

broad set of activities comprising regulation, planning, distribution and dispensation of essential medicines in primary health care facilities. Considering governance capacity as a key requirement for the success of a public health policy, this article aims to demonstrate the adaptation and operationalization processes of using a national survey database for a national evaluation of the pharmaceutical assistance governance in public primary health care in Brazil.

METHODS:

This is a systematic study of an evaluation model on pharmaceutical assistance governance at the municipal level, and of the data collection instruments and databases used in the recent National Survey on Access, Use and Promotion of Rational Use of Medicines, in addition to the preparation of indicators protocol validated for application throughout the country. The study steps were as follows: selection of data from the survey and their adaptation to evaluation indicators nationwide; validation of an evaluation matrix adapted in a workshop with actors in the field; database construction; data analysis; and, issue of value judgment.

RESULTS:

The adaptation of the evaluation matrix caused seventeen indicators to be reformulated. In six of these indicators, the changes referred only to the data source. As the recommended measures could not be implemented due to lack of information, sixteen indicators were excluded from the original protocol. Ultimately, the proposed protocol comprised thirty indicators presented in three dimensions (organizational, operational and sustainability).

CONCLUSIONS:

The methodology enabled the redesign of the evaluation matrix according to the specific national characteristics by crossing the data provided by the reference survey and evaluation model. The participatory process, the use of data from all actors involved in pharmaceutical assistance at the municipal level, and the use of the principles of the national health policy as the basis for selection and construction of a fitted evaluation protocol are important strengths of the new protocol proposed. The absence of international studies on evaluations using the same model is a major weakness.

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PP34 A Cost-Utility Analysis Of The Syncope: Pacing Or Recording Trial

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INTRODUCTION:

For patients with bifascicular block and syncope of unknown origin, different American Heart Association guidelines give Class 2A recommendations for two treatments: the implantable loop recorder (ILR) and empiric pacemaker insertion (PM). Equipose reflected in guidelines may contribute to uncertainty in management and inefficient resource use. The objective of this analysis is to determine the cost-effectiveness of ILR compared to PM in the management of older adults (age > 50 years) with bifascicular block and syncope over two years, from the perspective of a Canadian publicly funded health care system, in the Syncope: Pacing or Recording In The Later Years (SPRITELY) trial.

METHODS:

Resource utilization data was collected throughout the trial, and unit costs were assigned (2017 Canadian dollars). Utility was measured at baseline and annually with the EQ-5D-3L. Quality adjusted life years (QALYs) were calculated as area-under-the-curve, and adjusted for baseline imbalances in utility. Confidence intervals for the incremental cost effectiveness ratio were generated with non-parametric bootstrapping.

RESULTS:

Mean cost in participants randomized to PM was CAD 9,759 (USD 7,400), compared to CAD 13,453 (USD 10,200) in participants randomized to ILR. The ILR strategy resulted in 0.020 QALYs more than the PM strategy. The incremental cost effectiveness ratio was CAD 186,553 (95% CI: -831,950-1,191,816) (USD 141,900, 95% CI: -632,740-906,440) per additional QALY. In 1,000 bootstrapped replicates, the cost of the ILR strategy was always greater than that of the PM strategy. At the threshold of CAD 50,000 (USD 38,000) per additional QALY, the probability that the ILR strategy is the cost effective option is 0.504.

CONCLUSIONS:

ILR costs were greater than PM costs, with little difference in QALY outcomes over two-years. Findings are generalizable to patients similar to SPRITELY participants, from the perspective of the Canadian health care system. However, practice pattern variation and payment systems inhibit generalizability to other countries. Future analysis will explore cost and QALY outcomes in countries that participated in the SPRITELY trial.

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PP35 The National Oral Health Policy In Brazil: A Review Of The Literature

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INTRODUCTION:

The National Oral Health Policy (NOHP) "Smiling Brazil" was launched in 2004, with the goal of reorienting the model of oral health care in the Unified Health System. Up to then, this area was impaired by limited access and curative procedures. The NOHP aims to reorganize Primary Health Care in Oral Health, expand and qualify Specialized Care and add fluoride in the public water supply. This review will bring a reflective view of NOHP evaluation.

METHODS:

This review work searched for evidence on the Bireme and Google Academic databases, with the keywords "Evaluation" and "National Oral Health Policy" in October 2017. The search was limited to full texts in Portuguese, English and Spanish. After reading the titles, the abstracts and finally the complete texts, the articles that did not correspond to the evaluation objective of the NOHP were excluded.

RESULTS:

Of the 381 initial articles found, fifteen were selected for inclusion in this study. The majority reported advances in the quality and scope of oral health care with expanded access and provision of services, such as preventive actions, health education, fluoridation of the public water supply and an increase in population coverage. There was also an improvement in the main

indicators, in resolution, financial investments and epidemiological surveys. Moreover, few studies showed improvement in user satisfaction. Conversely, difficulties were identified in overcoming the traditional care model, in training and professional appreciation. Challenges included the need to expand access to fluoridated water, increase coverage, build a more comprehensive care network and reduce regional disparities.

CONCLUSIONS:

After 13 years, advances and challenges can be observed in the quality and comprehensiveness of oral health care in Brazil. There is evident improvement in indicators; however there remains a lack of access and resolution in the actions, with a large number of regional discrepancies.

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PP36 Early Diagnosis And Treatment Of Psoriatic Arthritis

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INTRODUCTION:

Screening for psoriatic arthritis (PsA) is expected to identify patients at earlier stages of the disease. Early treatment is expected to slow disease progression and delay the need for biologic therapy. This study estimated the cost-effectiveness of screening tools for PsA in Canada.

METHODS:

A Markov model was built to estimate the associated costs and quality-adjusted life-years (QALYs) of screening tools for PsA in patients using topical treatment for psoriasis. The screening tools included: the Toronto Psoriatic Arthritis Screening (ToPAS) questionnaire; the Psoriasis Epidemiology Screening Tool (PEST); the Psoriatic Arthritis Screening and Evaluation (PASE) questionnaire; and the Early ARthritis for Psoriatic patients (EARP) questionnaire. Health states were defined by disability levels, as measured by the Health Assessment Questionnaire (HAQ), and state transition was modeled according to annual disease progression. Screening was assumed to be effective during a 2-year sojourn period. Incremental