artificial intelligence for diagnostics (n=5), point-of-care testing (n=4), companion diagnostics (n=2), wearables (n=2), and remote monitoring (n=1). Initial stakeholder feedback was positive, citing HS reports as being relevant for clinical practice. Some HS reports were also referenced by other policymakers to support regulatory decisions.

Conclusions: In summary, similarities were observed between medtechs identified and assessed by the ACE HS system and the top trending medtech fields identified by CADTH. Additionally, digital health technologies were the largest proportion of technologies identified by the ACE HS system in 2023. This was substantiated by feedback from our key stakeholders, indicating the relevance and value of the ACE HS work.

PD158 Optimizing The Management Of Patients With Mitral Regurgitation Beyond Technological Innovations: A Proposed Set Of Actions

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Introduction: Mitral regurgitation (MR) is the most prevalent valvular heart disease worldwide and is frequently underdiagnosed and undertreated, resulting in a substantial healthcare burden. This project aimed to define an optimized patient journey, identifying specific unmet needs and pain points in the management of MR in Spain, and to propose a set of recommendations that can be implemented at a clinical level.

Methods: Using the Population, Intervention, Comparator, and Outcomes search strategy, a pragmatic literature review was conducted to contextualize the comprehensive management of patients with MR in Spain. Subsequently, a Delphi panel consisting of two rounds of questionnaires was implemented. Unmet needs detected for MR management along the patient journey were validated by a panel of clinical experts incorporating different profiles. A battery of actions to improve the MR patient journey was also gathered (first round), which were then systematically reviewed and prioritized by the experts using hierarchical point allocation methods (second round) based on their relevance and feasibility within the National Health System.

Results: A set of actions was proposed for the following core phases: detection-diagnosis, treatment-decision, treatment, and follow up. Actions for detection-diagnosis should be prioritized since boosting patient referral to specialized centers was considered crucial. Within the treatment-decision stage, experts emphasized strengthening healthcare services communication and training on risk stratification. For treatment, early referral to specialized centers was prioritized. Optimizing follow up required educating patients and relatives on adherence and self-care. Finally, experts supported a common pathway for heart valve diseases such as MR, tricuspid regurgitation, and aortic stenosis. Specifically, they concluded that optimization of tricuspid regurgitation management aligned with the actions proposed for MR.

Conclusions: Altogether, unmet needs and critical aspects in each of the management steps of MR in Spain were detected and an array of potential actions was suggested by clinical experts. The evaluation of such actions resulted in a preliminary strategic plan that can help prioritize interventions and healthcare policies regarding the optimization of the healthcare journey for patients with MR (and other valvulopathies) in Spain.

PD161 Distribution Patterns And Economic Assessments Of Gaucher Disease Therapies In Brazil: A National Health System Analysis (1999 to 2022)

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Introduction: Gaucher disease, an inherited lysosomal storage disorder, requires chronic management with enzyme replacement therapies (ERTs). In Brazil, the Unified Health System (SUS) plays a pivotal role in providing access to such treatments. This study aimed to analyze the distribution and associated costs of medications for Gaucher disease within the SUS, offering a comprehensive view of resource allocation over 23 years.

Methods: Utilizing the TabNet system from the Brazilian Health Ministry, medication dispensation data from 1999 to 2022 were analyzed. In addition, annual and total expenditures on imiglucerase, miglustat, and taliglucerase alfa were evaluated using the Ambulatory Information System and the Hospital Information System databases for a cohort of patients from 2000 to 2015. Demographic factors such as sex, age, self-declared skin color, body mass index, and area of residence were correlated with spending patterns. Trends were contextualized with events that could potentially affect medication availability, such as ministry alerts and regulatory changes.

Results: The dispensation analysis revealed a fluctuating pattern in medication distribution over the study period. The data revealed a peak in imiglucerase dispensation in the mid-2000s, followed by a stark decrease after 2010 that coincided with global shortages. Total costs from 2000 to 2015 reached USD1.138 billion, with annual expenditures averaging USD120,631.15. After 2010 there was a diversification in therapy utilization, with an increase in alternative treatments such as miglustat and taliglucerase alfa.

Conclusions: The study reveals a significant financial burden on the SUS from Gaucher disease treatments and demographic disparities. Trends in the dispensation and costs of ERTs within the SUS are a