respective umbrella organizations of service providers (e.g. KBV (National Association of Statutory Health Insurance Physicians)). MDs not being positively recommended by the G-BA are not reimbursable. For MDs (e) with known MoA no HTA is required.

Conclusions. For a successful market launch including sufficient reimbursement not only the market potential, but also the specific regulatory pathways have to be considered carefully. New and innovative MDs in the outpatient sector may have a longer application process to gain a positive reimbursement decision than MDs used in inpatient setting.

OP14 Progress In Use Of Telerehabilitation For Persons With COPD

David Hailey (dvdhailey@gmail.com) and Risto Roine

Introduction. Telerehabilitation shows promise in many fields though strong evidence of benefit has been limited. We reviewed progress in the use of telerehabilitation for persons with chronic obstructive pulmonary disease (COPD). A challenge in caring for persons with this condition is the ability to achieve high levels of patient participation and compliance with rehabilitation processes.

Methods. Relevant publications were identified through literature searches from November 2009 to May 2018. We selected those that described studies of telerehabilitation in the management of COPD and reported clinical or administrative outcomes. Study quality was assessed using an approach that considers both study performance and study design. Judgments were made on whether the telerehabilitation application had been successful, if reported outcomes were clinically significant, and if further data were needed to establish the application as suitable for routine use.

Results. Twenty-five publications, on 26 studies, were selected. Twelve were of high or good quality. In 11 studies the telemedicine application was successful. Nine studies had unsuccessful applications, and for six studies success was unclear. Further data before routine use would be required or desirable for all successful applications. In many studies there were difficulties associated with availability of skilled mentors, motivational support for patients and access to reliable remote monitoring and communication technology.

Conclusions. Various types of telerehabilitation are potentially helpful in the management of COPD. Availability and access to these technologies should improve. However, in management of this clinically challenging condition their use must be linked to suitable training and education of patients with COPD and timely support for them from healthcare professionals.

OP15 Use Of Digital Health Information Among HIV Populations In Uganda

Maria Nabaggala (mariasarahnabaggala@gmail.com), Agnes Kiragga, Naggirinya Agnes Naggirinya, Elizabeth Oseku, Josephine Akirana, Phillip Oyat, Theresa Pattery and Rosalind Ratanshi

Introduction. Cellphones can be used to support treatment and disseminate health information. Literature has shown an unmet need for information for people living with human immunodeficiency virus (PLHIV) and others affected by the epidemic. The World Health Organization (WHO) emphasizes the incorporation of cellphones as a tool to support HIV adherence and information dissemination. We sought to assess rates of utilization of health information provided through the Call for Life Uganda (CFLU) platform among HIV-positive individuals.

Methods. CFLU uses the Mobile Technology for Community Health (MoTeCH) software Call for Life™ developed by Janssen and adapted to the Uganda setting in collaboration with Infectious Diseases Institute (IDI). It offers daily pill reminder calls/sms, health info tips; symptom reporting and clinic appointment reminders. CFLU was used in a randomized control trial (RCT) undertaken to improve outcomes in HIV patients providing information categorized into Antiretroviral therapy (ART) and adherence, positive living, general health, pregnancy, breastfeeding, and sexuality. We used data from the RCT between August 2016 to June 2018 to generate frequency distributions and gender differences regarding utilization of health information.

Results. From a total of 300 respondents receiving the CFLU intervention, a majority were: females (70%), aged 16 to 35 years (62%), married (74.7%), had attained secondary and higher education (57.3%); and employed (67.7%). Overall, 255/300 (85%) utilized at least one of the health-tips categories. Participants utilized mostly general health information 211/300 (70%); followed ARTs and adherence 173/300 (57.7%); pregnancy and breastfeeding 137/300 (45.7%), sexuality 113/300 (37.7%), and positive living 98/300 (32.7%). Gender differences were noted regarding ARTs and adherence utilization with higher percentage of females to males (61% vs 50%) and for sexuality, a higher percentage of males to females (41.6% vs 33.3%, $p < 0.05$).

Conclusions. The findings indicate that when availed with platforms for health-related information, PLHIV populations will utilize them mostly for adherence. We recommend increased incorporation of such technologies to disseminate information in this key population.

OP16 Assessing The Viability Of Medical Equipment Procurement In Hospital

Andrey Avdeyev (avdeyev.andrey@yahoo.com), Valeriy Benberin, Nasrulla Shanazarov, Maigul Kudaibergenova, Aigul Kaptagayeva, David Hailey, Yenglik Zhumagali, Raushan Magzumova and Larissa Makalkina

Introduction. ABC-VEN analysis is an easy method of clinical and economic analysis on the costs of drug coverage and an important tool for monitoring and ensuring the rational use of medicines. However, this methodology is difficult to apply in assessing the viability of medical equipment procurement

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(MEP) in hospital. Using a combined model of ABC analysis and Multiple criteria decision analysis (MCDA) may be more appropriate to apply to MEP.

Methods. We created five standardized criteria, which present the main results of assessment of the viability of MEP for implementing new health technologies (HTs). These criteria address the following: 1) Novelty/innovation; 2) Comparative clinical effectiveness and safety; 3) Relevance (demand); 4) Economic effectiveness; and 5) Payback period. Based on these criteria we determine the threshold values of priority for MEP: 1) High priority; 2) Medium priority; 3) Low priority.

