

Introduction. At various stages of the COVID-19 pandemic, face coverings have been recommended and encouraged as one of the interventions to reduce transmission of the SARS-CoV-2 virus. However, in the earlier stages of the pandemic, decisions on face coverings relied primarily on evidence based on other viral respiratory infections. More direct evidence on the use of face coverings with COVID-19 developed in tandem with the pandemic.

Health Technology Wales undertook an ultra-rapid review to inform national guidelines, the work assessed the evidence on the effectiveness of face coverings to reduce SARS-CoV-2 transmission. We also reviewed evidence on the efficacy of different types of face coverings.

Methods. We conducted a systematic literature search for evidence to address (i) the effectiveness of face coverings to reduce the spread of COVID-19 in the community, and (ii) the efficacy of different types of face coverings designed for use in community settings. We identified a rapid review in 2021 by Public Health England that closely aligned with our review questions. This provided the main source for identifying relevant studies, supplemented by a search for publications following their search date.

Results. We identified two evidence reviews (including the Public Health England review) that examined the effectiveness of face coverings on reducing transmission of SARS-CoV-2; reporting on 31 and 39 studies, respectively. Two further primary studies were published after the two evidence review searches were included. Overall, the evidence suggested that face coverings may provide benefits in preventing SARS-CoV-2 transmission, although the higher-quality studies suggested that these benefits may be modest. Medical masks appeared to have higher efficacy than fabric masks, although the evidence was mixed.

Conclusions. At the time of this review, evidence on the effectiveness of face coverings remains limited and conclusions rely on low-quality sources of evidence with high risk of bias, although higher-quality evidence points to some benefit. Face coverings may play a role in preventing transmission of SARS-CoV-2, particularly as part of a bundle of other preventative measures.

PP74 Taking A Lifecycle Approach To Scottish Medicines Consortium Budget Impact Analysis

Corinne Booth (corinne.booth@nhs.scot),
Maria Dimitrova, Alex Henriquez, Jennifer Hislop,
Jan Manson and Helen Wright

Introduction. The Scottish Medicines Consortium (SMC) conducts early health technology assessment of new medicines in Scotland. While budget impact is not a factor in decisions on reimbursement, budget impact information is provided initially through horizon scanning reports for high impact medicines (estimated net budget impact >GBP 500,000 [EUR 585,710] per annum) to aid financial planning and implementation of advice at the local level, and later through budget impact templates from the submitting company

issued alongside SMC advice. This research aimed to understand how the information is used and to evaluate the benefits of a lifecycle approach to budget impact analysis.

Methods. Health Board users of the budget impact templates were surveyed to explore the degree of utilization and identify areas for improvement, including the need to cross-validate the horizon scanning estimates with those of the submitting company. Responses were analyzed quantitatively and qualitatively, with comments coded in Nvivo (QSR International) and themes established through thematic analysis.

Results. The initial responses received (n=17) provided representation from 57 percent of Health Boards (i.e., payers) covering 79 percent of the population. Preliminary results showed that while the budget impact templates were valued, 69 percent of respondents found them 'somewhat useful', suggesting scope for improvement. Almost half (48%) of the respondents used the templates for high impact medicines, with only 30 percent using them for all medicines. The majority (76%) of those surveyed thought there would be value in linking budget impact information throughout the SMC process. An emerging theme was that some users found the templates complex and inflexible, and that a simpler, more adaptable tool to aid the planning process would be welcomed. Priorities identified for improving template included adapting them to the local population and adjusting medicine prices to reflect confidential discounts.

Conclusions. This research suggests that budget impact information is valued by Health Boards and that there is strong support for linking budget impact estimates and engaging stakeholders throughout a medicine's lifecycle. Simplifying the templates, increasing their adaptability, and providing guidance and training in their use will be key steps in improving this important part of SMC process.

PP76 Database On Evidence-Based Telemedicine In A Hospital Setting

Ida Wagner Svendsen (iws@rsyd.dk), Tue Kjølhede,
Anne Mette Ølholm, Knud Yderstræde and
Kristian Kidholm

Introduction. The use of telemedicine services has increased worldwide during recent years because of national strategies for digitalization of health care and the coronavirus disease 2019 (COVID-19) pandemic. However, healthcare professionals often express uncertainty regarding the effectiveness of telemedicine interventions. The TELEMED database (<https://telemedicine.cimt.dk/>) was introduced by the Centre for Innovative Medical Technology (CIMT) at Odense University Hospital to ensure that hospital managers, healthcare professionals, and other stakeholders have access to scientific studies of telemedicine interventions.

Methods. The database constitutes a structured literature search in PubMed for randomized and non-randomized controlled trials on the use of telemedicine for treating somatic diseases in the hospital setting. The search was conducted by staff members in the health technology assessment unit at CIMT. Identified studies were sorted

by first screening titles and abstracts and then by reading full-text versions. The data extracted from the studies included setting, intervention, patient group, type of telemedicine, clinical effect, patient perception, and implementation challenges. The value of each study was also assessed with respect to effectiveness.

