

PP110 An External Combined Occipital And Trigeminal Neurostimulation Device For Migraine Treatment

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Introduction. Migraine is a multifactorial pathology that affects 12 percent of the world's population. Relivion® MG (Neurolied Inc., USA) is a non-invasive self-administered device for external combined occipital and trigeminal nerve stimulation that has been recently approved for marketing in Europe and the USA. The objective of this study was to conduct an early assessment of the efficacy and safety of Relivion for the treatment of migraine episodes.

Methods. Relivion was identified by the early awareness and alert system, SINTESIS- nuevas tecnologías, of the Agencia de Evaluación de Tecnologías Sanitarias at the Instituto de Salud Carlos III. An early assessment of the technology was conducted by reviewing relevant clinical studies published to 29 September 2021. The literature was identified by searching PubMed, Embase, the International Clinical Trials Registry Platform, ClinicalTrials.gov, and the Cochrane Library.

Results. Two randomized, sham-controlled double-blind trials were found. They assessed side effects and pain relief, response rate, and pain freedom two hours after treatment. One study included 55 patients and the other (the RIME study) included 131 patients. The rate of pain relief two hours after treatment ranged from 60 to 76 percent in the treatment group and from 31 to 37 percent in the control group ($p < 0.01$). The response rate, defined as at least 50 percent pain reduction two hours after treatment, was significantly higher in the treatment group (67 to 70% versus 32 to 42%). The percentage of patients free of pain two hours after treatment ranged from 42 to 46 percent in the treatment group, compared with 11 to 12 percent in the control group ($p < 0.0001$). No notable adverse events were recorded.

Conclusions. Preliminary results indicated that Relivion effectively and safely relieves or eliminates acute migraine pain. However, more comparative studies are needed. The use of Relivion could improve the control of symptoms and improve quality of life in patients with migraine.

PP111 Reimbursement And Payment Models: A Survey Of Stakeholders' Current Experiences And Future Outlook Within The Dutch Policy Setting

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Introduction. The constant evolution of high-priced hospital drugs with large uncertainties are increasingly challenging the sustainability of many healthcare reimbursement systems. Consequently, more attention is paid to exploring innovative payment and reimbursement models that may contribute to sustainable healthcare funding mechanisms yet still ensure timely patient access to health intervention. However, more insight is needed into the experiences of stakeholders involved in making payment and reimbursement arrangements as they may play an essential part in successfully implementing innovative reimbursement and payment models in the future.

Methods. Between May and July 2021, a survey was sent out to Dutch stakeholders directly or indirectly involved in payment and reimbursement agreements. The survey questioned the current use of and future preferences for reimbursement and payment models for high priced hospital drugs using Likert scales. Results were analyzed using descriptive statistics.

Results. Our inquiry shows that currently financial-based reimbursement models are applied most often, especially discounts due to their simplicity. In the future, outcome-based reimbursement models are preferred more, particularly pay-for-outcome. The main challenge for implementation is generating evidence in practice.

Upfront payment is currently the most frequently applied payment model, according to the respondents, whereas delayed payment models are preferred to be applied more often. Particularly payment at outcome-achieved models are preferred but they can be administratively difficult to arrange.

The respondents are moderately satisfied with the payment and reimbursing system in the Netherlands, arguing that especially transparency about the final agreement and mutual trust could be improved.

Conclusions. Despite the preference healthcare payers have for using outcome-based reimbursement models and delayed payment models, currently they are rarely applied. The insights from our survey can provide Dutch stakeholders with future direction when implementing innovative reimbursement and payment models. Attention should be paid to which barriers are currently perceived and how policy structures can facilitate implementation. Further research should focus on exploring which combinations of reimbursement and payment models are most likely to be successful in the Netherlands.