may not require routine VTE prophylaxis. Studies making direct comparisons of risk prediction scores in similar patient populations are lacking and are necessary to ascertain which score is most effective.

PP019 Clostridium Difficile Infection Diagnosis: Hospital-based Health Technology Assessment

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INTRODUCTION:

Clostridium difficile infection is the leading cause of nosocomial diarrhea in developed countries and may progress to pseudomembranous colitis, sepsis and death. The risk factors are antibiotics use, advanced age and prolonged hospitalization. The diagnosis of Clostridium difficile infection is based on clinical history in combination with laboratory tests, which detect the Clostridium difficile presence or toxins. Clostridium difficile remains in spore form contaminating the environment and requiring measures to prevent hospital transmission. Tests with more accurate results to identify true carriers of Clostridium difficile allow the clinician to determine a safer treatment. This study evaluated accuracy and cost-effectiveness of the real-time polymerase chain reaction compared with the enzyme-linked immunosorbent assay from the perspective of a Brazilian public cardiology hospital.

METHODS:

A study diagram was constructed by type of test, linking the data of prevalence in hospital, accuracy and direct costs of tests. The costs were based on a hypothetical population comparing two strategies to identify the incremental expenditure between technologies. The analysis included comparisons for each test versus no test, and with each other. The prices were converted to the American currency taking into account the date of purchase of each product and respective price.

RESULTS:

For real-time polymerase chain reaction test versus no test, 214 patients would have tested to justify one empirical treatment suspension, at a cost of USD90,926.46. For enzyme-linked immunosorbent assay test, to prevent one unnecessary treatment, 375 patients would have to be tested at a cost of USD6,603.75. In the comparative analysis, only a single false-positive patient would have the treatment suspended after performing 375 real-time polymerase chain reaction tests at USD424.89 each one (USD159,333.75 in total). An incremental cost of USD152,730.00 may be necessary to benefit a single patient by discontinuing empirical treatment.

CONCLUSIONS:

The Real-time polymerase chain reaction test has restrictions as a test of choice for the diagnosis of Clostridium difficile infection, in services with low disease prevalence. It undergoes a significant change in its positive predictive value and does not offer a great impact in the clinical diagnosis.

PP020 Decision-Making Beyond Evidence Alone – Topic Prioritization For Health Technology Assessment

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INTRODUCTION:

The number of health technologies needing evaluation far outweighs available resources, and most Health Technology Assessment (HTA) agencies use criteria-based frameworks for topic prioritization (1,2). Despite variability, most frameworks include clinical, economic and budget impact. Some limitations of

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current frameworks lack mentioning of any explicit political/ethical deliberation and an evaluation on the potential impact of the HTAs (1).

METHODS:

During a topic prioritization for HTA, Left Ventricular Assist Device (LVAD) as destination therapy for adults with end-stage heart failure was submitted. The prioritization criteria used were largely in line with those described above. We also included criteria on ethical/equity consideration and the potential impact of an HTA on decision making. A literature search was conducted to gather clinical and economic evidence on LVAD for the target population, supplemented by local data on potential need for and budget impact of providing a LVAD service.

RESULTS:

LVAD was scored high on clinical, economic and budget impact with a moderately high need, which would generally subject it to an HTA in order to inform a policy decision. However LVAD was also considered as a technology with a high impact on ethical and political grounds, given that it is a technology offering survival and quality-of-life benefits for a small group of patients for whom effective treatment is otherwise lacking. Through deliberation, the prioritization panel concluded that the impact of an HTA would be low, as a policy decision on whether a LVAD program should be funded would go beyond evidence. Therefore an HTA was not recommended for LVAD.

CONCLUSIONS:

To inform decision making, an evaluation on the potential impact of the HTA itself taking into account of the ethical/political consideration of funding a technology is of equal importance as the evidence alone. Subsequently, limited HTA resources can be reserved for technologies where an HTA can truly make a difference.

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PP021 Peer Review Innovations For Grant Applications: Efficient And Effective?

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INTRODUCTION:

Peer review of grant applications is employed routinely by health research funding bodies to determine which research proposals should be funded. Peer review faces a number of criticisms, however, especially that it is time consuming, financially expensive, and may not select the best proposals. Various modifications to peer review have been examined in research studies but these have not been systematically reviewed to guide Health Technology Assessment (HTA) funding agencies.

METHODS:

We developed a systematic map based on a logic model to summarize the characteristics of empirical studies that have investigated peer review of health research grant applications. Consultation with stakeholders from a major health research funder (the United Kingdom National Institute for Health Research, NIHR) helped to identify topic areas within the map of particular interest. Innovations that could improve the efficiency and/or effectiveness of peer review were agreed as being a priority for more detailed analysis. Studies of these innovations were identified using pre-specified eligibility criteria and were subjected to a full systematic review.

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