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RESULTS:

We analyzed 1,842 patients, with an average age of 1.2 (range 0.4–8.6) years, 50.9 percent were male. Procedural complexity was classified as “Risk Adjustment in Congenital Heart Surgery” version 1 score, RACHS-1: 18.2 percent RACHS1, 25.5 percent RACHS2, 41.2 percent RACHS3, 9.6 percent RACHS4 and 5.4 percent RACHS5–6. Overall hospital mortality was 12.2 percent, and preoperative risk factors included: age <30 days (Odds Ratio, OR = 1.7 p = 0.012), prolonged ICU admission (OR = 3.3 p = 0.001). Other significant factors were RACHS score >4 (OR = 5.3 p < 0.001), heart dysfunction (OR = 3.4 p = 0.001), sepsis (OR = 3 p = 0.001), hemodynamic or surgical re-intervention required (OR = 6.2 p < 0.001), cardiorespiratory arrest (CPR, OR = 24.9 p < 0.001) and renal failure (OR = 5.4 p < 0.001). The frequency of related morbidity was 16.2 heart failure, 7.1 percent arrhythmia, 5.9 percent pneumonia, 5.9 percent pneumothorax, 4.2 percent pleural and pericardial effusion, 10 percent mechanical ventilation > 7 days, 13.2 percent late sternal closure, 2.8 percent had wound infection, 3.7 percent neurological alterations, 2.3 percent diaphragmatic dysfunction, 11.5 percent CPR, 3.2 percent renal failure, 4.5 percent sepsis, 55.1 percent length of hospital stay longer than 5 days with 45.8 percent postoperative hospital admission longer than 15 days and 6.1 percent needed surgical or hemodynamic re-intervention.

CONCLUSIONS:

The information collected in the ASSIST registry was of great importance in the São Paulo State CHD surgical practice evaluation. Morbi-mortality related factors elicited critical points and allowed improvement actions. Excluding age and intrinsic procedure complexity, identified outcome modifier factors can be manageable, aiming to increase patient safety and program resolvability or performance.

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PD36 Scoping Of Interventions Of The Philippines' Most Burdensome Diseases

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INTRODUCTION:

In 2016, Global Burden of Disease (GBD) data was used to identify the top twenty percent of disease causes in the Philippines, which happened to account for eighty percent of the burden, following the Pareto principle. This study follows from that initial work, aimed at creating a list of cost-effective interventions recommended for priority-setting to achieve universal health coverage (UHC).

METHODS:

A comprehensive literature review search was done, from global sources such as the Disease Control Priorities (DCP) for Developing Countries Project and World Health Organization's (WHO) Choosing Interventions that are Cost-Effective (CHOICE), and local sources such as clinical practice guidelines (CPGs). Forty-seven local experts from thirty-eight medical societies were also consulted on the applicability, appropriateness, adaptability, feasibility of implementation, ability to maintain fidelity, ease of dissemination, and sustainability of selected interventions in the Philippine setting. Resource requirements were then derived using the WHO OneHealth Tool, CPGs, and key informant interviews.

RESULTS:

A list of 745 interventions categorized by life stages and by level of intervention with estimates of cost-effectiveness was produced. From these, fifty seven percent had cost-effectiveness studies. Primary interventions were found to be the least costly for the pregnant women, newborn, infant, adolescents, adults, and elderly life stages, while tertiary interventions were found to be the least costly for children.

CONCLUSIONS:

The interventions are potential targets for inclusion by policymakers. Additional factors to consider include the appropriateness of the context in which the cost-effectiveness study was conducted, the feasibility of

conducting primary HTA locally, the local costs of the intervention, and the need to act quickly before the policy window closes.

PD41 Use Of High-Sensitivity Cardiac Troponin Assays In Real-Practice Within Emergency Departments

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INTRODUCTION:

Acute myocardial infarction (AMI) is one of the leading causes of death and disability worldwide. The European Society of Cardiology Guidelines have established a new definition of myocardial infarction and have strengthened the central role of cardiac troponins in cardiology diagnostics for rule-in and rule-out of non ST-elevation myocardial infarction (NSTEMI). High-sensitivity cardiac troponin I assays (hsTnI) should increase diagnostic sensitivity, and a shorter interval for ruling-in and ruling-out AMI. This analysis aims to provide an overview of the clinical, economic, organizational and ethical impact of the use of hsTnI in clinical practice of Emergency Departments (ED) in Italy.

METHODS:

HsTnI for rule-in and rule-out of AMI in the ED is being evaluated using the EUnetHTA Core Model[®] framework for health technology assessment. The hsTnI HTA assessment will be completed with real-world evidence derived from a multicenter observational study which has been designed to be conducted in 12 Italian EDs, enrolling 6000 patients with chest pain of suspected cardiac origin, aiming to provide data from the Italian context on clinical, organizational and economic aspects of the use of the test in the ED. Endpoints of the study include: time lapses related to diagnosis, admission, treatment and discharge of patients; number of tests performed; and number of patients diagnosed with AMI.

RESULTS:

Initial results from a literature review confirm the usefulness of the hsTnI assay in diagnosing AMI. Generated real-world data will be collected, analyzed and integrated to existing evidence to assess the utility of the test in real contexts, providing details relevant for organizational aspects of the use of the test in the ED.

CONCLUSIONS:

The use of hsTnI could improve diagnosis of AMI by allowing a faster ruling-in or ruling-out, and reducing inappropriate hospitalizations. Furthermore, this technology could represent an opportunity to reduce overall costs for the healthcare system.

PD42 Safety And Cost-Effectiveness Of Platelet-Rich Plasma For Chronic Wounds

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INTRODUCTION:

New therapeutic strategies have been established in chronic wound healing procedures, such as the use of platelet-rich plasma (PRP). There is currently still uncertainty about the effectiveness, cost-effectiveness and real safety of PRP in promoting chronic wound healing and what specific types of chronic wounds can benefit most from its use.

METHODS:

We conducted a systematic review of available scientific literature on the effectiveness, safety and cost-effectiveness of PRP compared to placebo, standard care or alternative topical therapies for the treatment of chronic wounds in adults. Overall effect size was estimated through a meta-analysis. A cost-effectiveness analysis was conducted using a Markov model which simulates the costs and health outcomes of individuals for a 5-year horizon, from the perspective of the Spanish National Health Service (NHS) for the PRP versus