

Introduction. Within Dutch health care, Zorginstituut Nederland regularly selects topics for reassessment of diagnostic and therapeutic interventions. Until now, about 15 topics have been investigated, such as hip/knee arthrosis, stable angina, low back pain, urinary incontinence, palliative care, retinopathy and asthma.

Methods. For each topic, stakeholders were asked to report what could be improved. Also a working group was created to analyze: what do guidelines recommend, what does actual care look like seen from administrative data, is there a gap between guidelines and delivered care, what can be improved? A report with recommendations was written with a calculation of the impact. Agreements were made on implementation. This report focused on findings relating to asthma.

Results. We identified the multiple issues in the management of asthma: (i) Only 11 percent of patients had their diagnosis confirmed (with spirometry and reversibility or visit to pulmonologist). (ii) 60,000 patients had intensive short acting broncho-adrenergic agents (SABA) without inhaled corticosteroids (ICS) representing overuse of SABA. (iii) 200,000 patients use inhalers that can be empty, without the patient knowing this, as there is no indicator showing the number of actuation/puffs left, which leads to under treatment. (iv) 60,000 patients have aerosol and powder inhalers together, each requiring a different technique, leading to mistakes. (v) 67 percent of asthma adults get a chest x-ray on referral to hospital, which is a high proportion. (vi) 49 percent of patients use inhalers with propellant, which is needlessly high, given their undesirable impact on climate change. This causes 36 million kg co2 equivalent, the same as 36000 extra gasoline cars. (vii) Only 37 percent of patients receive yearly monitoring. We calculated that EUR 14 million annually can be saved as a result of better diagnosis leading to less overdiagnosis and overtreatment and less spacers.

Conclusions. Despite that 'HTA (Health Technology Assessment) at the doorstep' has been applied for asthma interventions, we noticed considerable room for improvement. We consider this method important for real HTA life cycle approach.

PP140 Economic Evaluation Of Several Vaccination Strategies Against Rotavirus In Spain

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Introduction. The Spanish Ministry of Health asked us about the efficiency of extending the current rotavirus vaccination strategy to all newborns. The current strategy is to vaccinate only to high-risk newborns (premature and those qualified as high-risk by a pediatrician). The objective of this research was to compare three strategies: no-vaccination, vaccination of high-risk newborns and universal vaccination, considering the two vaccines available in Spain: RotaTeq® and Rotarix®.

Methods. A cost-utility analysis, based on a de novo Markov model, was carried out both from a societal and a healthcare system perspective. The model follows a cohort of newborns during their life-course. The cycle length is annual and a half-cycle correction was applied. A discount rate of 3 percent was applied in the base case both to costs and utilities. Most of the incidence, probabilities and costs data were Spanish. The Quality Adjusted Life Year (QALY) data were taken from international literature. We assumed a willingness to pay threshold of EUR 25,000 per QALY gained. We performed deterministic one-way sensitivity analysis.

Results. Compared to no-vaccination, the high-risk vaccination strategy is cost-effective assuming the above-mentioned threshold only with Rotarix® from a societal perspective (RotaTeq® EUR 32,008 per QALY; Rotarix® EUR 23,368 per QALY). Universal vaccination is not cost-effective either compared to no-vaccination or compared to the high-risk vaccination strategy and with both perspectives. Vaccine prices and efficacy data are highly sensitive variables. We find that universal vaccination would be cost-effective with a discount of 44.6 and 36.9 percent of the current price of RotaTeq® and Rotarix®, respectively.

Conclusions. Universal vaccination would not be a cost-effective strategy for Spain with either of the two vaccines at current prices. Vaccination of high-risk newborns would be cost-effective at current prices and from a societal perspective only with Rotarix®. Substantial vaccines price reductions could make the universal vaccination a cost-effective option in Spain.

PP142 Time-Driven Activity-Based Costing (TDABC) Of Brazilian Public Healthcare System (SUS): Preliminary Results For Osteogenesis Imperfecta (OI)

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Introduction. Improving the value of healthcare delivered requires accurate cost information, which can be challenging for rare diseases. We report direct costs of patients with OI using the TDABC methodology.

Methods. This research is part of a nationwide observational study to assess the "Value of Healthcare Journey for Patients With Rare Diseases" in SUS. Patient journey and economic data was collected for the actual clinical practice in each medical center enrolled in the project. We set the starting point of disease and map a patient's path in the healthcare journey, including treatment, exams, procedures and appointments needed. Unit cost, time and amount of resources to perform each activity, such as human resources, materials and medicines, was assessed, disregarding indirect costs. Here we present