

TIA patients should be referred by paramedics to specialist care, 2/4 by telephone, and 2/4 by fax.

Although protocol compliance was audited in an initial pilot in one service, no formal evaluation of effectiveness was reported.

CONCLUSIONS:

Several UK ambulance services have introduced similar referral pathways for low risk TIA patients, avoiding transportation of patients to the ED. Existing initiatives can inform the development of an intervention for evaluation in a randomized trial.

PP060 Burden Of Nervous System Diseases On The Social Security System

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INTRODUCTION:

The aim of the study was to estimate the benefits provided and pension costs of patients with central nervous system (CNS) diseases and specifically for multiple sclerosis (MS), between 2009 and 2015 by age in the Italian regions.

METHODS:

The database of approved claims was analyzed and the mean cost per benefit of the National Institute of Social Security (INPS) determined for four types of social security benefits: incapacity pensions (for workers without work ability), disability pensions and disability benefits (for workers with reduced work ability) and attendance allowance (for people without work ability with physical and/or mental disability). From this data we estimated the total benefit provided and the total costs for CNS and MS, considering the regional distribution and age of the applicants. A probabilistic

model with a Monte Carlo simulation was developed in order to estimate the total benefits provided and costs.

RESULTS:

The model estimated for CNS diseases a total of incapacity pensions paid (thirteen grants for each beneficiary for every single year) from 2009 to 2015 of about 1.7 million (13,000 beneficiaries on average annually with a mean annual increase of 1 percent) corresponding to EUR1.1 billion (EUR165 million each year with a mean annual increase of 2 percent); a total of disability pensions paid of about 9.8 million (180,000 annual beneficiaries with a mean annual decrease of -10 percent) for a cost of EUR5.3 billion (EUR763 million each year with a mean annual decrease of -9 percent) and a total of disability benefits provided of about 2.7 million (30,000 annual beneficiaries with a mean annual increase of 5 percent) corresponding to EUR1.8 billion (EUR255 million every year with a mean annual increase of 7 percent). For the attendance allowance the model estimated a total of 8,900 beneficiaries in 2015 for a total cost of EUR57 million. The results of the regional analysis showed that the central and part of the southern regions (in particular the Sardinia region) reported the highest rates of benefits provided related to the resident population.

CONCLUSIONS:

The most important indirect costs in Italy from 2009 to 2015 were represented by disability pensions (64 percent of the total cost), followed by disability benefits (21 percent of total indirect cost).

PP061 Direct Cost Of Physiotherapeutic Devices Judicialization In Brazil

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INTRODUCTION

The “Judicialization of health” is a judicial option, provided by the Brazilian constitution, which aims to guarantee the access of the population to healthcare products or services to which they were denied or that were otherwise unavailable on the Unified Health System (SUS) (1). This highlights deficiencies in public policies (2). Considering the progressive impact of the judicialization on the budget and the lack of real-world evidence on the subject, the objective was to describe the judicialization profile of physiotherapeutic devices in the city of Rio de Janeiro and to estimate the spending on them within the system.

METHODS:

The profile was traced based on the analysis of the processes (n = 243) submitted to the Technical Advice Unit of the Rio de Janeiro Justice Court between May 2013 and September 2015, which litigated the provision of physiotherapeutic devices. Direct cost information was obtained from both public and private sources. The analysis was carried out using the SUS perspective.

RESULTS:

About 63 percent of the patients were over 60 years old. The majority of the requests were due to chronic respiratory diseases, the most common being obstructive sleep apnea-syndrome (31 percent), chronic obstructive pulmonary disease (14 percent) and pulmonary fibrosis (11 percent). The most judicialized devices were continuous positive airway pressure (21 percent), oxygen concentrator (17 percent) and portable oxygen cylinder (13 percent). None of these devices are currently covered by SUS. The expenses related to the purchase of the devices pleaded was approximately USD812,500 over 29 months.

CONCLUSIONS:

The total spend on these devices were considered very high when compared to Rio de Janeiro’s health budgetary capacity. This scenario could be worse if this type of demand were not planned, and needed to be accomplished quickly with urgent purchases. The results obtained shows that judicialization

phenomenon has a meaningful impact on the economic viability of the Brazilian healthcare system.

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PP064 Registration Of Healthcare Mobile Apps In Brazil

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INTRODUCTION:

The use of applications (app) on mobile phones to health care is a trend. Its applications range from the use as energy calculators, monitoring clinical parameters, as well association with medical devices, personal health records or used to request appointments (1). Thus, it is intended to evaluate the regulatory instruments available in Brazil as to their sufficiency to analyze this new technology.

METHODS:

Assessment of regulatory instruments for mobile app registration by the Brazillian Health Regulatory Agency (Anvisa) (2). The main variables in the form of Class I and II are: Submission type, Postal Code, Electronic Site, Product code, Classification Rule, Class, Indication of Use / Purpose, Principle of Operation, Platform, Target Audience, Type of Environment, Compatibility, Safety Characteristics, Technical Standards used, Product Origin.