

**CONCLUSIONS:**

This systematic review addresses the know-do gap on social engagement in health technology development and implementation, from a global perspective, as a way of improving the Brazilian Ministry of Health’s HTA activities and enabling a Brazilian strategy to reform health service delivery. Enabling social engagement as early as possible, during all the stages of the development cycle, grants a more effective and sustainable health care system.

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## PP163 The Cost-Reimbursement Mismatch For Heart Transplant In Brazil

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**INTRODUCTION:**

There is an important mismatch in the number of heart transplants performed and the patients in need of a new heart in Brazil, despite a large public transplant program providing universal health coverage for organ transplantation. It is unclear whether the limited number of heart transplants could be related to the high costs of the procedure and potential underpayment from public agencies. We sought to investigate costs of heart transplant in Brazil from the perspective of a transplant center and to compare results to the values reimbursed by the public health system.

**METHODS:**

All adult heart transplants performed in an academic center from Jul/2015-Jul/2017 were reviewed. Both absorption costing and time driven activity based costing techniques were used to detail costs related to the transplant index admission. Patients’ electronic records were reviewed, involved professionals were interviewed, and the hospital electronic system was queried. Costs associated with infrastructure, personnel, surgical materials, medications, laboratory and imaging were calculated. Brazilian Reais were converted to US Dollars using 2016 purchasing power parity data from OECD.

**RESULTS:**

All 27 patients who underwent heart transplants in the time period were included. Survival at 30 days was 94 percent. Average and median cost for the transplant admission was USD 62,336.27 and USD 47,105.52, respectively, while the current reimbursement value is USD 29,675. The lowest cost accrued by the hospital was USD 21,568.90, while the highest was over USD 300,000. Almost 70 percent of costs were related to personnel and hospital structure and not to direct consumption of medications, exams or materials. Total cost was highly dependent on the length-of-stay, particularly days spent in intensive care units.

**CONCLUSIONS:**

The value currently reimbursed by the public system in Brazil for heart transplants is below the average costs for the procedure in a reference center. This large cost-reimbursement mismatch might limit the increase in the number of transplants that is needed to meet current demands.

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## PP164 Identifying Complications Of Partial Nephrectomy Using Physician Claims

**AUTHORS:**

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**INTRODUCTION:**

Many population-based studies identify surgical complications using hospital discharge abstract databases (DAD). With DAD, however, complications occurring after the discharge date cannot be followed up. This study used physician claims data to identify the complications of partial nephrectomy, and to compare the rates of complications of open, laparoscopic, and robot-assisted nephrectomies.

**METHODS:**

Physician claims, DAD, and ambulatory care data from April 2003 to March 2016 were provided by Alberta Health. DAD and ambulatory care data were used to extract information on patients with kidney cancer who underwent partial nephrectomy. All physician claims within 30 days before and after surgery for the cohort