INTRODUCTION:

Guidelines compliance, with *a priori* non-invasive and earlier tests and interventions, depends on access. This study investigates the Brazilian Unified Health System (SUS) outpatient access to nuclear medicine procedures through SUS data comparison with those from the National Commission of Nuclear Energy (CNEN: Comissão Nacional de Energia Nuclear).

METHODS:

Data provided by the SUS outpatient database (SIA-DATASUS) regarding procedures performed from 2013 to 2016 was compared with data from institutions (Nuclear Medicine Services and Cyclotron Facilities) and radioprotection supervisors with numbers certified by CNEN.

RESULTS:

CNEN has authorized 420 nuclear medicine institutions (.20 per million inhabitants) and certified 294 radioprotection supervisors (.14 per million inhabitants), and 1.4 services per supervisor. There are 457 graduated professionals qualified for radioactive sources preparation, use and handling for diagnostic and therapeutic radiopharmaceuticals (.9 professionals / installation). During the last four years, 08 new nuclear medicine facilities were authorized by CNEN. The number of nuclear medicine procedures performed slightly increased in the South, but remained constant in other regions. Annual SUS reimbursements increased by 21.2 percent on average for the 03 PET/CT (Positron emission tomography–computed tomography) adopted procedures: regional analysis showed the Central-West as the highest growth area (70.8 percent), compared to the South (53.4 percent), North-East region (30.8 percent), and the South-East (5 percent). Currently, thirteen Cyclotron Facilities operate in Brazil: South-East (six), South (three), North-East (three) and Central-West (one). Some nuclear medicine procedures largely outnumber the average increase: for example, reticuloendothelial system scintigraphy (513.9 percent), gastric transit scintigraphy (112.8 percent), and thyroid screening with suppression/stimulation test (100.6 percent). However, myocardial scintigraphy (stress and rest) and bone scintigraphy with or without blood flow still correspond to 82 percent of total nuclear medicine *in vivo* procedures.

CONCLUSIONS:

Regional disparity is quantitatively depicted in Brazil and reflects access to SUS nuclear medicine procedures. This denotes a potential for improvements related to nuclear medicine areas, for example developments concerning new PET/CT coverage, new radiopharmaceuticals research, and national and international training.

VP70 Structuring The Process Of Innovation Uptake In Tunisia

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INTRODUCTION:

Tunisia recently implemented a Health Technology Assessment (HTA) agency (INASanté) to inform decisions around health technologies and to improve clinical practice by means of the elaboration of Clinical Practice Guidelines (CPG). However many decisions on new and emerging technologies, their implementation and coverage in the health care system are still taken at the hospital level without any structured process that informs the decisions. The aim of this project was to improve the methods and flow-chart of decision-making processes on innovation uptake in the Tunisia Healthcare System.

METHODS:

By means of the toolkit of EuroScan for the implementation of an early awareness and alert system (EAAS), and its checklist, it was discussed specifically within INASanté the characteristics of the Tunisia Healthcare System and its specificities regarding decisions on drugs and medical devices. The analysis

https://doi.org/10.1017/S0266462317003452 Published online by Cambridge University Press

included the process of innovation uptake at the hospital level and its specific flow-chart. In depth interviews and a devoted workshop were performed with personal in INASanté: two physicians (one involved in CPG elaboration and the second in accreditation), three pharmacists (HTA), one nutritionist (HTA), two librarians and other stakeholders, including the Directorate of Hospitals.

RESULTS:

The uptake of innovations in Tunisia does not follow a structured process. In fact, there is no central purchase of medical devices in Tunisia and most medical devices are purchased by hospitals within a tender process in accordance with the Tunisian public procurement law. The main pitfalls are: lack of awareness around innovations that could impact the system, non-structured process of information sharing among the different decision-makers that promotes inequity in access to technologies and services, and lack of explicit criteria that determine decisions around health technologies.

CONCLUSIONS:

Tunisia requires a structured and informed process on decisions around innovation uptake in the healthcare system. The principles that should govern this system are: anticipation of the impact of new health technologies, establishing priorities and criteria for decision making in all places of decision. The decisions should be recorded and publicly shared to avoid inequities in the access to technologies.

VP71 Health Technology Assessment In Japan: Current Issues And Challenges

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INTRODUCTION:

Japan plans to introduce Health Technology Assessment (HTA) in 2018 after a two-year trial period. Japan currently requires HTA for certain innovative products which may have a large budget impact. Through this trial implementation, the government can examine the criteria of applicable products, the necessary infrastructure to conduct and evaluate HTA, the quality of data content, and localization to meet the current Japanese reimbursement and pricing scheme. However, the pharmaceutical industry in Japan is still puzzled by this introduction. The aim of this study is to visualize the issues and implementation challenges of HTA in Japan through a survey of the pharmaceutical industry.

METHODS:

A semi-structured nineteen-item questionnaire was designed and the survey was conducted through face-to face or phone interviews. Answers were summarized after the interview and confirmed with the respondents via e-mail. The survey focused on pharmaceutical companies which develop new innovative products.

RESULTS:

The differences between Japanese and non-Japanese pharmaceutical companies were observed in terms of HTA staff expertise and experience, the source of HTA data, and relationships with external vendors. Many respondents stated that a sufficient number of HTA professionals in Japan is critical to implement HTA, and raised a concern that the same public experts who are involved in HTA preparation may also review HTA submissions. Although companies are generally pessimistic about HTA for pharmaceutical pricing, they also have some positive views that HTA may be used as an indicator to enable stakeholders to understand product value. Many are unsure about the link between HTA and pharmaceutical prices.

CONCLUSIONS:

If HTA is implemented for an extended number of products, a shortage of experts may cause delays of HTA review and appraisal processes. Consequently, product launch and patient access will be delayed. Practical

https://doi.org/10.1017/S0266462317003452 Published online by Cambridge University Press