prestadores y pacientes) del sistema y llevan a un desbalance por el aumento de costos de las nuevas tecnologías y las que realmente disminuyen las tasas de morbimortalidad. Se analizaron 36.890 pacientes en el año 2016 en los cuales se realizaron intervenciones de salud, pertenecientes a un asegurador privado del régimen subsidiado en Colombia. Este modelo está basado en la auditoría para el mejoramiento de la calidad de la atención en salud y la pertinencia científica. Entendiendo a la auditoría como una herramienta de gestión de la calidad y, a su vez la dirección científica como una herramienta de la gestión gerencial en el desarrollo de metodologías e instrumentos propuestos en las experiencias exitosas, basados en la evidencia científica demostrable, armonizándolas con sus condiciones específicas y adaptándolas de manera responsable tendientes a disminuir el consumo de recursos, que se traducen en costos en salud con mejores resultados para los pacientes y el sistema. Este método, mostro una reducción significativa en costos en salud, que son replicables en las organizaciones o aseguradores en salud, para lograr difundir el conocimiento, facilitar la participación de los actores del sistema de salud en la elaboración de protocolos clínicos y directrices terapéuticas que conllevan a mejorar la indicación de las intervenciones siendo más coto efectivas, generando mayor cobertura y calidad en la atención.

PHP69

THE IMPORTANCE OF THE DISINVESTMENT PROCESS IN THE PUBLIC HEALTH SYSTEM

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In recent years, discovery of new technologies were accompanied by a growth in treatment costs and put health spending among the largest expenses of public systems and families around the world. In order to respond to the need to evaluate and select health technologies that deserve to be incorporated to health systems, methods have been developed to support this process. However, post incorporation analyses of these technologies are necessary for safety or cost effectiveness of what is kept in circulation. This work aims to promote the understanding of the processes that lead to the elaboration of recommendations regarding the maintenance of technology or disinvestment in Brazil, through definitions, detailed descriptions and case studies. The reasons for evaluating the performance of technologies already included in the Brazilian Public Health System, such clinical effectiveness of incorporated technologies, were elucidated, determining the factors that influence the decision to disinvest. The decision to disinvest considered the results of review of health technologies. Additionally, case studies were obtained from the database of the Brazilian Public Health System and consist of the exclusion of Telaprevir and Boceprevir, used in the treatment of hepatitis C, and betainterferon 1A 6.000.000 UI (30 μg) (Avonex®), used in the treatment of Relapsing Remitting Multiple Sclerosis. Based on the reported cases, it was concluded that the process of disinvestment and reinvestment in technologies should be focused on the best risk and benefit ratio for the population, aiming the availability of cost effective treatments and services, and that well-structured methods, such as the guideline published by National Committee for Health Technology Incorporation, could make the disinvestment process more transparent.

PHP70

UN MARCO CONCEPTUAL PARA EL ANÁLISIS DE LA IMPLEMENTACIÓN DE LOS COMPONENTES DE LA SALUD ELECTRÓNICA (E-SALUD) Y SU EFECTO EN LA CALIDAD EN LA PROVISIÓN DE SERVICIOS DE SALUD

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La salud electrónica (e-Salud) es un concepto amplio que implica la aplicación de las tecnologías de información y comunicación (TIC) en los sistemas de vigilancia, prevención y(o) atención a la salud. Como componentes de la e-Salud se incluye principalmente los sistemas de administración de insumos o recursos (agenda de citas, laboratorio clínico o farmacia), el expediente electrónico, la prescripción electrónica, los sistemas de apoyo a la decisión clínica, el uso de dispositivos móviles (salud móvil), los sistemas de imagenología, los sistemas de atención a distancia (telemedicina), así como la enseñanza a través de medios digitales. Otros componentes que pueden considerarse parte de la e-Salud son los sistemas de almacenamiento y análisis masivo de datos ("big data"), el aprendizaje artificial, así como los sistemas de "internet de las cosas". En este trabajo se diseñó un marco conceptual para analizar la implementación de componentes de e-Salud y sus efectos (o impacto) en la calidad en la provisión de servicios de salud. Se incorporaron en el modelo elementos de implementación de los componentes de e-Salud en las organizaciones o instituciones de salud, así como el proceso de adopción-apropiamiento de estos componentes por actores clave de los procesos de prevención y(o) atención a la salud (profesionales sanitarios, usuarios de servicios o pacientes, personal técnico y administrativo). Las dimensiones de análisis de calidad incluidas en el modelo fueron accesibilidad y utilización de servicios, calidad técnica, calidad interpersonal, seguridad, efectividad, eficiencia, satisfacción y equidad. A través de una revisión bibliográfica en bases de datos y(o) literatura especializada se identificaron diversos criterios de análisis de los diferentes elementos incluidos en el marco conceptual. Los elementos del modelo fueron incorporados dentro del continuo "estructura - proceso - resultado" de Donabedian y son susceptibles de analizarse a través de la aplicación de métodos cualitativos, cuantitativos o mixtos.

