

INTRODUCTION:

Knowledge transfer (KT) of Health Technology Assessment (HTA) results presents numerous challenges, one being the lack of time of busy decision makers. Our hospital-based HTA unit is now part of a large network comprising 100 installations. To bridge the gap between complex HTAs and even more limited time by executive officers and managers, we needed to develop a new approach to deliver effectively key HTA messages. We initiated a new strategy with a report on drug-eluting stent (DES). DES may have the potential to eradicate restenosis and the necessity to perform multiple revascularization procedures subsequent to percutaneous coronary intervention (PCI). However, the technology is expensive and some concerns about safety remain. The second generation of DES stents show promising results in terms of efficacy and safety.

METHODS:

We conducted a systematic review of meta-analyses comparing bare-metal stents (BMS) with second generation DES. Data extracted were used to perform a cost-benefit analysis for our organization. Main findings were illustrated in relation to the strategic plan of our institution.

RESULTS:

As compared to BMS, the second generation of DES is very effective and potentially leads to huge savings. Safety is improved as regard to myocardial infarction, but not to mortality. For our institution, the use of second-generation DES has the potential to reduce waiting lists for a PCI. In an effort to improve clarity of the results and increase knowledge transfer among managers, we developed a new communication strategy involving the six axes considered as strategic by our Chief Executive Officer, namely: university mission, judicious use of resources, accessibility and quality of care and services, to build for and with the staff, and to act for and with the patient and his family. This led to a smart visual scheme directly showing the results in terms of what is important for our hospital. This initiative was very appreciated by managers.

CONCLUSIONS:

Using our institutional strategic plan to communicate our results allowed a greater visibility of HTA activities and was greatly appreciated by managers. This will help in disseminating our results locally and in promoting the utility of HTA.

PP168 Combination Therapy Versus Intensification Of Statin Monotherapy

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INTRODUCTION:

Coronary heart disease (CHD) is the most common cause of mortality globally. The burden of CHD is a challenge for Tunisia causing 27.14 percent of total mortality (1).

Statins are the leading molecules used to prevent CHD in Tunisia. The amount paid by the national insurance fund for statins in 2015 represents 9 percent of total drug expenditures (2).

INASanté has launched a Health Technology Assessment (HTA) study to compare the intensification of statin monotherapy versus a combination therapy for the CHD prevention in patients with moderate to high cardiovascular risk. The aim of this contextualized HTA report is to diminish prescription variability and not justified therapies.

METHODS:

Research was carried out in the following databases: CRD, NICE search evidence, Cochrane, *Belgian Health Care Knowledge Centre (KCE)*, *Canadian Agency for Drugs and Technologies in Health (CADTH)*, *Adelaide Health Technology Assessment (AHTA)*, *Institut National d'excellence En Santé et en Services Sociaux (INESS)*,

Euroscan International Network, National Institute for Health Research (NIHR), Agency for Healthcare Research and Quality (AHRQ) and Haute Autorité de Santé (HAS) from 2006 to 2017. Title, abstract and full text screening were performed by two independent reviewers relying on prespecified eligibility criteria. Critical appraisal of literature was conducted using INAHTA and PRISMA checklists, FLC 2.0 and The European Network for HTA (EUnetHTA) adaptation toolkit. One review from AHRQ was retained.

An adaptation process has been launched. Data on lipid lowering agents intake from key institutions have been gathered and a qualitative study has been started through interviews with thirty-three cardiologists and general practitioners from public, private sector and scientific societies. Interviews have been analysed using NVivo. After results discussion with the working group, the report will be synthesized and validated.

RESULTS:

According to the AHRQ report, all evidence for clinical outcomes were graded insufficient when comparing the therapies. Results on lowering low density lipoprotein (LDL-C) depend on the combination agent Ezetimibe has shown remarkable results (3).

The Tunisian context shows that there is no standardized method to assess the cardiovascular risk according to the preliminary results. The only combination therapy reported is with fibrates, mainly in case of associated hypertriglyceridemia. Ezetimibe has not yet obtained the marketing authorization.

CONCLUSIONS:

There are significant differences between contexts and among practitioners prescriptions. This can be related to the lack of common guidelines and inequitable access to drugs and healthcare resources in general.

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PP170 Health Impact Assessment Of Teleradiology Programs In Disadvantaged Areas

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INTRODUCTION:

Within the Home Radiology service of the Piedmont Region - R@dhome (1) - it was decided to employ a mobile radiological service to allow minor radiological procedures to be conducted in rural areas. Cortemilia (average age of population 51.6 years, population over 65 years 33.6 percent) is situated in Piedmont (Langhe region) and it is about 40 kilometers, with bad roads, from the nearest hospital. For this reason it's important to optimize the potential offered by telemedicine. The purpose of R@dhome is to provide simple radiological services (ambulatory) to vulnerable patients in outpatient settings. The aim of this work was to implement an assessment, based on Health Impact Analysis (HIA) (2,3) criteria, of the health intervention provided by the R@dhome service.

METHODS:

From January 2016 to December 2016 the following were assessed:

- number of patients examined in the local radiological ambulatory service