

METHODS:

A literature search was conducted for all clinical trials, randomized controlled trials, and reviews in the PubMed, Cochrane, and Center for Reviews and Dissemination databases. Two reviewers independently evaluated all publications for selection. The analysis included the cost-effectiveness and benefit from the CI program.

RESULTS:

We analyzed the effectiveness of the services for CI in the RK and other countries (1). In our analysis, we identified that there is no research on Quality-adjusted Life Years (QALYs) and Cost-Utility Analysis (CUA) in RK. We found that, in general, the cost of CI and pre-surgical procedures are comparable with other countries. The length of stay in Kazakhstan was much higher (an average of 8 days) compared with other countries (3 days). Also in RK, there were significantly lower prices per hospital day and cost of various consultations. Postoperative costs of other countries consisted of one-third to two-thirds of the total costs for preoperative and implantation stages (2, 3). There was a little information on the effectiveness of rehabilitation programs in RK.

CONCLUSIONS:

Economic research like QALYs and CUA are new directions in the healthcare system in the RK. Lack of integration between primary care, rehabilitation and other services leads to difficulties in assessing the effectiveness of CI programs (for example, in our case, there was the restriction of assessment in only postoperative costs).

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PP049 Exploring The Utility Of A Validated Quality Appraisal Tool

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INTRODUCTION:

The Health Technology Assessment (HTA) researchers at the Institute of Health Economics, in collaboration with researchers from two HTA agencies in Australia and Spain, developed, piloted, and validated a 20-criteria quality appraisal checklist specific for case series studies (before-after single arm studies with no control group) (1,2). Since its publication in 2012, the use of the checklist has spread globally through the HTA community and to researchers in other areas. This presentation will briefly introduce the tool, summarize user experiences, outline potential challenges, and provide practical solutions for using or adapting the checklist to various HTA topics.

METHODS:

Feedback from fifteen researchers was collected informally by email and/or formally by questionnaire. The questions included focused on the relevance, clarity, and usefulness of the checklist and its instructions, as well as potential revisions and/or addition of other criteria.

RESULTS:

While some of the checklist's criteria apply to all studies of a particular type, others are specific to the research question and/or the technology under investigation; discussion on the modification and/or adaptation of the

checklist and its instructions is therefore required before commencing appraisal. Some criteria are difficult to score owing to study reporting limitations. Quality assessment can be challenging when multiple types of studies are included; however, currently there is no single universally validated tool available for diverse study designs. There are frequent demands for a cut-off point in order to separate high- from low-quality studies. However, no scale or numeric scoring was developed for the checklist, due to the well-recognized risks associated with such a scoring system.

CONCLUSIONS:

The increased use of the checklist and general positive feedback indicates the need for such a tool. User feedback helped improve our understanding of the checklist's applicability with various topics, as well as the potential refinements needed to increase its utility and robustness.

REFERENCES:

1. Moga C, Guo B, Schopflocher D, Harstall C. *Development of a quality appraisal tool for case series studies using a modified Delphi technique*. Edmonton (AB): Institute of Health Economics; 2012. Available from: <http://www.ihe.ca/advanced-search/development-of-a-quality-appraisal-tool-for-case-series-studies-using-a-modified-delphi-technique>.
 2. Guo B, Moga C, Harstall C, Schopflocher D. A principal component analysis is conducted for a case series quality appraisal checklist. *J Clin Epidemiol*. 2016;69:199-207.
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PP050 Analysis Of Pharmacoeconomic Studies Published In The Scientific Electronic Library "eLIBRARY.RU" (RSCI)

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INTRODUCTION:

During the information search revealed that there is no published analysis reflecting the actual status of pharmacoeconomic and clinical-economic research, but there are databases that allow you to do so. The platform for searching research data was scientific electronic library "eLIBRARY.RU". This portal is Russia's largest internet library of scientific publications, with rich search capabilities and the timely receipt of necessary information.

METHODS:

A search was carried out during the period from 2005 to 2015 of research papers on Russian and foreign pharmacoeconomic and clinical-economic research was carried out as at 1 September 2016 on the words "pharmacoeconomic*", "clinical and econom*" with the appropriate endings. The criteria for inclusion in this analysis were general accessibility and availability of full text scientific material on the portal.

RESULTS:

Over the last ten years the number of publications increased by 4 times. The leading destinations included cardiovascular, pulmonary, oncological and endocrinological diseases. According to published reports pharmacoeconomic and clinical-economic studies carried out in fifty-two subjects of the Russian Federation on the basis of sixty-three Universities. In addition to researchers from the Russian Federation, has placed the representatives from eleven countries. Only one third of the published studies are generally cited.
