

**Results.** All 23 HB-HTA units answered the questionnaire. Of these, 65 percent had a technology prioritization process. The technologies assessed included drug therapies (73%), equipment (64%), medical devices (64%), clinical protocols (46%), and emerging technologies (27%). The dimensions of health technology assessment (HTA) evaluated by these organizations were: efficacy (76%); effectiveness (67%); safety (67%); costs (52%); cost effectiveness or cost utility (52%); and budget impact (43%). The hospital departments that required more HTA studies were: cardiology (50%); infectious diseases (45%); hospital management (45%); oncology (40%); surgery (40%); and endocrinology (20%). HTA studies supported: incorporation of new technologies (81%); protocol or guideline development (57%); new indications for already approved technologies (38%); and withdrawal of obsolete technologies (29%). Half of the institutions also conducted educational or training activities. The main difficulties reported were a lack of trained professionals (78%), funding (70%), and material resources (48%).

**Conclusions.** For low- and middle-income countries, the process of implementing HB-HTA units remains a challenge. Even though human resources and funding are scarce, HB-HTA units continue to develop. Given their importance in the decision-making process, it is imperative that every effort is made to ensure their activities continue.

## PP100 Unraveling Hospital-Based Health Technology Assessment In Brazil

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**Introduction.** In Brazil, hospital-based health technology assessment (HB-HTA) units have been implemented countrywide since early 2000 to improve decision-making processes. Multiple-criteria decision analysis (MCDA) can provide a deeper understanding of a given subject. The present study used MCDA to evaluate capacity building among HB-HTA units in Brazil.

**Methods.** This study analyzed preliminary data from a survey developed and sent to all HB-HTA units in Brazil in 2018. The survey comprised 116 questions covering a wide range of aspects. Initially, an expert panel was organized, and 46 objective questions (out of 116) were selected by four experts. Next, these experts classified the selected questions by weighting them according to their relative importance. A Likert scale was used to identify the levels of importance, which were converted to weights ranging from zero to one. The experts then defined a final importance score threshold of 60 percent to classify units as fully operational. Grades below this threshold indicated the need for a more detailed evaluation. Of the 80 survey questionnaires, 23 were evaluated by the proposed method.

**Results.** Importance weights for each classification were defined as follows: personnel (25%); level of expertise (31%); work production (31%); and infrastructure (13%). The mean final importance score for the HB-HTA units was 68 percent. The maximum and minimum scores achieved were 95 percent and 15 percent, respectively. The HB-HTA units had been established for an average of 6 years, and ten of the 23 units were classified as fully operational.

**Conclusions.** The multicriteria method presented by this study simplified HB-HTA unit evaluation, reducing the subjectivity of results. Final importance scores for each unit's categories indicated which areas need improvement. Results from the study indicated that infrastructure and personnel could be greatly enhanced, even though the production profile was satisfactory.

## PP103 A Comparative Study Of Catastrophic Health Expenditure In China

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**Introduction.** China has made great achievements in health insurance coverage and healthcare financing. Nonetheless, the rate of catastrophic health expenditure (CHE) in China was 13 percent in 2008, which is higher than in some other countries. There are differences among the provinces in China in terms of the lifestyles, customs, prevalent medical conditions, and health consciousness of their populations. This study aimed to compare the proportion of households with CHE and the factors influencing this expenditure between the Zhejiang and Qinghai province in China.

**Methods.** Data were derived from household surveys conducted in Zhejiang and Qinghai. Sampling was based on a multi-stage, stratified random cluster method. Households with CHE were defined as those with an out-of-pocket payment for health care that was at least 40 percent of the household income. Univariate and multivariate logistic regression analyses were used to identify the factors associated with CHE.

**Results.** A total of 1,598 households were included: 995 in Zhejiang and 603 in Qinghai. The average rates of CHE in Zhejiang and Qinghai were 10 percent and 31 percent, respectively. The economic status of a household influenced the likelihood of experiencing CHE; households headed by an employed person were less likely to experience CHE. In contrast, households that included outpatients or individuals with chronic diseases had a higher risk of experiencing CHE across the two provinces. Poorer or uninsured households in Zhejiang were more likely to experience CHE, as were households in Qinghai that included outpatients or were headed by a person from a minority nationality.

**Conclusions.** This study highlighted the importance of promoting economic development, expanding employment, and adjusting policies to better protect individuals with chronic diseases and outpatients from the risk of CHE. The Chinese government should pay more attention to actual conditions in different provinces to ensure that policy decisions incorporate local knowledge.

## PP107 Harpoon™: A Novel Device For Transapical Mitral Valve Repair

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