level. The development of the performance measures over time may be attributed to changes in health care organization and system. As a routine data the ATHIS 2006/2007 (a standardized health interview survey), the cause of death registry 2006 and 2007, the hospital discharge datasets from the Austrian DRG system 2006/2007 (KDiok/DLDR) and diagnoses for the outpatient sector derived from pharmaceutical claims data 2006/2007 (ATC+ICD) with the burden of disease regarding Ischemic Heart Disease (ICD9 410-414) with different regional granularity. Methods and results are compared with epidemiological data changes based on this topic. The similarity of the results of these different methods of measurement a systematic review of regional correlation is being elaborated. Correlations pointing to a high analogy of the findings in spite of the differences in dimensions measured on the one hand and compared on the other hand were further explored. RESULTS: The review of regional correlation indicates promising close links between the burden of disease derived from ATC+ICD, ATHIS and cause of death registry data. Hospital discharge data and regional intrative relations towards the other data sets. CONCLUSIONS: The use of routine data yields promising opportunities for monitoring the Austrian health care system in a timely and comprehensible way. It enables different aggregation levels regarding regions and periods and leads to results which are more representative for regional variation. The methodology can be transferred to other areas of diseases.

PCV165

ASSESSING THE IMPACT OF ORGANIZED SCREENING FOR ABDOMINAL AORTA ANEURYSM IN AUSTRIA – FOLLOWING EUNETHTA CORE INFORMATION

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OBJECTIVES: To estimate the potential added value of an ultrasound-fluoroscopy fusion technology and to support product development and marketing positioning of the technology in interventional cardiology, using a combination of research methods. METHODS: Stakeholder analysis was carried out to determine the professionals involved in the adoption process. Literature search indicated which procedures could benefit most from the imaging technology. Subsequently, the current workflow and associated resource use of those procedures was compared with the expected workflow after potential technology adoption. Decision criteria to adopt the new imaging technology were evaluated with the analytical hierarchy process (AHP). Finally, a value based pricing approach was used to estimate the value of the technology to specific stakeholders in the adoption of technology. RESULTS: Intervention cardiologists were identified as key stakeholders in the adoption of technology. The AHP showed that reduction in complication rates is the most important criterion for adopting a new imaging technology, whereas the purchase price seemed less important. Various procedures could benefit from the new technology, as this may shorten procedural times and facilitate communication between intervention cardiologists and imaging professionals. Value based pricing analysis showed that cost savings could be expected as a result of reduced procedure times, especially in centers of expertise with medium to high procedure volumes. CONCLUSIONS: The ultrasound-fluoroscopy fusion technology can provide added value in specific cardiac interventions, especially at high procedure volumes. Early assessment of potential added value and adoption criteria timely and effectively supported the product development phase. It informed various decision makers on the factors influencing the expected value of and uncertainties surrounding a future adoption of the technology.

PCV167

DIVERGENCE OF HTA DECISIONS ACROSS COUNTRIES: CASE ANALYSIS OF IVABRADINE

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OBJECTIVES: To estimate the impact of hypercholesterolemia (HYP) on population health in Portugal. METHODS: We estimate the Disability Adjusted Life-Years (DALY) attributable to HYP in 2010. The DALY include both years lost to premature death and years lost to disability. HYP is a risk factor for Acute Myocardial Infarction (ICD 9 410), other Coronary Heart Diseases (ICD 9 411-414) and for Ischemic Stroke (ICD 9 433-434). In order to estimate the attributable fractions to HYP of the diseases considered a microsimulation approach was used by using Framingham equations on data from individual observations in the Valsi database. A total cholesterol equal to the mean for observations above 200 mg/dL was imputed to all individuals under statin treatment. A total cholesterol equal to the mean for observations above 200 mg/dL was imputed to all individuals under statin treatment. The study area counted 470,300 residents, requiring 65.8% prescriptions. Mean PM10 concentration was 48 µg/m³ (SD 31 µg/m³). Overall, we estimated that raises in PM10 concentration were associated with an incremental increase in the probability of prescription of inhalant adrenergics (0.32% for increments of 10 µg/m³ in PM10 concentration; 95%CI 0.00,0.65), antiarrhythmics (0.52% for increments of 10 µg/m³ in PM10 concentration; 95%CI 0.30,0.77), anti-diabetics. Analyses were replicated for delayed effects of PM up to 6 days and for winter and warm season. RESULTS: The study area counted 470,300 residents, requiring 65.8% prescriptions. Mean PM10 concentration was 48 µg/m³ (SD 31 µg/m³). Overall, we estimated that raises in PM10 concentration were associated with an incremental increase in the probability of prescription of inhalant adrenergics (0.32% for increments of 10 µg/m³ in PM10 concentration; 95%CI 0.00,0.65), antiarrhythmics (0.52% for increments of 10 µg/m³ in PM10 concentration; 95%CI 0.30,0.77), anti-diabetics. Analyses were replicated for delayed effects of PM up to 6 days and for winter and warm season. The results of the present study are in agreement with previous findings that PM exposure may impact public health not only through severe but also through moderate adverse events. Further investigation is needed and given the usually scarce data availability on moderate outcomes, HYPs represent a valuable data source.