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PP014 Will A Proposed Policy In Japan, Health Gold License, Work?

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INTRODUCTION:

Mr. Shinjiro Koizumi and some younger members of Japan's National Diet suggested a new policy, "Health Gold License" which would introduce financial incentives to encourage population health management, with people receiving medical checkups receiving a reduction in coinsurance from the current 30 percent to 20 percent. In this research, to evaluate the policy, we adjusted confounding factors of those insured who receive medical checkups (Medical-Checkup Group) and those who do not (Non-Medical-Checkup Group) using claims data, and estimated the effect of medical checkups on medical costs.

METHODS:

We analyzed Japanese employee-based claims data provided by the Japan Medical Data Center Co. Ltd. for the 3 million insured from January 2005 to December 2015. Two regression models were developed. Under model A, explanatory variables were year, age, dummy variables for various hierarchical condition categories and for medical checkups. Under model B, explanatory variables were estimated medical costs per patient per month (PMPM) in 2012 and a dummy variable for medical checkups. We also simulated the financial impact if Japan introduced Health Gold License for all insured.

RESULTS:

The coefficients of medical checkups in model A and in model B were -JPY4,816 PMPM and -JPY8,735 PMPM, respectively. The gap of medical costs between the Medical-Checkup Group and Non-Medical-Checkup Group was JPY4,588 PMPM, without any adjustment. If all of those insured received medical checkups, the breakeven coinsurance would be 27.2 percent.

CONCLUSIONS:

The Medical-Checkup Group is less expensive than Non-Medical-Checkup Group by at least 30%, therefore, the break-even coinsurance for them would be 0 percent. However, because most of those insured have already gone to medical check-ups every year, if the coinsurance were reduced from 30 percent to 20 percent for all insured, the finance would be largely negative. The break-even as 27.2 percent, we believe, would not incentivize the Non-Medical-Checkup Group to receive medical checkups. Therefore, the coinsurance reduction proposed under Health Gold License is not fully justified financially.

PP015 Methodological Quality Of Health Technology Assessment Reports

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INTRODUCTION:

Health Technology Assessment (HTA) reports may have a major impact on the health care provided in a country. Hence, one would assume that these reports have a high methodological quality and thus represent a potentially important source of information, for instance, for identifying primary studies for inclusion in the evidence syntheses (for example, systematic reviews, Cochrane reviews, HTA reports). The aim of the present analysis is to evaluate the methodological quality of HTA reports used as a literature source for HTA

reports produced by the German Institute for Quality and Efficiency in Health Care (IQWiG).

METHODS:

Eligible IQWiG reports were assessments of drug or non-drug interventions considering HTA reports as the literature source for primary studies and published up to October 2016. An HTA report included in the IQWiG report was considered in the analysis if it was a complete report published in English or German and indexed in the Health Technology Assessment Database (Wiley) or MEDLINE. Only the most current HTA report in an IQWiG report was considered; if more than one current HTA report was available, the one for inclusion in the analysis was randomly selected. The methodological quality of the HTA reports identified was evaluated with the AMSTAR ("Assessment of Multiple Systematic Reviews") tool (1), which comprises 11 items on methodological quality (meaning a maximum achievable score of 11).

RESULTS:

A total of fifty eligible IQWiG reports using forty-one eligible HTA reports as literature sources were identified. The mean AMSTAR score of these HTA reports was 5.3 (95 percent Confidence Interval, CI: 4.3, 6.2). None of the HTA reports achieved a score of 11, nineteen (46 percent) had a score between 6 and 10, and twenty-two had a score below 6.

CONCLUSIONS:

HTA reports included in IQWiG reports only have an average methodological quality.

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PP017 Social Cost Benefit Analysis Of Cognitive Behavioral Therapy For Alcohol And Cannabis Addiction

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INTRODUCTION:

Due to their chronic nature and high prevalence, alcohol and cannabis addiction leads to a significant (disease) burden and high costs, both for those involved and for society. The latter includes effects on health care, quality of life, employment, criminality, education, social security, violence in the public and private domain, and traffic accidents. In the Netherlands, a considerable number of people with an alcohol or cannabis addiction currently do not receive addiction care. Cognitive Behavioral Therapy (CBT) is effective as a treatment for both alcohol and cannabis addiction and is widely used in specialized addiction care centers. This social cost-benefit analysis (SCBA) models costs and benefits of increasing the uptake of CBT for persons with an alcohol addiction and for adolescents with a cannabis addiction, taking into account a wide range of social costs and effects (1).

METHODS:

The method follows general Dutch guidance for performing SCBA. A literature search was conducted to evaluate efficacy of CBT for alcohol and cannabis dependence. In addition, the social costs of alcohol and cannabis addiction for society were mapped, and the costs of enhancing the uptake of CBT were explored. Costs and benefits of increased uptake of CBT for different social domains were modeled for a ten year period, and compared with current (unchanged) uptake during this period. Compliance problems (about 50 percent of clients do not finish CBT) and fall-back to addiction behavior (decrease of effects of CBT over time) were taken into account in model estimations.