CONSIDERING ECONOMIC ANALYSES IN THE REVISION OF THE PREVENTIVE VACCINATION LAW: A NEW DIRECTION FOR HEALTH POLICY-MAKING IN JAPAN?

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OBJECTIVES: The evidence of a significant vaccine policy shift can be witnessed not only in the number of new vaccines available in Japan but also in the way vaccine policy is being formulated. In 2010, policy makers decided for the first time ever to commence economic analyses as a reference in their consideration of subsidy allocation. This paper offers a firsthand account of the recent changes in vaccine policies by examining the decision-making process from the perspective of researchers for economic evaluations. METHODS: In order to understand the vaccine policy-making process, we interviewed all the documents that were distributed and discussed during the government committee meetings starting from February 2010 when the revision of the Preventive Vaccination Law was initially proposed to May 2012 when the final recommendations were made. We then created a time-series table to identify drivers and barriers of hepatitis A vaccine adoption in six countries. RESULTS: Economic evaluations were conducted for seven vaccines under consideration for the routine immunization program (Hib, PCV for children and adults, HPV, varicella, mumps, hepatitis B). The findings suggested most of them were cost-effective options. However, for the Hib vaccine, the expected savings was less than the additional costs required (23.8 billion yen increased), and for the hepatitis B vaccine, the incremental cost-effectiveness ratio was far beyond the acceptable range (18.1 million yen per QALY). Nevertheless, all the vaccines were equally recommended for inclusion in the routine immunization program. CONCLUSIONS: The findings included reasons why policy makers decided to commence 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 new 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 vaccines on country policies agenda. 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 the US. RESULTS: Between November 2011 and May 2012, we identified hepatitis A is 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 vaccines in a way that will protect the public. Hepatitis A vaccination policy is further complicated by the fact that as countries transition to lower endemicity, 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. CONCLUSIONS: Although the vaccine adoption process is the same for hepatitis A as for other pediatric vaccines, this study suggests that drivers of hepatitis A vaccine adoption may come from sectors outside the traditional pediatric vaccine community.

BARRIERS UNDERLYING LIMITED UTILISATION OF VACCINES THROUGHOUT LIFE (EUROPEAN ORGANISATION)

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OBJECTIVES: Vaccination constitutes a standard element of public health preventive programmes worldwide; however, majority tend to concentrate on early stages of life. The aim of our study was to present the potential barriers for other populations (e.g., elderly) to fully benefit. The goal of this study was to uncover barriers underpinning limited and inconsistent utilisation of vaccination at all stages of life (lifelong immunization). The population without vaccinations will impact public health. The lack of vaccination impacts on health care priorities; policy decisions undertaken at disease level; national immunization programme (NIP) recommendations based on age and risk; poor influence on policy by public health practitioners; and lack of vaccination advocacy groups, constrained finances to implement effective immunisation programmes at local level, inadequate data collection and follow-up process at later stages of life; planning of immunization program by health care planners (HCPs); lack of structural and operational policies to promote and deliver vaccination at later stages of life; infrequent interactions with the health care system during adulthood; limited and inconsistent information dissemination by HCPs and government; negative message through the mass media; public attitude towards the risk posed by vaccine preventable diseases. CONCLUSIONS: Three main barriers of vaccine exist: low institutional facilitation to recommend vaccination as part 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 information to patients, researchers, and policy makers on the importance of vaccination. Public health authorities need to adopt 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 PROTEINS IN PATIENTS OF THE KIDNEY DISEASES.

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OBJECTIVES: The topicality of septic complications (SC) in early period after surgery remains very high despite the antibiotic prophylaxis. The prediction of SC can be provided by ATA-test (DTE index) by the registration the structural and functional changes of serum proteins in patients of medical departments. METHODS: Prospective observational controlled study of typical practice for cancer patients. Inclusion criteria: cancer patients; age > 18 years; major operations. Exclusion criteria: infarction diseases during 3 months; severe surgery; sepsis (end stages). The patients were divided to 2 groups: 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 interviews with patients. Analysis was performed with methods of descriptive statistic, parametric and non-parametric criteria. RESULTS: Data on 104 patients were obtained: 11 had SC. Ratio (male:female) was 1.1:4. Average age – 61 ± 12.5 years. Average DTE index in first 2 hours after surgery in patients with SC was 15.4 ± 2.7, without – 8.8 ± 0.09. In case SC it didn’t increase till normal meanings (60-175%) during 7 days. Direct medical cost of patient with SC – 8883$: 5352$ – cost for medicines, 1949$: hospitalization during 36.5 days (7.5 days in ICU), 1537$: medical services; without SC – 2902$: 5345$: medicines, 1309$: hospitalization during 30 days (3.5 days in ICU), 114$: 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 (CUIH). METHODS: Staff in the CUIH HIV outpatient clinic completed time sheets for the purposes of this analysis in 2013. Patient data was 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 835 (1275) of doctor visits were recorded. 46% of patients were 45-65 years of age. The average mean time spent with each patient by senior doctors was 14.5 minutes, while NCHDs spent an average of 24.1 minutes per patient. Patient gender, age, route of infection, nationality, late diagnosis and visit type had little impact on the average length and type of doctor visit, but visit length was affected by doctor type and complexity. In addition, clinical nurse specialists saw 62% of patients, and spent 14 minutes on average per patient. 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.