

by healthcare professionals and elaborates recommendations to avoid them. This project aims to reduce unnecessary care of health care services which harm outweighs the benefits, resulting in physical, psychological to the patients and wasteful healthcare services. The main objectives are to describe the implementation process at the primary care level and to evaluate the impact of recommendations on general practitioners (GPs) practice.

METHODS:

The implementation process consists in:

- (i) Nomination of clinical leaders to promote the project among their primary care teams (PCT) and to lead the implementation activities by identification of barriers and enablers for change in clinical practice towards avoiding LVP.
- (ii) Selection of recommendations to be implemented and definition of corresponding activities to be carried out by each PCT according to the specific characteristics of their organizations.
- (iii) Development of related indicators and comparison between baseline status

RESULTS:

One hundred and sixteen PCT (covering 30 percent of the Catalan population) participated in the pilot experience of implementation. Twenty-one recommendations were selected such as: bisphosphonates in post-menopausal women with low risk of fracture, PSA screening and statins for primary prevention of cardiovascular disease, among others. At 12 month follow-up, use of bisphosphonates were reduced by 21 percent ($p = .0005$), PSA was reduced by 14 percent ($p = .0009$). The use of other treatments such as antidepressants, benzodiazepines for some specific clinical conditions decreases with no statistically significant changes.

CONCLUSIONS:

This is the first experience in Catalonia and Spain of implementation of the recommendations to avoid LVP with early involvement of target professionals. Follow-up results provide information about the early

impact of recommendations at primary care level. Our challenge is to implement the recommendations at hospital level.

PP091 A Follow Up Study On Transcatheter Aortic Valve Implantation (TAVI)

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INTRODUCTION:

Severe aortic stenosis with symptoms or left ventricular dysfunction has commonly a poor prognosis. Aortic valve replacement is usually performed for these patients aiming at improving their functional class and survival rate. Transcatheter aortic valve implantation (TAVI) is often presented as an option in patients with high surgical risk for conventional surgical valve replacement.(1) Nonetheless, in this group of patients, the literature has yielded conflicting evidence suggesting that benefits of TAVI for patients of high or intermediate surgical risk is not consistent.(2,3)

METHODOLOGY:

This retrospective study aimed to evaluate the mortality rate from a cohort of patients after the correction of aortic valve dysfunction with TAVI. It consisted of a convenience sample of patients at high risk for open surgery for the correction of aortic valve dysfunction treated with TAVI from 2013 to 2016. All included patients were being provided healthcare assistance by a private nonprofit health maintenance organization (HMO) operating in Belo Horizonte, Brazil. Since TAVI is not currently covered by the Brazilian supplementary healthcare system, reimbursements were enforced by lawsuits. Data was extracted from an administrative database, using the software Oracle Business

Intelligence®. Continuous variables were expressed as mean and standard deviation. The Kaplan-Meier method was used to adjust the 1-year survival curve using the software STATA 13.1 (Stata Corp, College Station, TX, USA). This historical cohort resulted in no interventions, neither during the course of the instituted treatment nor after the observed outcome. Privacy of subjects and the confidentiality of their personal information were handled in accordance to the ethical principles of the Declaration of Helsinki.

RESULTS:

Overall, seventeen patients with a mean age of 80.5 years (68-91) underwent TAVI; 59 percent were women. Peri-operative mortality rate was 23.5 percent (n = 4) and accumulated overall one-year mortality was 35.3 percent (n = 6). Mean length of hospital stay was 26.9 ± 16.6 days. Prolonged hospital stay (≥ 7 days) occurred in 14/17 cases (82.3 percent), with a maximum of 51 days.

CONCLUSIONS:

In similarity to our findings, other authors described a high early and late mortality rate in patients undergoing TAVI. The strategy to use TAVI as an alternative in patients at high risk for open surgery is still under debate and should be carefully discussed taking into consideration the local team expertise as well as local healthcare available recourses.

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PP092 Real World Data: Biologic Treatment For Naive Patients In Lazio Region

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INTRODUCTION:

The introduction of new biologic treatments has radically changed the management of Immune-mediated inflammatory diseases (IMID). Due to the high costs of the treatments a strong control and monitoring of claims databases could help decision makers to understand the consequences of their decisions.

The objective of the study was to identify the cohort of biologics treatment-naïve patients in the years 2011–2013 in the Lazio region (6 millions of inhabitants), in order to investigate the parameters influencing the biologic treatment expense at the regional level.

METHODS:

Patients were enrolled based on administrative databases of the Lazio region. Treatment-naïve patients were defined as subjects who did not have a prescription in the two years before the index prescription. Switcher patients were defined as those who had an Anatomical Therapeutic Chemical classification (ATC) prescription different than the one at enrolment, within one year of the index date. Treatment adherence was estimated as the number of doses actually prescribed as compared to the number indicated in the Summary of Product Characteristics (SPC).

RESULTS:

From a total number of 10,120 patients treated with biologic drugs between 2011–2013 in the Lazio region, 2,929 were estimated as treatment-naïve patients (42 percent male). The most frequently used drugs were etanercept (31 percent), adalimumab (30 percent) and infliximab (17 percent). Considering the disease