnoses were: primary sacroiliitis (17.4%), degenerative spine disease (4.3%), unspecific lumbar pain (4.3%), enteropathic arthritis (4.3%), Reiter's syndrome (2.2%) and seronegative arthropathy (2.2%). In 13% of the cases, lack of information precluded diagnosis. In 4 of 16 cases in which AS was not the most likely diagnosis, patients were already on 2nd or 3rdline treatments due to unsatisfactory response. **CONCLUSIONS:** Choice of BD followed international guidelines for AS. However, almost half the patients could not have diagnosis of AS confirmed, even tough some were already on 2nd or 3rd line therapy with BD. PHS must emphasize the correct use of diagnostic criteria before patients are put on unnecessary treatment with BD.

PMS16

RACIAL DISPARITIES IN TOTAL ANKLE ARTHROPLASTY UTILIZATION AND OUTCOMES

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