Strategic steps were identified based on the collected data, and the treatment target, namely 200,000 patients to be treated during 2018 to 2025, was then set for appropriate action plans. National registry infrastructure is planned for supporting future policy modification.

CONCLUSIONS:

Hepatitis C elimination is an important public health task and it requires immediate actions. The expected expenses are high, yet the number of patients is difficult to estimate with precision. How to deal with this uncertainty (financially and in care program design) will be the most challenging part. An adaptive approach ("evidence"-"action"-"more evidence"-"modified action") could be the pragmatic way to move forward without sacrificing the quality of decision-making.

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PP121 Relationship Of Self-Reported Sleep Quality To Disease Status In Japan

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INTRODUCTION:

Self-reported outcomes are considered to be useful to understand physical and mental conditions in daily life. Sleep quality is an important factor related to healthy lifestyle and work productivity, as well as to diseases. We examined the relationship of sleep condition with lifestyle and diseases based on self-reported sleep.

METHODS:

A Japanese employee-based health insurance claims database with annual medical check-up data was used. Individuals were questioned about sleep quality as: "Do you get enough rest by sleeping?" during the medical check-up. The prevalence of diseases and medical check-up data were compared between those who answered "Yes" or "No".

RESULTS:

Among 1,310,157 individuals who answered about sleep quality, 540,564 (41.3 percent) answered "No". The female ratio was around 38 percent for both answers, and the average age was lower for those who answered "No" (45.3) than "Yes" (47.3). Matched individuals for same examination year, sex, and age were 536,218 in each group. Individuals diagnosed with sleep disorder were 8.7 percent of those who answered "No", representing the highest relative risk (RR=1.64), followed by other anxiety disorders (RR = 1.47), and depressive episode (RR = 1.45), with statistical significance. Other diseases diagnosed in more than 200,000 patients, and which had significantly higher RRs in patients who answered "No", included vasomotor and allergic rhinitis (RR = 1.09), disorders of refraction and accommodation (RR =1.02), acute upper respiratory infections (RR = 1.11), gastritis and duodenitis (RR = 1.17), and acute bronchitis (RR = 1.13). The RR of other diseases of the liver (RR = 1.13), diabetes (RR = 1.12), hypertension (RR = 1.08), and disorders of lipoprotein metabolism and other lipidaemias (RR = 1.06) were also significantly higher for those who answered "No".

CONCLUSIONS:

Sleep quality is suggested to be associated with various chronic diseases as well as mental disorders. Therefore, self-reported outcomes should be a useful tool to understand health-condition, prevent the onset and progression of diseases, and evaluate patient-centered care.

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PP122 A Quick Cost-Effectiveness Analysis Of Patent Foramen Ovale Closure In Korean Patients With Cryptogenic Stroke

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INTRODUCTION:

Patent foramen ovale (PFO) is an open hole between the right and left upper chambers of the heart. It may increase the risk of stroke, so closure of the hole is considered a secondary prevention in patients who have experienced cryptogenic stroke. Recent evidence has been published on the effectiveness of PFO closure, including a publicly funded prospective study on the effectiveness of PFO closure for preventing recurrent stroke or transient ischemic attack in selected Korean patients who have experienced cryptogenic stroke. The

objective of this study was to examine the cost-effectiveness of PFO closure using this recent evidence.

METHODS:

Available clinical data from the aforementioned Korean prospective study and other recent multicenter trials funded by public bodies were used. The cost data were obtained from the current Korean National Health Insurance fee schedule. Utility data were extracted from local research on stroke patients. A cost-effectiveness analysis, based on a 20-year Markov model, was conducted using these data to compare PFO closure plus antiplatelet therapy with oral anticoagulants alone.

RESULTS:

The initial analysis showed that PFO plus antiplatelet therapy costs KRW 7.13 million (USD 6,547) more than oral anticoagulants alone but has a higher utility of 1.3 quality-adjusted life-years (QALYs) per patient, which corresponds to an incremental cost-effectiveness ratio (ICER) of KRW 5.6 million (USD 5,142) per QALY. The implicit Korean ICER threshold is KRW 25 million (USD 22,955) for non-cancer drugs, so it seems that PFO plus antiplatelet therapy is cost effective in the Korean setting.

CONCLUSIONS:

Since this study used some transition probabilities from foreign sources, the results may not be completely transferable to the Korean setting. However, this is the best available evidence so far in Korea for the economic evaluation of the PFO closure procedure. Therefore, use of PFO closure in carefully selected patients with a history of cryptogenic stroke may benefit the public payer in Korea.

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PP123 Triangulate, Converge, Assess, And Recommend (TCAR): Evaluation Method

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INTRODUCTION:

Methods to assess evidence and to use that evidence to inform practices and policies are under developed in the area of social services. Although health professions have developed robust methods in recent decades to collect, analyze and synthesize scientific evidence and to inform clinical recommendations, the use of these methods often remains difficult in social services. A taskforce was implemented to address this and to propose a method that may be more appropriate for the social sciences.

METHODS:

The project was comprised of four steps: (i) performing a qualitative review of discussions between experts, (ii) designing a cognitive map of the data, (iii) conducting a systematic literature search, and (iv) comparing the data from the meetings with experts with the scientific literature. These steps were completed using the grounded theory approach. In order to test the method developed, focus groups were then conducted and four case studies were used to assess the evidence and provide recommendations for youths with mental health problems and for elderly care.

RESULTS:

Although robust scientific data remain crucial when developing recommendations for practice, results showed that these data are incomplete if considered alone, and that contextual (circumstances in which the intervention is delivered) and experiential data (how the intervention is perceived by stakeholders) must also be taken into consideration. A method to triangulate these three types of data is proposed. Using this technique, the value of the data is established by means of various measurements that converge towards the same result or that provide a consistent overall picture or some important nuances that need to be considered, as illustrated by the four case studies.

CONCLUSIONS:

The proposed method can be used to address the limitations that are inherent to the use of techniques and procedures drawn from the medical field when assessing evidence and developing recommendations for the social sciences. The case studies that the proposed method is not only a viable option to methods drawn from medicine, but also adds to the quality of the recommendations that are made and is more congruent with the epistemology of social sciences.

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