

PP383 Assessment Of The Implementation Effect Of Health Poverty Alleviation Policy: A Case Study Of Hebei Province, China.

Yuehua Liu (nhdrc_hta@126.com), Chen Chen, Zhao Liu, Fan Zhang, Tiantian Du and Kun Zhao

Introduction. Since the 18th National Congress of the Communist Party of China (CPC), remarkable achievements have been made in poverty alleviation. Over the past five years, the population of people living in poverty had decreased by 68.53million, fallen from 98.99 million in 2012 to 30.46 million at the end of 2017. As an impoverished province, Hebei province has been implementing the CPC Central Committee's guidance in the battle against poverty. In 2016, the government released the Implementation Scheme Plan for Improving the Level of Medical Security and Assistance. The plan introduces multi-layer medical security and assistance mechanisms which covers basic medical insurance, major disease insurance and medical assistance. In 2017, the government formulated the Implementation Plan for the Three-Batch Action Plan on the Health Care Program for Poverty Alleviation in Hebei Province, for people with major disease. Hebei Province has carried out many explorations on the health care program for poverty alleviation, and its effectiveness is a problem worthy of attention.

Methods. Based on data including basic medical insurance, major illness insurance, medical assistance, and other related information, we used descriptive statistics and quantitative methods to evaluate the overall expenditure of the poverty alleviation for Hebei province and the areas under its jurisdiction. Additionally, the expenditure of different levels of medical security system, the medical burden for people facing poverty and the distribution of disease in the population with assistance were evaluated.

Results. The out-of-pocket payment per capita has decreased year by year, and it has dropped to 3% of catastrophic medical expenditure and 20% below the poverty line by June 2018. An imbalanced situation occurred with the implementation, with the more impoverished areas having greater the pressure on medical care and poverty alleviation. For people with medical assistance, diseases with higher population and overall expenditure are cerebrovascular disease, malignant tumor, diabetes and some other chronic diseases.

Conclusions. The health policies for poverty alleviation in Hebei province has achieved a remarkable success, and the medical burden of the poor has been significantly reduced. However, the implementation of the policies in various cities has shown an imbalanced situation, and the poverty alleviation policies need to be further improved.

PP385 Using Common Data Models And Data Networks For Evidence Generation In Health Technology Assessment

Seamus Kent (seamus.kent@nice.org.uk) and Jacoline Bouvy

Introduction. Differences between healthcare datasets in structure, content, and coding systems are widely recognized as significant barriers to generating robust evidence for regulatory and medical decision making. As a result, there is a growing interest in using common data models embedded within large data networks. By standardizing the structure, contents, and semantics of disparate healthcare databases, common data models like the Observational and Medical Outcomes Partnerships common data model (OMOP-CDM) enable multidatabase studies to be undertaken at speed and in a transparent way. To date, little attention has been given to their potential role in health technology assessment (HTA).

Methods. We identify the uses of observational data in generating evidence in HTA, some common analytical challenges faced in their estimation, and the infrastructural, technical, and data reusability constraints that limit its wider use. We discuss where and how the OMOP-CDM could overcome these barriers in relation to different types of evidence requirements.

Results. The OMOP-CDM increases the interoperability of otherwise disparate datasets, allowing reliable evidence to be generated from multidatabase studies at speed and transparently. The current analytical tools are best suited for clinical characterization and population-level effect estimation. Further developments to these tools are required to support analyses common in HTA like parametric survival modeling. Differences in costing methods as well as the structure of healthcare delivery between countries may limit the feasibility and value of standardization.

Conclusions. The OMOP-CDM has the potential to support reliable and timely evidence generation in HTA. The analytical tools should be further developed to support common HTA use cases.

PP387 Budget Impact Analysis Of Adalimumab In The Treatment Of Ankylosing Spondylitis In China

Chengaxin Duan (dcaxin@163.com), Binyan Sui, Kun Zhao, Dandan Ai and Qian Xu

Introduction. Ankylosing spondylitis (AS) is a common disease that causes pain and affects productivity. Tumor necrosis factor- α (TNF- α) like adalimumab can bring better clinical efficacy and improve quality of life. Adalimumab is likely to be covered by health insurance. It is necessary to assess the impact of adalimumab for patients with AS on the medical insurance budget in China. Our research aims to give support evidence for policy-making.

Methods. From the perspective of medical insurance payers, a budget impact model was established to evaluate the impact of adalimumab for the treatment of adults with severe active AS that has responded inadequately to conventional therapy. The time horizon was 5 years (2020–2024). The cost of measurement included drug and treatment costs for adverse events. Scenario analysis was conducted to evaluate the results under different drug price reimbursement ratios and treatment ratios.

Results. Based on the current price of adalimumab (CNY 3,160 [USD 446]/unit), under the reimbursement ratio of 70 percent, adalimumab will increase medical insurance expenditure by