products; 67 percent of interviewees delivered less than 30 percent of products to hospitals, and only eight percent delivered about 70 percent of the products to hospitals. The providers' infrastructure (warehouses, transport, information technology, cold chain, gross domestic product) were adequately regulated and they adopted a wide list of indicators for monitoring performance. Private providers showed high interest in investing in the hospital sector. On the demand side (56 hospitals from 28 regions) the main weaknesses of SC are related to infrastructure, information technology, human resources, a lack of financial resources and inadequate process control.

Conclusions. The study highlighted extremely limited outsourcing in the hospital field to date, weaknesses in the public system and a high interest of private providers in investing in public hospital SC.

PP156 Reimbursement Of New Treatment Methods In Hospitals: Status In Germany

Ilse-Barbara Oelze (ilse-barbara.oelze@certara.com), Elvira Müller and Kurt Neeser

Introduction. Since 2005, new treatment and diagnostic methods (NUBs) were reimbursed by individual supplementary fees. The assessment procedure for NUBs is induced by hospitals submitting a request for additional compensation of healthcare treatment to the Institute for the Fee System in the Hospital (InEK). In 2016, the legal norm §137h SGB V was introduced to evaluate medical devices (MD) of high risk classes by the Federal Joint Committee (G-BA). InEK grants a status that is valid for twelve months and impacts additional compensation as well as assessment required by G-BA. The effects of this rating seem to differ between hospitals and Statutory Health Insurance (SHI).

Methods. The published InEK decisions on NUBs were analyzed according the decision criteria and possible impact on price negotiations with SHI.

Results. In 2018, 705 NUB requests were assessed by InEK. NUB Status 1, granting negotiation of additional coverage, was assigned to 171 procedures. Status 2 – no additional reimbursement possible - was given in 472 cases, the remaining had not sufficient information. Most NUBs (n = 368) requests did not fall under §137h; however, those with sub-Status "B" (allocated to 12) led to controversies; no participant had requested an evaluation according to §137h for the NUB. Two consultation requests receiving Status 1 B were regarded as not eligible according to § 137h by the G-BA. To avoid price negotiation delays, early consultations according to § 137h are recommended by G-BA during the NUB application.

Conclusions. The NUB process enables hospitals to receive a supplemental payment when using innovative technologies not listed in the existing German healthcare system. The question of which requirements must be fulfilled to guarantee the reimbursement should be asked at an early stage. Consultation requests to the G-BA in due time are strongly recommended. Contact between manufacturers and hospitals are advisable to support the NUB application.

PP159 Is Community Paramedicine A Safe/Effective Alternative To Usual Care?

Bing Guo (bguo@ihe.ca), Paula Corabian and Charles Yan

Introduction. Due to an aging population, shortage of healthcare staff, and escalating healthcare costs, there has been a recent shift in the professional roles and responsibilities in acute care settings to help bridge the care gap. Paramedics, whose primary responsibilities have been in emergency/transportation services, are increasingly involved in the management of chronic diseases in the community setting. However, even with additional training, there are concerns about the safety and effectiveness of this expanded role. The objective of this presentation is to highlight some of the key findings from a health technology assessment report on the safety and effectiveness of community paramedicine in assessing and managing conditions/diseases with low acuity.

Methods. A systematic review was conducted to identify studies that evaluated the safety and effectiveness of different community paramedicine programs.

Results. Four systematic reviews and 20 primary studies (one randomized controlled trial (RCT) and 19 observational studies) were identified. Of these, two systematic reviews and 14 primary studies focused on the safety and effectiveness of Emergency Care Practitioner (ECP) programs – widely implemented programs whereby a paramedic or nurse undertakes activities traditionally performed by physicians, such as the initial assessment of patients, provision of simple treatment, or referral of patients to other clinical care. Limited evidence showed that ECP programs are promising in reducing repeated emergency calls, emergency department visits, hospital admissions/readmissions, and emergency transport charges. While the majority of included studies did not report any safety outcomes, no significant safety issues were identified from the cluster RCT. Evidence for other types of community paramedicine is limited.

Conclusions. Evaluation of the impact of community paramedicine programs remains methodologically challenging. Additional cluster RCTs may help determine the effectiveness of community paramedicine programs; safety outcomes should be a key element of future observational studies.

PP164 Improving Medical Diagnosis Through Advanced Data Analytics Tools

Imanol González-Barcina (imanol.gonzalezbarcina@osakidetza.eus), Aitor García de Vicuña-Meléndez, Ana Santorcuato, Ivan Revuelta-Antizar, Santiago Rodríguez-Tejedor, Borja López-Moreno and Eunate Arana-Arri

Introduction. Current clinical practice is based on guidelines and local protocols that are informed by clinical evidence. This means that clinical variability is reduced, but can lead to inefficient clinical decision-making, and can increase medical errors, decreasing patient's safety. The aim of the EXCON project is to investigate

https://doi.org/10.1017/S0266462319002617 Published online by Cambridge University Press