

by expert opinion changed the cost-effectiveness of comprehensive screening.

RESULTS:

At a willingness-to-pay threshold of CHF100,000 (USD99,500) per Quality-Adjusted Life-Year (QALY), comprehensive screening had an 83 percent probability of being cost-effective, with a corresponding NMB of CHF33,451,972 (USD33,284,712) and ICER of CHF7,168/QALY (USD7,132/QALY). Results were most sensitive to the QALYs gained from the treatment model (both treatment and no treatment arms), respective HCV prevalence in the current and comprehensive screening populations, treatment initiation rates, and screening offer acceptance rates. Compared to the current practice of screening high-risk individuals, comprehensive screening is likely to be cost-effective due to the increase in testing rates, which were conservatively estimated in this study. Furthermore, comprehensive HCV screening of prisoners may prove more cost-effective in countries where prisoners are not routinely screened.

CONCLUSIONS:

Comprehensive screening programs could be considered in prison units with a large proportion of high-risk individuals and where detainees are incarcerated for enough time to complete a treatment course during their sentence.

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OP45 Study On Effects Of Community-acquired Pneumonia Clinical Pathway On Antibiotics' Utilization

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INTRODUCTION:

Drug overuse in healthcare settings is common in China. Clinical pathways are tools that provide the link between the best available evidence and clinical practice. This study aimed to determine if the clinical pathway of community-acquired pneumonia (CAP) had effects on the antibiotic use in patients with CAP.

METHODS:

The study was conducted in Shanghai, Hubei Province, and Gansu Province to represent high, middle, and low levels of socioeconomic status in 2015. In each region, three public tertiary general hospitals and three public secondary general hospitals were selected for chart review of antibiotics' utilization in the patients with CAP during 2014. A multilevel logistic regression model was used in the study, with a dependent variable of appropriate utilization of antibiotics (right time, right type, and right combined use) and independent variables of hospital adoption of clinical pathway and patient characteristics (sex, age, severity of disease, and number of comorbidities).

RESULTS:

Twelve surveyed hospitals (66.67 percent) adopted CAP clinical pathways and 354 cases (66.29 percent) were from these twelve hospitals (CP group). Among the total utilization of antibiotics (796 times) in eighteen types of antibiotics used in patients with CAP, the five recommended types of antibiotics accounted for 82.16 percent.

The percentages of cases that got initial antibiotics in time were 90.60 percent in the CP group and 76.11 percent in the non-CP group. The compliance rate for appropriate types of antibiotic utilization was 88.36

percent in CP group, much higher than that in non-CP group (70.22 percent). For 244 cases that used combined antibiotics, the compliance rate for the recommended combinations of antibiotics was 20.12 percent in the CP group, but 1.25 percent in the non-CP group. After controlling patients' characteristics, the patients in the CP group got more appropriate antibiotics than those in the non-CP group.

CONCLUSIONS:

Adoption of the CAP clinical pathway in hospitals can improve antibiotics' utilization.

OP46 Addressing National Health Service (NHS) Priorities: Medtech Innovation Briefings

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INTRODUCTION:

Medtech innovation briefings (MIBs) are intended to support National Health Service (NHS) decision makers and staff who are considering using new innovative medical devices and in-vitro diagnostics. MIBs are produced in support of the NHS 5-Year Forward View, specifically to accelerate innovation in new treatments and diagnostics. This project aimed to evaluate the extent to which published MIBs address national priorities set by NHS England, including in six clinical areas: cancer, mental health, dementia, diabetes, learning disabilities, and maternity.

METHODS:

Data was extracted from eighty-seven MIBs downloaded from the National Institute for Health and Care Excellence (NICE) website including: study design, amount of evidence, date of CE mark, population, cost, manufacturer, device class, publication date, and category of conditions and disease (as prescribed by NICE). Descriptive analysis was done for each variable

and frequency tables were produced for MIBs by disease category.

RESULTS:

Cardiovascular disease (n = 19) and cancer (n = 12) were the two most common conditions addressed by MIB-evaluated devices. The four medical conditions with the fewest MIBs (n = 1 each) were: diabetes, liver conditions, neurological conditions, and fertility, pregnancy and childbirth. Of the eighty-five MIBs with stated device classifications, just over half were Class IIa and IIb devices and 18 percent were in-vitro diagnostics. The earliest original CE mark was 1997, and approximately half of the devices obtained or updated their CE mark after 2010.

CONCLUSIONS:

Chronic conditions such as cancer, cardiovascular disease, and diabetes accounted for 89 percent of total deaths in the UK in 2014, thus, the most commonly published MIBs aptly address these issues. However, MIBs are lacking in five out of six NHS priority areas. There is opportunity for innovative technologies to be reviewed via MIBs and alternative NICE pathways in the areas of diabetes, maternity, mental health, and learning disabilities and dementia.

OP49 Restrictive Versus Non-Restrictive Drug Reimbursement Systems

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INTRODUCTION:

Existing literature shows evidence on the differences in drug reimbursement decisions across countries. These differences are the reason for this study. The main aim of this research is to model the impact of drug reimbursement decisions on health outcomes (that is, life expectancy, healthy life years and mortality rates). In particular, this study is looking at countries that have