Evidence into new vaccine policies, and the implications of using cost-effectiveness for inclusion in the routine immunization program.

The incremental cost-effectiveness ratio was far beyond the acceptable range (18.3 million yen per QALY). Nevertheless, all the vaccines were equally recommended for inclusion in the routine immunization program.

The findings included reasons why policy makers decided to consider economic evidence in the first place, the importance of external influences, the choice of evaluation methods, the extent to which policy makers actually incorporated the economic evidence into their vaccine policies, and the implications of using cost-effectiveness analyses on the future of Japanese health policy-making.

Hepatitis A vaccine policy process in 6 countries – factors influencing potential adoption

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OBJECTIVES: Until recently, there has not been a global focus on getting hepatitis A vaccine on country policy agendas. Using a vaccine policy adoption framework, we sought to identify drivers and barriers of hepatitis A vaccine adoption in six countries.

METHODS: We applied a four-part framework to identify the public vaccine adoption process and drivers and barriers for hepatitis A vaccine adoption: 1) evidence in support of hepatitis A vaccine adoption; 2) existence of supportive policies; 3) political priority of hepatitis A within the country; and 4) whether or not the stakeholders were empowered and willing to act. Data were collected using a qualitative policy survey and a systematic literature review in Chile, India, Mexico, Russia, South Korea, and Tunisia between November 2011 and March 2012.

RESULTS: The influence of external factors on policy makers’ decisions was more of a concern during periods of economic transition for most countries, and because it is often perceived as a non-serious illness, countries struggle to align all of the factors necessary for adoption. Even where solid data exist, political support is essential to overcome barriers to adoption.

CONCLUSIONS: Hepatitis A vaccine adoption is further complicated by the fact that as countries transition to lower endemcity, the major threat is in older age groups. This trend leads to a subtle shift in stakeholders from the pediatric vaccine community to those more focused on the adult health community.

At local level, inadequate data collection and follow-up process at later stages of life intervene in the timeliness of implementation of vaccination. This affects the support of NIP, inadequate mechanisms at regional and local level to facilitate citizen access to immunisation/vaccination, low patient demand for immunisation at older stages of life. To overcome these barriers a broad-ranging approach based on awareness is required, which includes providing comprehensive vaccine information to policy makers and using information-tracking systems that enable follow up, and HCP education to facilitate information dissemination.

Economical justification of the innovation method of laboratory diagnostic of the structural and functional changes of serum immunoglobulin G and albumin

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OBJECTIVES: The topicality of hepatic complications (SC) in early period after surgery remains very high despite the prophylactic antibiotic. The prediction of SC can be provided by ATA-test (DTE index) by the registration the structural and functional changes of serum immunoglobulin G and albumin.

METHODS: Prospective observational controlled study of typical practice for cancer patients. Inclusion criteria: cancer patients; age – over 18 years, major operations. Exclusion criteria: infarction diseases during 3 months before surgery, benign papillary neoplasms on pancreas, liver and bile ducts; renal and/or hepatic failure. ATA-test was made ones a day during 7 days in patients without SC, 14 days – with SC. Data about direct medical costs was collected via validated cost analysis. Analysis was carried out with methods of descriptive statistic, parametric and non-parametric criteria.

RESULTS: Data on 104 patients were obtained: 11 had SC. Ratio (male:female) was 1.14. Average age – 61.2±5.5 years. Average direct cost DTE in first 2 hours after surgery in patients with SC was 154.7±2.7, without SC – 883.8±3.5. On 7 days cost of medical patient with SC – 883.8±3.5, without SC – 1949.5±11.7. Hospitalization during 36.5 days (7.5 days in ICU), 1537±2.7 medical services; without SC – 592±1.3, 3546±3.9 medicaments, 1309±1.1 hospitalization during 30 days (3 days in ICU), 1149±3.3 medical services. Conclusions: SC can be predicted by ATA-test (DTE index) in first hours after surgery. It provides economy in 10 times for medicines and in 3 times in common direct medical costs.

Modelling staff resource use in ambulatory HIV care

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OBJECTIVES: Information on staff resource requirements for outpatient HIV care is useful for effective planning of the service, especially given the increasing and increasingly complex patient population. The aim of this study was to estimate the staff resources used in the HIV outpatient clinic in Cork University Hospital (CUH).

METHODS: Staff in the CUH HIV outpatient clinic completed time sheets for 198 working days (73% of total time) in 2013. Patient data were not collected, however basic patient characteristics (gender, route of transmission, age > 50 years, Irish nationality, late diagnosis) and clinical information (type of visit and complexity) were included.

RESULTS: Over the study period 83% (167/203) of doctors visiting were female. 46% of patients were 50 years of age or older. Of the 198 days, 14.5% of time spent with each patient by senior doctors was 14.5 minutes, while NCHDs collected, however basic patient characteristics (gender, route of transmission, age > 50 years, Irish nationality, late diagnosis) and clinical information (type of visit and complexity) were included.

CONCLUSIONS: Time spent with patients varies with the experience level of the doctor. Visit length was also affected by the individual complexity of the visit. The results of this study will be fed into a wider study estimating the factors influencing the cost of providing ambulatory HIV care in Ireland.

United states policy implications of generic substitution of human immunodeficiency virus medications

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OBJECTIVES: Increasingly, human immunodeficiency virus (HIV) infection is managed as a chronic condition. Payers in the United States (US) typically manage chronic conditions as cost-effectively as possible. One element of cost containment strategy for pharmaceuticals is the substitution of lower cost generic medications for branded medications.

As generic HIV drugs become available, concerns arise that “de-simplifying” HIV treatment by incentivizing use of generic components of fixed-dose combination (FDC) drugs will lead to poor clinical outcomes. This study evaluated US payers’ likelihood to incentivize patients/physicians from branded FDCs toward a combination of generic single–dose drugs.

METHODS: We conducted targeted research of published literature and payer Web sites to identify information relevant to HIV coverage policies. This informed a discussion guide (CUH).

RESULTS: Payers indicated HIV management is increasingly perceived as...