Sensory Systems Disorders – Patient-Reported Outcomes & Patient Preference Studies

PSS36
IMPLICATIONS FOR TIME SAVINGS USING NEW INTRAOPERATIVE MEASURING TECHNOLOGY

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OBJECTIVES: Intraoperative threshold measurement is a part of the cochlear implantation procedure and in the current setting conducted by the clinicians with a standard set-up. The newly released CR220 Intraoperative Remote Assistant is a handheld device and can also be used by someone already in the operating theatre. The aim of this study was to compare the time measurement to the currently used measurement in new CR220 and standard set-up and to investigate from the clinician’s perspective any cost-savings created as a result of time-savings with the new device.

METHODS: Stages of the measurement process are identified and the time measured for each stage during 113 patients’ implantation procedure. A literature review was conducted to identify the reimbursement level of this process in order to translate the time-saving costs to cost savings. RESULTS: When comparing with the clinic stage from the CR220 to the OT, the mean time spent per procedure with CR220 is 8.4% less than the computer set-up (163.7 minutes vs 149.9 minutes). If the measurement is conducted by someone already in the OR, the measurement time is reduced by 95.5% to 6.9 minutes per CR220 (63.7 minutes vs 7.3 min). Literature review revealed that the fee for measurement as €18.99-22.57 per 15 minutes in the US setting and in most of the other settings this procedure is not reimbursed separately but covered under cochlear implantation.

CONCLUSIONS: The analysis showed that considerable time is spent for the clinician to travel to OT and waiting in the OT. This “unproductive” time is not only wasteful, but also means the clinician is not available in the clinic seeing patients where their expert skills are of most value. Moreover, the clinician is either underpaid or is not compensated for the all important time demanding process. The new CR220 gives clinics the opportunity to allocate their limited resources efficiently.

PSS40
ESTIMATING UTILITY DATA FOR PATIENT SYMPTOM SEVERITY IN CHRONIC SPONTANEOUS URTICARIA

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OBJECTIVES: To obtain utility estimates suitable for use in economic models for chronic spontaneous (idiopathic) urticaria (CSU). A patient-completed diary of signs and symptoms which calculates an average daily score over 7 days. Chronic spontaneous (idiopathic) urticaria (CSU).

METHODS: A retrospective study on psoriasis patients aged ≥18 years, naive to a biological agent and a minimum of 6 months of treatment was performed in 5 public health system hospitals in the Balearic islands (Spain) for the period from January 1st 2010 to December 31st 2013. The recorded variables were: sex, age, weight, indication (psoriasis or psoriatic arthritis), discontinuation reason and pharmacy dispensation records. Costs were based on the average wholesale price, estimating annual cost according to the first treatment received. Persistence rates were reckoned taking into account the current therapy and the previously tested drug, or drug and hormone replacement therapy, as evaluated using the method of Kaplan-Meier.

RESULTS: During the study period a cohort of 112 psoriatic patients (57% men) were evaluated: 37 patients with ADA (81 kg, 51 years, 27; mean weight, mean age, and prevalence of psoriatic arthritis respectively), 34 with ETN (82 kg, 25 years, 25%) and 41 with UST (76 kg, 43 years, 19%). The persistence rate at 2 years was, 48%, 62% and 81% and the cost per patient at 2 years was 52,961 €, 40,160 €, and 30,657 € (for ADA, ETN and UST respectively).

CONCLUSIONS: UST showed better overall drug survival compared to ETN and ADA. UST has been the most efficient alternative for the treatment of naive patients and has shown the least budget-impact per persistent-patient at 2 years analysis.

PSS37
DRUG SURVIVAL RATES AND COST OF BIOLOGICAL AGENTS FOR THE TREATMENT OF MODERATE TO SEVERE PSORIASIS IN THE BALEARIC ISLANDS (SPAIN)

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OBJECTIVES: There are few studies combining dose regimen in routine clinical practice, drug survival rates and costs of biological agents for the treatment of naive patients with moderate-to-severe psoriasis in the clinical practice. To assess the dose regimen in routine clinical practice, drug survival rate (perseverance rate) and efficiency (cost per persistent) for etanercept (ETN), adalimumab (ADA) and ustekinumab (UST) in a real practice clinical setting.

METHODS: A retrospective study on psoriasis patients aged ≥18 years, naive to a biological agent and a minimum of 6 months of treatment was performed in 5 public health system hospitals in the Balearic islands (Spain) for the period from January 1st 2010 to December 31st 2013. The recorded variables were: sex, age, weight, indication (psoriasis or psoriatic arthritis), discontinuation reason and pharmacy dispensation records. Costs were based on the average wholesale price, estimating annual cost according to the first treatment received. Persistence rates were reckoned taking into account the current therapy and the previously tested drug, or drug and hormone replacement therapy, as evaluated using the method of Kaplan-Meier.

RESULTS: During the study period a cohort of 112 psoriatic patients (57% men) were evaluated: 37 patients with ADA (81 kg, 51 years, 27; mean weight, mean age, and prevalence of psoriatic arthritis respectively), 34 with ETN (82 kg, 25 years, 25%) and 41 with UST (76 kg, 43 years, 19%). The persistence rate at 2 years was, 48%, 62% and 81% and the cost per patient at 2 years was 52,961 €, 40,160 €, and 30,657 € (for ADA, ETN and UST respectively).

CONCLUSIONS: UST showed better overall drug survival compared to ETN and ADA. UST has been the most efficient alternative for the treatment of naive patients and has shown the least budget-impact per persistent-patient at 2 years analysis.