

**CONCLUSIONS:**

ILR costs were greater than PM costs, with little difference in QALY outcomes over two-years. Findings are generalizable to patients similar to SPRITELY participants, from the perspective of the Canadian health care system. However, practice pattern variation and payment systems inhibit generalizability to other countries. Future analysis will explore cost and QALY outcomes in countries that participated in the SPRITELY trial.

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## PP35 The National Oral Health Policy In Brazil: A Review Of The Literature

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**INTRODUCTION:**

The National Oral Health Policy (NOHP) "Smiling Brazil" was launched in 2004, with the goal of reorienting the model of oral health care in the Unified Health System. Up to then, this area was impaired by limited access and curative procedures. The NOHP aims to reorganize Primary Health Care in Oral Health, expand and qualify Specialized Care and add fluoride in the public water supply. This review will bring a reflective view of NOHP evaluation.

**METHODS:**

This review work searched for evidence on the Bireme and Google Academic databases, with the keywords "Evaluation" and "National Oral Health Policy" in October 2017. The search was limited to full texts in Portuguese, English and Spanish. After reading the titles, the abstracts and finally the complete texts, the articles that did not correspond to the evaluation objective of the NOHP were excluded.

**RESULTS:**

Of the 381 initial articles found, fifteen were selected for inclusion in this study. The majority reported advances in the quality and scope of oral health care with expanded access and provision of services, such as preventive actions, health education, fluoridation of the public water supply and an increase in population coverage. There was also an improvement in the main

indicators, in resolution, financial investments and epidemiological surveys. Moreover, few studies showed improvement in user satisfaction. Conversely, difficulties were identified in overcoming the traditional care model, in training and professional appreciation. Challenges included the need to expand access to fluoridated water, increase coverage, build a more comprehensive care network and reduce regional disparities.

**CONCLUSIONS:**

After 13 years, advances and challenges can be observed in the quality and comprehensiveness of oral health care in Brazil. There is evident improvement in indicators; however there remains a lack of access and resolution in the actions, with a large number of regional discrepancies.

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## PP36 Early Diagnosis And Treatment Of Psoriatic Arthritis

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**INTRODUCTION:**

Screening for psoriatic arthritis (PsA) is expected to identify patients at earlier stages of the disease. Early treatment is expected to slow disease progression and delay the need for biologic therapy. This study estimated the cost-effectiveness of screening tools for PsA in Canada.

**METHODS:**

A Markov model was built to estimate the associated costs and quality-adjusted life-years (QALYs) of screening tools for PsA in patients using topical treatment for psoriasis. The screening tools included: the Toronto Psoriatic Arthritis Screening (ToPAS) questionnaire; the Psoriasis Epidemiology Screening Tool (PEST); the Psoriatic Arthritis Screening and Evaluation (PASE) questionnaire; and the Early ARthritis for Psoriatic patients (EARP) questionnaire. Health states were defined by disability levels, as measured by the Health Assessment Questionnaire (HAQ), and state transition was modeled according to annual disease progression. Screening was assumed to be effective during a 2-year sojourn period. Incremental