OBJECTIVES: To test assessment effectiveness, cost-effectiveness, and budget impact of Baroreflex Activation Therapy (BAT) in comparison with optimal medical treatment from a hospital and societal perspective in Spain.

METHODS: Clinical effectiveness analysis was based on studies collected from medical databases and grey literature. Cost effectiveness and budget impact analysis was based on a Markov model using epidemiological data, risk functions and clinical management in Spain. RESULTS: In a simulated cohort of 55-year-old non-smoker Spanish patients with resistant hypertension, BAT significantly reduced the number of heart attacks, heart failures, strokes, end-of-stage renal disease and liver transplantations. BAT produced 119,302; 81,025, 55,915 and 957,511 saving a cost around 168 million Euros. Costs were calculated by lipid control and diabetic status, both at baseline. Resource use categories included hospital admissions, outpatient visits, and cardiac diagnostic tests. RESULTS: Mean cost rates ranged between 1,340-1,880 Euros for Absorb and between 1,310-2,420 Euros for Xience. Mean country-specific per patient cost differences (Absorb minus Xience) were 170 Euros in France, 220 Euros in The Netherlands, 250 Euros in Germany, 420 Euros in Italy, and 540 Euros in Spain. Cost-savings were mainly attributable to the 1.5 unit reduction in mean number of subsequent percutaneous coronary interventions (PCIs) performed in the Absorb arm compared to the Xience group (32 versus 47 per 1,000 population for all country data combined). Regardless of lipid status (lipids < 2.0 mmol/l or lipids > 2.0 mmol/l) and diabetic status at baseline, cardiac-related adverse event costs were reduced with Absorb. Patients with a lipid profile < 75 mg/dl. in the single-use Absorb and Xience groups in 5 countries (France, Germany, Italy, The Netherlands, and Spain). Unit costs from the perspective of the health system were taken from publicly available resources (2014 level). Costs were calculated by lipid control and diabetic status, both at baseline. Resource use categories included hospital admissions, outpatient visits, and cardiac diagnostic tests. RESULTS: Mean cost rates ranged between 1,340-1,880 Euros for Absorb and between 1,310-2,420 Euros for Xience. Mean country-specific per patient cost differences (Absorb minus Xience) were 170 Euros in France, 220 Euros in The Netherlands, 250 Euros in Germany, 420 Euros in Italy, and 540 Euros in Spain.

OBJECTIVES: To estimate the annual cost saving in Spain by using glucose meters with better accuracy. Cost-savings were mainly attributable to the 1.5 unit reduction in mean number of repeat PCIs. Future research is necessary to study total direct and indirect cost and long-term costs of each intervention.

OBJECTIVES: To assess clinical effectiveness, cost-effectiveness, and budget impact of Baroreflex Activation Therapy (BAT) in comparison with optimal medical treatment from a hospital and societal perspective in Spain. The complication risk associated with those false readings is calculated. The resulting incremental cost-effectiveness ratio (€65.000 per QALY) was substantially larger than the one estimated for the Northern European population (7 €800 per QALY). Qualitative results were robust to all-parameter variability assumptions in the cost-effectiveness analysis and clinical data and clinical management have a large weight on cost-effectiveness results.

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