DISEASE- SPECIFIC STUDIES

CARDIOVASCULAR DISORDERS – Clinical Outcomes Studies

PCV1

SYSTEMATIC REVIEW OF STATINS EFFECTIVENESS IN PREVENTION SECONDARY IN ELDERLY

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OBJECTIVES: Although several studies have demonstrated the relationship between high serum cholesterol levels and cardiovascular disease incidence, this relationship for the elderly seems to be the opposite. Observational studies have shown that, in the elderly, higher serum cholesterol rates represented reduction in mortality. Statins have already demonstrated their benefits in the treatment of cardiovascular disease in adults. This correspondence is much clearer in secondary prevention of cardiovascular disease . Based on this context, the objective of this study was to evaluate the efficacy of statins in the secondary prevention of cardiovascular events in the elderly. **METHODS:** A systematic literature review was conducted in the databases: Medline (by PubMed), Embase, Cochrane Library, Center for Reviews and Dissemination (CRD), In which searched for randomized controlled trials (RCTs) that evaluated the efficacy of statins in the elderly whose outcomes were mortality (all causes or cardiovascular disease), fatal and nonfatal myocardial infarction, stroke or revascularization. Two independently reviewers identified articles that met the inclusion and exclusion criteria. The quality of the evidence was verified using the Cochrane bias risk assessment tool. Six RCTs were included in the systematic review and meta-analysis was performed by outcome. **RESULTS:** this systematic review show that in the elderly with a pre-existing cardiovascular disease the statin is able to reduce death from all causes, presenting a relative risk of 0.78 (95%CI 0,70-0,86) I2=0% (p=0,7912), death by CVD RR=0.69 (95%CI 0,60-0,80) I2=0% (p=0,5081), fatal and nonfatal acute myocardial infarction RR=0,72 (95%CI 0,63-0,83) I2=0% (p=0,8489), nonfatal myocardial infarction RR=0,75 (95%CI 0,64-0,87) I2=0% (p=0,7460), AVC RR=0.80 (95%CI 0,66-0,96) I2=42,6% (p=0,1363) and revascularization RR=0,70 (95%CI 0,60-0,81) I2=0% (p=0,5611). **CONCLUSIONS:** Despite statins have shown efficacy, treatment decisions should consider the patient's individual status regarding comorbidity, polypharmacy, and patient opinion, since the elderly have a higher risk of adverse effects by this drug's class.

PCV2

AN ASSESSMENT OF CORRELATION BETWEEN MORTALITY AND DISTANCE FROM PATIENT'S RESIDENCE TO INTERVENTIONAL CENTER IN PERCUTANEOUS CORONARY INTERVENTION IN BRAZIL

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OBJECTIVES: To assess the relationship between myocardial infarction in-hospital mortality after percutaneous coronary intervention (PCI) and transportation time from patient's residence to interventional center in the Brazilian public healthcare system (SUS). **METHODS:** Brazilian public healthcare claim databases (DataSUS) were used to assess the relationship between myocardial infarction in-hospital mortality and the transportation time from patients' residence zip code to interventional center where PCI was performed. DataSUS data between June 2014 and June 2016 was extracted. Transportation time was obtained through Google Maps Distance Matrix API. Patients' sample was defined selecting only patients with records of PCI through balloon inflation or stent placement. In order to reduce sampling noise, patients with inconsistent outcome data, zip code or interventional center identification were excluded from sample. Additionally, any transportation time higher than three hours were excluded in order to reduce risk of bias resulting from potential travel. Transportation times were stratified in two groups: less than one hour and more than one hour. Statistical significance was tested through Fisher's exact test. Brazilian states were clustered according to their annual per capita gross domestic profit (GDP): one group higher than the country's median (group A) and another one below the country's median (group B). **RESULTS:** Out of 56.883 hospitalizations, 54.141 were included in the analysis. When analyzing the country as a whole, no difference in in-hospital mortality was observed between patients living closer or farther to the hospital that provided the PCI. However, patients living closer to the hospital in group B states had a lower mortality compared to those living farther (OR=0.83. p=0.03), what was not observed in group A states. **CONCLUSIONS:** Distance between patients' residence and hospital seems to have higher effect over mortality in lower GDP per capita states. Further investigation on reasons for differences between group A and B results is needed.

CARDIOVASCULAR DISORDERS – Cost Studies

PCV3

BUDGET IMPACT ANALYSIS OF ADOPTING EVOLOCUMAB IN THE BRAZILIAN PRIVATE HEALTHCARE SYSTEM FOR PATIENTS WITH UNCONTROLLED LDL-C AND HIGH CARDIOVASCULAR RISK

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OBJECTIVES: To estimate the budget impact of adding evolocumab to standard lipid-lowering therapy (LLT) (statins with or without ezetimibe) in high-risk patients from the Brazilian private healthcare system perspective. **METHODS:** This analysis considered high cardiovascular (CV) risk patients, specifically, individuals with non-familial hyperlipidemia or heterozygous familial hypercholesterolemia (HeFH), with history of CV event in the previous year and uncontrolled LDL-C (≥160 mg/dL). The baseline CV event rate was derived from a retrospective database study (SIDIAP), with inclusion criteria similar to the Brazilian population. This analysis used the relationship between LDL-C lowering and reduced CV event rates observed in the Cholesterol Treatment Trialists' Collaboration (CTTC) meta-analyses. CV event costs (inflated to 2016 values) were taken from local published studies. The total budget impact was estimated as the difference between additional medication costs and reduced CV event and procedure costs associated with the introduction of evolocumab. The budget impact was also expressed per member per month, with respect to the total