Results. A total of 510 articles were selected for data extraction and assessment. The database provides results from 22 different specialties and can be searched using the criteria of medical specialty, country, technology, clinical effect, patient experience, and economic effect. The database serves as an information platform for clinical departments who wish to implement telemedicine services. It has great potential for supporting digital transformation during COVID-19 by providing accessible evidence-based information on patient groups and relevant technologies and their effects. More than 95 percent of the studies in the database that compared telemedicine with a control group showed either statistically significant improvements in clinical outcomes with telemedicine or no statistically significant difference between the two groups.

Conclusions. The TELEMED database provides an easily accessible overview of existing evidence-based telemedicine services. The database is freely available and is expected to be continuously improved and broadened over time.

PP77 Safety, Effectiveness, And Cost Effectiveness Of Telemedicine In Neurological Diseases

Beatriz León-Salas (beatriz.leonsalas@sescs.es),
Renata Linertová, Yadira González-Hernández,
Diego Infante-Ventura, Aythami de Armas-Castellano,
Aránzazu Hernández-Yumar, Javier García-García,
Miguel García-Hernández, Ana Toledo-Chávarri,
Montserrat Carmona-Rodríguez and
María del Mar Trujillo-Martín

Introduction. Telemedicine has been introduced in health services, but uncertainties about the real value of this strategy in the management of neurological diseases remain.

Methods. A systematic review was undertaken of available scientific literature on the safety, effectiveness, and cost effectiveness of telemedicine combined with in-person visits, compared with usual care, for the treatment and follow-up assessment of patients with neurological diseases. The overall effect size for each neurological disease was estimated using meta-analysis. An economic analysis was performed from the societal and Spanish healthcare system perspectives.

Results. Two economic studies were included for cost effectiveness and 25 randomized controlled trials (n=8,976 patients) were included for the effectiveness and safety assessment (11 on cerebrovascular diseases, four on Parkinson's disease, three on multiple sclerosis, two on epilepsy, and one each on brain damage, dementia, spina bifida, migraine, and cerebral palsy). The types of telemedicine

evaluated included: virtual visits (11 studies); telerehabilitation (seven studies); telephone calls (three studies); smartphone apps (two studies); and online software for computers (two studies). Subgroup analysis by type of telemedicine indicated no discernible effect for telemedicine combined with in-person visits on most of the outcomes analyzed for the various neurological diseases. Given the heterogeneity of diseases, types of telemedicine, and the results observed, a cost-minimization analysis was conducted. Combining telemedicine with in-person visits would cost EUR 2.55 per patient from the perspective of the healthcare system, but it would result in cost savings (EUR 27.34 per patient) from the societal perspective.

Conclusions. The safety and effectiveness of combining in-person visits with telemedicine was similar to that of usual care, but it could be a cost-saving strategy in Spain from a societal perspective.

PP78 Effectiveness And Safety Of The FreeStyle Libre® Glucose Monitoring System For T1DM In Childhood And Adolescence

Himar González-Pacheco (himar.gonzalezpacheco@sescs.es), Yolanda Ramallo-Fariña,
Amado Rivero-Santana, Yolanda Álvarez-Pérez,
Lilisbeth Perestelo-Pérez, Pedro Serrano-Aguilar and
Ana Toledo-Chávarri

Introduction. FreeStyle Libre System (FSL) is a minimally invasive technology, which provides frequent information about interstitial glucose levels, which allows adjustment of insulin dose and a reduction in the number of fingersticks. This study aims to evaluate the effectiveness and safety of FSL in childhood and adolescence.

Methods. Prospective case series in 27 Spanish hospitals. Patients aged 4-17 years with type 1 diabetes mellitus (T1DM) were included. Follow-up was done at 3, 6 and 12 months after starting to use the FSL. Outcome measures were HbA1c levels, acute complications of DM (severe hypoglycemia, ketoacidosis), DM knowledge, health-related quality of life, satisfaction and adverse effects. Biochemical glycemic outcomes (e.g., glycemic variability, time in therapeutic range) were available from 3 to 12 months. Mixed regression models with repeated time measurements were implemented.

Results. The mean age of patients was 12.6 years, with 56.4 percent had HbA1c values above 7.5 percent at baseline. This subgroup significantly improved their HbA1c levels at 3, 6 and 12 months (-0.46%, -0.44% and -0.35%, respectively). Patients with controlled HbA1c levels significantly worsened at 12 months (0.29%). There was a significant reduction in severe hypoglycemic episodes, but only in the multiple imputation analysis. In patients controlled at baseline, there were significant reductions between 3 and 12 months in the percentage of time under 55mg/dl (-0.64%), above 250mg/dl (-1.8%) and glycemic variability (-2.6%). In uncontrolled patients, there was a significant reduction in time above 250mg/dl (-5.8%) between 3 and 12 months follow-up. There was no significant improvement in knowledge about disease, although general self-perceived health