PP124 Health Technology Assessment And Feedback For Healthy Workplace Culture In Malaria Care In Low And Middle Income Countries

AUTHORS:

Patrick Okwen (okwen@ebaseafrica.org), Raphael Cheabum, Etienne Che, Joy Ngwemsi Mbunu, Miriam Nkangu

INTRODUCTION:

Malaria is a leading cause of mortality and morbidity in children under five in low and middle income countries (LMICs). Management of malaria in children under five years of age is challenging. One challenge faced by clinical practice in LMICs is lack of evidence to guide practice. This challenge is further compounded by different training backgrounds of team members. In the management of malaria in Cameroon, conflicts usually arise between clinicians, lab technicians and pharmacists resulting in over diagnosis and treatment of malaria. The patient's view is usually not considered. This leads to over diagnosis and over prescriptions for malaria in children under five years of age.

METHODS:

We used the Joanna Briggs Institute (JBI) approach of getting research into practice to organize stakeholder meetings, assess existing evidence in malaria care, develop evidence criteria for management based on levels of evidence, assess the gamut of care for malaria, provide feedback to clinicians and re-assess practice. We used the JBI practical application of clinical evidence system (PACES) and getting research into practice (GRiP) evidence implementation tools in the process to facilitate teamwork, collaboration on evidence and provide feedback.

RESULTS:

A collaborative approach to assessments and feedback including all healthcare stakeholders significantly improved workplace culture of evidence-based care and staff-to-staff relationships as well as staff-to-patient relationships. Over a period of twelve months, we reported eighty-four percent fewer conflicts between staff and ninety-eight percent fewer conflicts between staff and patients. For malaria management, overall criteria showed a thirty-one percent improvement in compliance with best practice recommendations with evidence levels of Grade 1.

CONCLUSIONS:

The project demonstrated that local leadership and evidence-based care can significantly improve practice in resource limited settings.

PP125 Patient-Focused Review Of Human Immunodeficiency Virus Benefit Package

AUTHORS:

John Wong, Stephanie Anne Co (stephanie.a.co@gmail.com), Christine Ingrid Espinosa, Raoul BermejoIII, Wilibald Zeck, Katherine Ann Reyes

INTRODUCTION:

The Philippines has an increasing number of newly diagnosed cases of human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS). In 2010, the Philippine National Health Insurance Corporation (PhilHealth) introduced an Outpatient HIV/AIDS Treatment (OHAT) package to cover the necessary basic healthcare expenses of patients. The objective of this study was to review patients' perspectives on the OHAT package in terms of meeting health needs and providing economic risk protection.

METHODS:

The study was divided into two phases: (i) patient surveys (PS); and (ii) health provider interviews (HPI). The PS focused on the health needs of package utilizers and non-utilizers, specifically their satisfaction with the current package coverage. The HPI focused on key personnel working at treatment hubs to gain insight on the impact of the OHAT package on facility operations, service delivery, and patient care.

RESULTS:

The majority of patients were satisfied with the current package because of the reduced annual out-of-pocket (OOP) costs. However, continuing OOP expenditure was also the main reason for dissatisfaction. This was due to non-uniform provision of services across different hubs, mainly resulting from the unavailability of services and health provider discretion on final package inclusions.

https://doi.org/10.1017/S0266462318002611 Published online by Cambridge University Press

Non-coverage of opportunistic infection (OI) treatment and privacy issues were also noted as causes of dissatisfaction. Claim filing for formal membership requires an employer's signature for proof of contribution. Due to the fear of stigma some members created a second insurance account or shifted to an individual payment type, which increased OOP expenses.

CONCLUSIONS:

The OHAT package has increased access to services and medications for HIV/AIDS patients in the Philippines. Despite increasing package utilization there is still room to improve the package, especially with regard to addressing privacy needs and non-uniform package inclusions, and extending coverage to the treatment of OIs.

PP126 Alfa-Alglucosidase For Pompe Disease: Literature Review

AUTHORS:

Márcia Gisele Santos da Costa (mgisele@gmail.com), Marisa Santos

INTRODUCTION:

Pompe disease is a rare disease, in which therapies are aimed at improving the function of the heart and skeletal muscles, and the quality of life of patients. This review aims to update and evaluate the safety and efficacy of alpha-alglucosidase therapy for treating Pompe disease.

METHODS:

We performed a literature search of Medline, EMBASE, the Center for Reviews and Dissemination, the Latin American and Caribbean Health Sciences Literature, and Cochrane. Publications of the National Institute for Health and Care Excellence and national and international guidelines have been consulted. The quality of the evidence was assessed using the criteria of the Grading of Recommendations Assessment, Development and Evaluation - GRADE. We performed annual cost estimates of alpha-alglucosidase for the treatment of adult and pediatric patients.

RESULTS:

In a randomized clinical trial comparing alpha-alglucosidase enzyme replacement therapy (20 mg / kg) with placebo for 78 weeks, the results favored alpha-alglucosidase (an increase of 28.1 ± 13.1 m in the six minute walk and an absolute increase of 3.4 ± 1.2 percent in forced vital capacity, $p = 0.03$ and $p = 0.006$, respectively). In another systematic review, it was observed that patients treated with alpha-alglucosidase had a mortality rate five times lower than untreated patients (rate ratio = 0.21, 95% CI: 0.11 − 0.41). In a pediatric population with advanced disease, biweekly infusions prolonged survival and survival free of invasive ventilation. The quality of the evidence was classified as very low. The annual treatment costs were USD 296,187.64 (adult patient with 70 kg) and USD 42,312.52 (pediatric patient with 10 kg).

CONCLUSIONS:

The limited available evidence suggests alpha-algalsidase is efficacious in Pompe disease patients with some clinical conditions who do not present negative cross-reactive immune material. The balance between the limited quality of the evidence and the demonstrated benefits is favorable, especially for clinical improvement, reduction of mortality and intangible benefits.

PP127 Issues On The Estimation Of The Opportunity Cost Threshold Value

AUTHORS:

Karla Hernandez-Villafuerte (k.hernandezvillafuerte@dkfz.de), Bernarda Zamora, Yan Feng, David Parkin, Nancy Devlin, Adrian Towse

INTRODUCTION:

There is no consensus on which methods to use to estimate an opportunity cost threshold for the efficient allocation of resources. Researchers have attempted to estimate an evidence-based threshold value, but only a few approaches have been considered and any estimate is currently used by policy makers. This study aims at exploring three assumptions normally applied in the threshold estimation: (i) approaches assume that there is always a displacement involving a loss of health; however, empirical studies suggest that one of the first responses of local health care purchasers is to squeeze greater efficiency out of providers; (ii) to be sure about the appropriate threshold it is necessary to know which

https://doi.org/10.1017/S0266462318002611 Published online by Cambridge University Press