

higher than respondents from the center of the country. The importance of functional improvement of the patient was graded higher by nurses, compared to the physicians.

In operative aspects, improving staff communication was considered significantly higher among experienced managers, women, staff members in the central region hospitals and among nurses in comparison to physicians. Women ranked improvement of medical standards and guidelines higher, irrespective of their professional sector. At initial stages of the technology lifespan, scientific evidence on effectiveness was found to have a stronger influence on adoption decisions than national guidelines.

Budgetary repercussions of adopting a new technology were ranked significantly higher in the central region. Experienced managers attributed greater impact to economic issues than younger managers.

Social dimensions, such as providing care for a large population, reaching the target population, improvement of service and patient preferences were graded significantly higher by women.

#### **CONCLUSIONS:**

The survey highlights the insights of managers for decision making on adopting technologies in hospitals. These decisions need to integrate clinical advantages, competitive markets and national strategies with personal and professional parameters assists in bridging the gaps between local hospital activities and governance.

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## PP008 Health Technology Assessment Analysis Of New Biological Drugs In Chronic Inflammatory Diseases

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#### **INTRODUCTION:**

Innovative therapies with high cost are increasing in every therapeutic area, making it increasingly difficult the role of the pharmacist in trying to rationalize the economic resources to satisfy the needs of the entire population. The analysis of therapeutic appropriateness has a key role in the management of chronic inflammatory diseases where the biological drugs are used by patients for a long period of time. With increasing competition among companies and the advent of the first biosimilar drugs, the costs are declining and the duty of the Pharmacist is the supervision of treatments so that there is a good cost / effectiveness in an attempt to free resources and safeguard the survival of the Health Service National.

#### **METHODS:**

In the year 2015 up to September 2016, all patients were monitored in the departments of Rheumatology, Gastroenterology and Dermatology based on the type of disease, drugs, route of administration and dosages. We evaluated the previous non-biological treatments of first line, therapeutic switch between any drugs with different mechanisms of action, the analysis on the state of the disease, any therapeutic dosages not reported in Summary of Product Characteristics and the reasons that lead the doctors to deviate from guidelines.

#### **RESULTS:**

The treatments of 684 patients were analyzed: 409 in Rheumatology, 212 in Gastroenterology and 63 in Dermatology. The most frequently used drugs are those that have major use in clinical practice: Adalimumab, Etanercept and Infliximab (three anti-TNF alpha drugs). The first two, having a subcutaneous administration compared to intravenous administration, allow greater patient compliance and are therefore preferred to Infliximab. In Rheumatology the use of newer drugs with different mechanisms of action by inhibition of TNF alpha is not negligible and this is an indication of poor accuracy in the application of the guidelines.

#### **CONCLUSIONS:**

Biologicals are well tolerated and improve the quality of life of people with highly disabling diseases. The

therapeutic appropriateness and adherence to guidelines are the only way to try to contain costs. The hope is that, in this new year 2017, new biosimilar drugs are approved that would make, at least for the naïve subjects, more sustainable management of these diseases.

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## PP009 Quality Assessment In A Clinical Setting: A Look Upstream From Health Technology Assessment

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### INTRODUCTION:

Health Technology Assessment (HTA) has various areas of application, one of which is quality improvement activities in clinical settings. Using patients' satisfaction as indicator of quality of care can inform the 'needs assessment' of a clinical department.

The principal aim of this study is to quantify patients' satisfaction with the anesthesia services received perioperatively at our hospital, including physical discomfort and anesthesia care. To this end, we asked the following question: "In adult patients who undergo day surgery at our hospital, what is the level of satisfaction with the anesthesia services received perioperatively?" A second aim is to discuss how quality assessment and HTA can intertwine.

### METHODS:

This is a quality assessment study, using a patient self-administered survey method.

We included all patients who had a day-surgery at our hospital and we excluded those who cannot understand English or French, who present cognitive barriers, and those who were admitted the same day.

Patients were recruited postoperatively in phase II of recovery, using a nonprobability convenience sampling

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method. We used a validated questionnaire which addresses the two dimensions of anesthesia care related our research question: (i) physical discomfort and (ii) satisfaction with anesthesia care. We added to this questionnaire, a supplemental question to measure satisfaction with preoperative anesthetic care. Parallel to this, we also gathered the data routinely collected by the recovery nurses during a 24 hour postoperative patient follow-up.

### RESULTS:

We collected data from November 2015 to February 2016. A total of 156 questionnaires was completed. Two respondents (1.3 percent) said they were 'unsatisfied' or 'very unsatisfied' with the anesthesia care they received in general and thirty-six (23 percent) said they were 'satisfied'. The most frequently reported physical discomfort symptoms were: thirst (78 percent), pain (72 percent), drowsiness (68 percent), cold (58 percent), and sore throat (54 percent).

### CONCLUSIONS:

Our study suggests that, while reporting patients' level of satisfaction regarding various aspects of the anesthesia care they received, such quality assessment study can identify gaps in the use of existing methods and technologies and help in acquisition prioritizing.

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## PP011 Covering New Medical Devices With Low Cost-Effectiveness Evidence

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### INTRODUCTION:

The Korea National Health Insurance (K-NHI) has covered medical devices with low cost-effectiveness evidence by what is known as the Selective Benefit (SB) since December of 2013 as a type of conditional

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