CONCLUSIONS:

MTT and MA have an important impact on health budgets, and are mainly used to treat some types of cancer, cardiovascular disease and autoimmune disorders. These aspects should be considered in the management of drugs in hospitals of high complexity.

PD33 Incorporation Of New Medicines In Brazil: A Descriptive Analysis

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INTRODUCTION:

Health Technology Assessment (HTA) is important to the rational decision in healthcare systems. In Brazil, HTA is carried out by the national commission for the incorporation of technologies in the public system (Conitec), which issues reports with recommendations. This work aims to describe these recommendations and the factors influencing them.

METHODS:

A descriptive analysis was conducted on Conitec's reports of incorporation of medicines between 2012 and 2016. The medicines were classified according to the Anatomical Therapeutic Chemical system (ATC).

RESULTS:

One hundred and twenty-eight reports were assessed. Most requests were issued by the pharmaceutical industry (n=72; 47 percent), followed by the Ministry of Health (n=63; 41 percent). More reports issued by the Ministry of Health had positive recommendations compared to manufacturers (n=22 vs. n=50; $\chi2=30.231$, df=1, $p<0.001$). Other antivirals were the most common class with requisitions (n=16), followed by TNF-α inhibitors (n=14) and selective immunosuppressants (n=12). Other antivirals had the most positive recommendations (n=12; 75 percent), followed by TNF-α inhibitors (n=7; 50 percent) and selective immunosuppressants (n=7; 58 percent). The difference was significant ($\chi2=88.65$, df=63, p=0.02). TNF-α inhibitors was the class with the most negative recommendations (n=7; 50 percent), followed by monoclonal antibodies (n=6; 67 percent). Sixty-two reports contained economic assessments. Fifty-four presented incremental cost-effectiveness ratio (ICER) data and 57 presented the budget impact. Twenty-three reports showed data indicating dominance of the medicine, but only five of these were recommended for incorporation. Drugs for cancer have been recommended despite high ICER values. Decision makers accepted all the recommendations issued by Conitec.

CONCLUSIONS:

Data suggest that the economic evaluation is secondary to the decision of incorporation. The pharmaceutical industry is the largest applicant for the incorporation of medicines, but these requests are significantly less accepted than those made by the Ministry of Health. Conitec's recommendations are well-accepted by policy-makers. It was not possible to determine an implicit cost-effectiveness threshold.

PD34 São Paulo Congenital Heart Corrections: Three-Years' Assist Registry

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INTRODUCTION:

Death from congenital heart disease (CHD) can be avoided, contributing to reduced infant mortality. The objective of this study was to identify the profile of patients undergoing surgical correction for CHD in three São Paulo State hospitals, and to determine factors that contribute to morbidity and mortality.

METHODS:

The Voluntary Pediatric Cardiovascular Surgery Multicenter Registry (ASSIST) was created in 2014 through a Research Grant Program for the Public Healthcare System (Pesquisas para o Sistema Único de Saúde, PPSUS)* project, a federal-state joint strategic

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public policies research grant, coordinated by the Hospital das Clínicas of Faculdade de Medicina of Universidade de São Paulo (InCor-HCFMUSP-SP) and Ribeirão Preto's Hospital das Clínicas, both linked to the São Paulo University Medical School.

RESULTS:

We analyzed 1,842 patients, with an average age of 1.2 (range 0.4–8.6) years, 50.9 percent were male. Procedural complexity was classified as "Risk Adjustment in Congenital Heart Surgery" version 1 score, RACHS-1: 18.2 percent RACHS1, 25.5 percent RACHS2, 41.2 percent RACHS3, 9.6 percent RACHS4 and 5.4 percent RACHS5–6. Overall hospital mortality was 12.2 percent, and preoperative risk factors included: age <30 days (Odds Ratio, OR = 1.7 p = 0.012), prolonged ICU admission (OR = 3.3 p = 0.001). Other significant factors were RACHS score >4 (OR = 5.3 p < 0.001), heart dysfunction (OR = 3.4 p = 0.001), sepsis (OR = 3 p = 0.001), hemodynamic or surgical re-intervention required (OR = 6.2 p < 0.001), cardiorespiratory arrest (CPR, OR = 24.9 p < 0.001) and renal failure (OR = 5.4 p<0.001). The frequency of related morbidity was 16.2 heart failure, 7.1 percent arrythmia, 5.9 percent pneumonia, 5.9 percent pneumotórax, 4.2 percent pleural and pericardial effusion, 10 percent mechanical ventiation > 7 days, 13.2 percent late sternal closure, 2.8 percent had wound infection, 3.7 percent neurological alterations, 2.3 percent diaphragmatic dysfunction, 11.5 percent CPR, 3.2 percent renal failure, 4.5 percent sepsis, 55.1 percent length of hospital stay longer than 5 days with 45.8 percent postoperative hospital admission longer than 15 days and 6.1 percent needed surgical or hemodynamic re-intervention.

CONCLUSIONS:

The information collected in the ASSIST registry was of great importance in the São Paulo State CHD surgical practice evaluation. Morbi-mortality related factors elicited critical points and allowed improvement actions. Excluding age and intrinsic procedure complexity, identified outcome modifier factors can be manageable, aiming to increase patient safety and program resolubility or performance.

PD36 Scoping Of Interventions Of The Philippines' Most Burdensome Diseases

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INTRODUCTION:

In 2016, Global Burden of Disease (GBD) data was used to identify the top twenty percent of disease causes in the Philippines, which happened to account for eighty percent of the burden, following the Pareto principle. This study follows from that initial work, aimed at creating a list of cost-effective interventions recommended for priority-setting to achieve universal health coverage (UHC).

METHODS:

A comprehensive literature review search was done, from global sources such as the Disease Control Priorities (DCP) for Developing Countries Project and World Health Organization's (WHO) Choosing Interventions that are Cost-Effective (CHOICE), and local sources such as clinical practice guidelines (CPGs). Forty-seven local experts from thirty-eight medical societies were also consulted on the applicability, appropriateness, adaptability, feasibility of implementation, ability to maintain fidelity, ease of dissemination, and sustainability of selected interventions in the Philippine setting. Resource requirements were then derived using the WHO OneHealth Tool, CPGs, and key informant interviews.

RESULTS:

A list of 745 interventions categorized by life stages and by level of intervention with estimates of cost-effectiveness was produced. From these, fifty seven percent had cost-effectiveness studies. Primary interventions were found to be the least costly for the pregnant women, newborn, infant, adolescents, adults, and elderly life stages, while tertiary interventions were found to be the least costly for children.

CONCLUSIONS:

The interventions are potential targets for inclusion by policymakers. Additional factors to consider include the appropriateness of the context in which the cost-effectiveness study was conducted, the feasibility of

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