a similar number of cycles in the non-cirrhotic for both the simple and complex model. PRM39

PM38 THE COST OF TREATMENT OF THE NEW ANTIVIRAL THERAPIES AGAINST THE HEPATITIS C VIRUS

Kocsis T, Papp E, Nemeth B, Juhasz J

National Institute of Pharmacy and Nutrition, Budapest, Hungary

OBJECTIVE: It is to analyse the costs of treatment of the new antiviral therapies against the Hepatitis C virus (HCV) submitted to the Department of Health Technology Assessment of the National Institute of Pharmacy and Nutrition. METHODS: In our analysis, we examined the cost of treatment with the available interferon (IFN)-based and IFN-free therapies based on the current PUPHA database from the official website of National Health Insurance Fund of Hungary. The cost estimates have been made in two different ways: first, the payer’s view. The first calculation does not take into account the success of therapy as it’s based on the SPC with the assumption of a complete possible length of the treatment. The second calculation method is based on the willingness-to-pay response (SVR) to estimate the cost implications of therapeutic success. RESULTS: Performance-based risk-sharing arrangements should be based on an endpoint which is meaningful both from the payer’s and the patient’s perspective, so it can be measured objectively and which depends primarily on the applied therapy. This endpoint is the SVR rate in the treatment of HCV. The SVR rates were between 34.4% and 95% in the relevant clinical studies. The cost of the therapy ranges between 8.4 million HUF and 31 million HUF, if we do not take into account the SVR rates. The availability of IFN-free regimens allows many patients who could not be treated previously because of medical or psychiatric contraindications or an inability to tolerate IFN to receive treatment. Introduction of these new HCV drugs put a financial strain on the payer. The use of performance-based financing is a way to maintain the balance of the budget.

PM39 RESOURCE USE MEASUREMENT IN TRIALS CONDUCTED IN CARE HOMES: A STUDY OF LEVEL OF AGREEMENT BETWEEN DATA COLLECTED FROM GP RECORDS AND CARE HOME RECORDS

Sach T1, Desborough P1, Houghton P1, Holland R2

1University of East Anglia, Norwich, UK; 2University of East anglia, Norwich, UK

OBJECTIVE: Methodology research focused on resource use measurement has been limited in comparison to the amount of research focussed on measuring outcomes within the economic evaluation context. This study was designed to assess the level of agreement between two different sources of resource use data collected on care home residents. METHODS: The methods were informed by a review of level-of-agreement studies concerned with resource use in older people’s care. In every domain of data collection (electronic records; recorded care home records (paper-based records) on 362 care home residents were obtained as part of the CAREMED cluster randomised controlled trial. Descriptive statistics were explored before assessing level-of-agreement through percentage agreement, 95% limits of agreement, and Lin’s concordance correlation coefficient (CCC). Sensitivity analyses excluded non-users and tested timeframe. Factors affecting the magnitude of difference were explored using multi-level modelling. RESULTS: Several resource items (number of GP, out of hours GP contacts, and if it was done consistently. ICERs were often calculated despite not always being the most appropriate measure. There tended to be considerable uncertainty around data inputs in the majority of economic evaluations. CONCLUSIONS: The methods used to estimate public health interventions in the UK vary, mostly by the type of economic evaluation and the perspective taken. ICERs were not always the most appropriate outcome. Variations in the methods could result in inconsistent recommendations across Public Health Guidance.

PM40 ARE QALYs AN APPROPRIATE MEASURE TO USE WHEN EVALUATING PUBLIC HEALTH INTERVENTIONS IN THE UK?

Taylor F, Lilly A

York Health Economics Consortium, York, UK

OBJECTIVES: Quality-adjusted life years (QALYs) are commonly used in health technology appraisals, including those by NICE in the UK. However, QALYs only include ‘health-related’ quality of life (QOL) which may not apply to interventions that have benefits and costs that fall outside of the NHS. NICE recommends that public health economic evaluations take a cost consequence or cost benefit approach and present a public health or societal perspective. However, it is not clear how or if the costs and benefits that fall outside the NHS should be incorporated into this threshold for cost-effectiveness. The objective of this research was to investigate the measurement of cost and cost-effectiveness in NICE’s published guidelines, particularly in QALYs. The aim was to determine whether the guidelines have criteria that can be applied to this area of public health intervention. METHODS: In this study, we reviewed NICE guidelines to identify the minimum level of detail required for both cost-effectiveness acceptability curves and cost-effectiveness acceptability and cost-effectiveness acceptability curves. RESULTS: Results showed that a range of methodological considerations were used to evaluate public health interventions in the UK, notably by the type of economic evaluation and the perspective taken. ICERs were not always the most appropriate outcome. Variations in the methods could result in inconsistent recommendations across Public Health Guidance.

