

## CONCLUSIONS:

Identified evidence confirms advanced or metastatic RCC leads to significant detriment to patients health-related utility. Further research efforts are warranted to assess health-state utility beyond clinical trial assessment.

## REFERENCES:

1. Thompson Coon J, Hoyle M, Green C, et al. Peninsula Technology Assessment Group (PenTAG). Bevacizumab, sorafenib tosylate, sunitinib and temsirolimus for renal cell carcinoma: A systematic review and economic evaluation [Internet]. 2008 May [cited 2016 Jun 28]. Available from: <https://www.nice.org.uk/guidance/TA178/documents/renal-cell-carcinoma-sunitinib-assessment-report2>

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## PP040 Hospitalization Costs In Schizophrenia: Long-acting Injectable Antipsychotics Versus Oral Antipsychotic Use

### AUTHORS:

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### INTRODUCTION:

Existing findings on effectiveness of long-acting injectable antipsychotics (LAIs) versus oral antipsychotics in preventing hospitalizations are inconclusive. This study was conducted to compare hospitalization costs between Medicaid patients diagnosed with schizophrenia who initiated a LAI and those who changed from one oral antipsychotic to another.

### METHODS:

This retrospective cohort analysis used the Truven Health Analytics MarketScan® Medicaid claims database to study patients  $\geq 18$  years with schizophrenia. The two cohorts were: "LAI", defined as initiating LAI (no prior LAI

therapy) between 1 January 2013 and 30 June 2014; and "oral", defined as changing from one oral antipsychotic to another during the same period. The first day of LAI or the new oral antipsychotic was the index date. A linear regression model was conducted to estimate hospitalization costs.

## RESULTS:

The final sample included 2,861 (36.7 percent) LAI and 4,926 (63.3 percent) oral users. Compared to oral users, LAI patients were younger (mean (Standard Deviation, SD): 39.9 (13.2) versus 42.7 (13.1);  $p < .001$ ) and had a lower mean Charlson Comorbidity Index score (mean (SD): 1.1 (1.9) versus 1.7 (2.3);  $p < .001$ ). Of the 877 LAI initiators and 1,688 oral users who were hospitalized during the 1-year post-index follow-up period, the unadjusted mean hospitalization costs for LAI and oral users were USD32,626 and USD36,048, respectively. After adjusting for patient demographic and clinical characteristics, baseline medication use, and baseline ED or hospitalizations, the adjusted average hospitalization costs were USD1,170 lower in LAI initiators than oral users. None of the unadjusted or adjusted differences were statistically significant.

## CONCLUSIONS:

This real-world study suggests that among hospitalized patients, hospitalization costs are lower in LAI initiators than in oral antipsychotic users, although the difference is not statistically significant. Our study is limited as our results are reflective of a multi-state Medicaid population. Future studies are warranted to confirm the results in non-Medicaid patient populations.

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## PP041 Universal Coverage Through Innovative Telediagnosis Technology

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## INTRODUCTION:

Through technological innovations based information and communication technologies (ICT), advantageous telediagnostic systems can be developed to improve the health care of remote populations (1). In the context of universal coverage and the efficient use of available resources, there is a favorable opportunity to develop telemedicine towards an integrated ecosystem to improve health care in remote locations without access to specialists. This study, performed by the Telemedicine Unit (MoH) in collaboration with the Biomedical Engineering Dept (IICS-UNA) and the Basque Country University (UPV/EHU) evaluated a telediagnostic system implemented in 2014 in public health. The results of a cost utility analysis for this telediagnosis project in remote, regional and district hospitals in Paraguay are presented.

## METHODS:

This is a prospective study, where the results of using telediagnosis implemented in remote hospitals over three years 2014–16 were evaluated. For these purposes, a utility analysis was carried out by comparing the cost of performing telediagnosis versus performing it “face to face” in a diagnosis center in the capital city.

## RESULTS:

During the study 182,406 remote diagnoses were performed in the fifty-four remote hospitals using the telediagnosis tool. Of the total, 37.3 percent (68,085) corresponded to tomography (CT), 62.0 percent (113,059) to electrocardiography (ECG), 0.68 percent (1,243) to electroencephalography (EEG) and 0.01 percent (19) to ultrasound studies. The average cost of a tele-tomography, tele-ECG and tele-ultrasound was USD2.6, and USD8.6 for tele-EEG, respectively. The cost reduction through the telediagnosis was 26.4 times for tomography, 4.5 times for ECG, 8.0 times for EEG and 8.3 times for ultrasound. The cost utility analysis performed demonstrates an economic benefit of USD12.9 million to the citizens of the fifty-four communities included in this project.

## CONCLUSIONS:

Despite the potential benefit of the telediagnosis (2) to facilitate the universal coverage, and optimize the use of scarce human and health financial resources shown in this study, other important aspects such as acceptance of the technology, patient satisfaction and a widespread use-assessment should be analyzed (3) before a large diffusion.

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1. Galván P, Velázquez M, Benítez G, et al. Impacto en la salud pública del sistema de telediagnóstico implementado en hospitales regionales y distritales del Paraguay. *Rev Panam Salud Pública*. 2016;40(4):250–5.
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3. Ekeland AG, Bowes A, Flottorp S. Effectiveness of telemedicine: a systematic review of reviews. *Int J Med Inform*. 2010;79(11):736–71. doi: 10.1016/j.ijmedinf.2010.08.006.

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## PP042 Rapid Health Technology Assessment - No Flare Reaction With Synolis V-A In Knee Osteoarthritis

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### INTRODUCTION:

The Changi General Hospital (CGH) carries out viscosupplementation for patients with knee osteoarthritis through intra-articular hyaluronic acid injections, using Synvisc or Synvisc-One (containing hylan G-F 20). Some patients on Synvisc are susceptible to flare or pseudoseptic reaction on repeated therapy. It