

PD206 Health Technology Assessment And Decision-Making During The COVID-19 Pandemic: Analysis Of Processes And Results From 25 Health Ministries

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Introduction: The decision-making process in public administration can be analyzed from different perspectives. Evidence-based policies are not the only support for public policy design. High variability was observed regarding the health technologies used during pandemics. The processes and results of decision-making on health technologies in 25 health ministries in Argentina during the COVID-19 pandemic were analyzed.

Methods: This retrospective study utilized triangulation of quantitative and qualitative methods. Information was retrieved for the years 2020 to 2021 through document review of official web pages, surveys, and interviews with decision-makers and advisors of the national ministry of health and 24 Argentinian provinces. Recommendations and reimbursement policies for seven health technologies were considered as tracers. Official health technology assessment (HTA) reports, laws, judicial rulings, journalistic news, and civil society actions on social networks and the internet regarding these technologies were analyzed. The ruling political party in each province was mapped, with the aim of exploring the political influences and intervening actors.

Results: Contrary to World Health Organization (WHO) recommendations, ivermectin, inhaled ibuprofen, convalescent plasma, and equine serum were widely recommended and reimbursed outside a clinical trial context by most of the Argentinian ministries of health, leading to risks for patients and a huge opportunity cost. Health ministries with institutionalized HTA units had significantly higher adherence to WHO recommendations than other health ministries. Legislative and judicial powers influenced the use of health technologies through laws and judicial rulings. Researchers and civil society also influenced decision-makers. Partisan political issues did not fully explain the heterogeneity of the decisions made by the health ministries during the pandemic.

Conclusions: The impact of HTA organizations and their technical reports was limited. Health Ministries with institutionalized HTA units were more likely to adhere to WHO recommendations. The influence of different technical and political criteria, power relations within and outside the administrations, the pharmaceutical industry and academics, the media, social pressure, judicial and legislative powers, and the political context strongly influenced decision-making.

PD207 Modelling Co-Financing Scenarios To Address The Financial Challenges Of Implementing A Colorectal Cancer Screening Program For Private Insurance Beneficiaries

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Introduction: The World Health Organization (WHO) recommends population-based cancer screening programs for colorectal cancer (CRC). However, CRC screening is not available in Chile's public health system. The Arturo Lopez Perez Foundation (FALP) is interested in implementing a CRC screening program for their insurance beneficiaries, despite some uncertainties regarding cost effectiveness and budget impact. Exploring co-financing scenarios could reveal feasible choices for program implementation.

Methods: A Markov model was developed to assess the cost effectiveness of a biennial fecal immunochemical test (FIT) strategy for individuals aged 50 to 69 years from a private insurer perspective. Survival probabilities and average costs for each cancer stage at diagnosis were derived from our CRC patients. Benefits were measured as life-years gained. The budget impact was calculated using the expected population of beneficiaries for 20 years. Cost-effectiveness results were reported using the incremental cost-effectiveness ratio (ICER), with a referential threshold of one to three times the gross domestic product per capita (USD16,000 to USD48,000). Shared funding scenarios with national public insurers and out-of-pocket payments were simulated.

Results: CRC screening was cost effective in the base case and shared funding scenarios. Indeed, it showed some benefits and savings in the latter scenario. On the other hand, budget impact values were unaffordable for the base case scenario, revealing that implementing the program would be difficult even with the promising ICER. However, in shared funding scenarios, the budget impact decreased and even showed savings after five years due to the decrease in cancer treatment costs.

Conclusions: CRC screening with a biennial FIT is a cost-effective strategy for FALP beneficiaries, but the budget impact is substantial and poses challenges for its implementation. The use of shared funding strategies could help alleviate the budget impact, making the implementation of a screening program more feasible.