PM41 BUDGET IMPACT ANALYSIS IN THE UK SETTING – KNOW YOUR AUDIENCE

Beaumampiethy D

WG Access Ltd, London, UK

OBJECTIVES: When developing a budget impact model (BIM) the design stage is key. A particular element which should be carefully considered during the design phase is the perspective and in particular who the audience will be. The objective of this study was to identify who the potential users and healthcare decision-makers may be and what elements should be captured within the BIM to meet their requirements. METHODS: A BIM was conducted in a staged approach. The first stage involved identifying the different types of potential users of a BIM. Following identification of these different users, the next stage of research sought their perspectives on cost-effectiveness and cost-utility and identified a group of key stakeholders. RESULTS: The results indicate that a provider is expected to consider is: what is the incremental cost and resource use implications of providing the intervention in question? What is the incremental cost that will be received for providing this intervention? Whereas, the criteria that a decision-maker is expected to consider is: what is the incremental cost of commissioning the provision of the intervention? Is there any added value in terms of quality, capacity or outcomes? An example of appropriate costs which are aligned with the perspectives of a provider and commissioner would be NHI reference costs and national tariffs, respectively. CONCLUSIONS: Determining the audience of a BIM is crucial in designing a model fit for purpose. Key requirements of a BIM will be dependent on the audience, in particular capturing costs appropriately. Research should be conducted for other countries.

PM42 STRUCTURE OF HEALTH-RELATED DIRECT COSTS IN UKRAINE. THE FIRST STEP OF AN ANALYSIS

Tolbaiev V1, Zaliska O1, Solodkovsky V1, Irynchyn H2, Piniazhko O2

1Guy H, Lee A, Murphy D

MPS Access Ltd, London, UK

OBJECTIVES: When developing a budget impact model (BIM) the design stage is key. A particular element which should be carefully considered during the design phase is the perspective and in particular who the audience will be. The objective of this study was to identify who the potential users and healthcare decision-makers may be and what elements should be captured within the BIM to meet their requirements. METHODS: A BIM was conducted in a staged approach. The first stage involved identifying the different types of potential users of a BIM. Following identification of these different users, the next stage of research sought their perspectives on cost-effectiveness and cost-utility and identified a group of key stakeholders. RESULTS: The results indicate that a provider is expected to consider is: what is the incremental cost and resource use implications of providing the intervention in question? What is the incremental cost that will be received for providing this intervention? Whereas, the criteria that a decision-maker is expected to consider is: what is the incremental cost of commissioning the provision of the intervention? Is there any added value in terms of quality, capacity or outcomes? An example of appropriate costs which are aligned with the perspectives of a provider and commissioner would be NHI reference costs and national tariffs, respectively. CONCLUSIONS: Determining the audience of a BIM is crucial in designing a model fit for purpose. Key requirements of a BIM will be dependent on the audience, in particular capturing costs appropriately. Research should be conducted for other countries.

PM43 CONSTRUCTION OF SIMULATION TECHNIQUES FOR DEVELOPMENT OF OPTIMAL CERVICAL CANCER SCREENING STRATEGIES: EXPERIENCE OF UKRAINE

Solovoi S1, Artemchuk H1, Kovalyuk O1, Dzyublyk I1, Dutchak P1

1P. Skupyn National medical academic of postgraduate education, Kyiv, Ukraine; 2The National University of Kyiv "Kyiv Polytechnic Institute", Kyiv, Ukraine

OBJECTIVES: Quality-adjusted life years (QALYs) are commonly used in health technology appraisals, including those by NICE in the UK. However, QALYs only include 'health-related' quality of life (QOL) which may not apply to interventions that have benefits and costs that fall outside of the NHS. NICE recommends that public health economic evaluations take a cost consequence or cost benefit approach and present a public health or societal perspective. However, it is not clear how or if the costs and benefits that fall outside the NHS should be incorporated into this...