Results. Using the ABC model and five standardized criteria, we analyzed all proposals from the Hospital units for implementing new HTs connected with MEP for 2018. In total, proposals contained 11 items of ME, among them three items were in group A (27%), two items were in group B (18%), and six items were in group C (55%). All items were high priority for procurement with the exception of one item from group B with medium priority. Items with low priority were not revealed which can be considered as a direct indicator of the operational effectiveness of Hospital-based HTA Unit. Excluding ME with a medium priority from the procurement plan would reduce Hospital costs by 13.5 percent.

Conclusions. Combined ABC and MCDA analysis in the process of assessment the viability of MEP can give the opportunity to make comparative assessment of different types of ME based on standardized criteria; determine the priority for procurement of new ME; and avoid the influence of subjective factors of the managerial decision-making process in hospital.

OP18 A Case Study Of Local Context-Dependent Decision-Making In Health Technology Assessment

Renée Drolet (renee.drolet@chudequebec.ca), Genevieve Asselin, Alice Nourissat, Martin Coulombe and Marc Rhainds

Introduction. Antibiotics impregnated calcium sulfate (AI-CaSO4) is an innovative practice to ensure local diffusion of antibiotics especially in the treatment of prosthesis or medical implants infections. A recent introduction of AI-CaSO4 at CHU de Québec-Université Laval (CHU de Québec) was followed by a rapid increase in use and costs. A hospital-based health technology assessment (HTA) was then requested to assess the clinical relevance of AI-CaSO4 in surgical site infection (SSI) management.

Methods. A systematic review of the effectiveness and adverse effects of AI-CaSO4 was performed in indexed databases and grey literature. The local context analysis included different methodologies: 1) interviews with pharmacists, surgeons and operating room managers, 2) data extraction from electronic patient records (EPR), 3) procurement database on CaSO4, and 4) interdisciplinary working group including orthopedic and vascular surgeons, pharmacists, infectiologists, and hospital managers.

Results. Available evidence suggest that AI-CaSO4 could contribute in the treatment of osteomyelitis whereas no conclusion can be drawn for other medical indications in both treatment and prevention of SSI. A review of 113 surgical procedures showed that AI-CaSO4 was rapidly adopted after only one year and used for various medical indications in neuromodulation, orthopedic and vascular surgery. Osteomyelitis treatment accounted for less than 3% of cases. AI-CaSO4 was mainly used in prevention of SSI (65%) and surgical revisions (74%). Furthermore, local safety issues were raised by a lack of standardization for the preparation and under recording of antibiotics use with AI-CaSO4.

Conclusions. The current state of knowledge does not support the widespread use AI-CaSO4 at CHU de Québec. This study highlights the importance of adapting HTA approach to the local context to influence decision-making especially in the context of innovating practice in order to insure the relevance, safety and sustainability of care.

OP19 Does The HST Represent A Best Practice Model For Ultra-Orphan HTA?

Richard Macaulay, Lok Wan Liu and Erika Turkstra (erika.turkstra@PAREXEL.com)

Introduction. Ultra-orphan therapies (prevalence: <1:50,000) can have trouble meeting Health Technology Assessment (HTA) clinical- and cost-effectiveness criteria, set by HTA bodies to inform reimbursement decision-making, due to low patient numbers limiting the supporting clinical evidence generated and high per-patient prices. Since 2013, National Institute of Health and Care Excellence (NICE) appraise Highly Specialised Technologies (HST) ("for use in the provision of services for rare and very rare conditions") using a distinct appraisal framework. This research compares NICE HST appraisal outcomes with corresponding guidance by other HTA bodies.

Methods. All NICE HST technology guidance was screened (1 January 2013–6 November 2018) alongside corresponding guidance by Gemeinsamer Bundesausschuss (G-BA), Haute Autorité de Santé (HAS), Scottish Medicines Consortium (SMC), and National Centre for Pharmacoeconomics (NCPE).

Results. NICE have published eight HST guidances all with positive recommendations after a median of 21 months (range: 7–38) after European Marketing Authorization (MA). An additional eight HST have guidance in-development despite having European MA for a median of 12 months (range: 2–46) with 5/8 having draft guidance issued, all being "not recommended". Of the 18 HSTs with NICE guidance published/in-development, 29 percent (2/7), and 33 percent (2/6) have been assessed with positive outcomes (definition: "recommended"/"accepted"/"conditional"/"restricted") by SMC, and NCPE, respectively vs. 100 percent (9/9) by G-BA (definition: any additional benefit), and 50 percent (5/10) by HAS (definition: ASMR I-III). Median delays between European MA and positive appraisal outcomes were seven (G-BA), nine (HAS), 12 (NCPE), and 19.5 months (SMC).

Conclusions. Although all NICE HST final guidances to date have been positive, few technologies have completed this process after substantial delays from MA. Other cost/QALY HTA bodies (i.e. excluding the G-BA and HAS clinical-assessment HTAs) have shown low appraisal and recommendation rates for these

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