was lower with DOACs in eight SRs for hip arthroplasty and in five SRs for knee arthroplasty. The risk of major bleeding was similar between the treatments in all but two SRs. Substituting enoxaparin for DOACs led to a cost reduction of BRL490 (USD98) per patient, which could save BRL29,890 (USD6,038) per year.
Conclusions: Patients undergoing hip and knee arthroplasties are at high risk for the occurrence of VTE. Our overview of SRs showed that the efficacy and safety of DOACs are well recognized. DOACs reduce the risk of VTE, but to date patients in Brazil do not have access to these medicines through the SUS. By providing DOACs, hospitals could ensure adequate prophylaxis without increasing costs.

PD62 Judicialization Of Health In A Brazilian University Hospital: How Can We Reduce The Budget Impact?

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Introduction: Public hospitals in São Paulo can be held financially responsible for costs related to medications prescribed outside the recommendations of the Brazilian Unified Health System (SUS). The objective of this study was to describe these expenses in a public hospital and the measures implemented and evaluated to reduce this problem.
Methods: In January 2023, the Health Technology Assessment Center collected data on legal proceedings filed against a tertiary teaching hospital from January 2021 to November 2023. The data were obtained from monthly reports sent by the São Paulo State Department of Health (SES). The proceedings were categorized according to the type of technology and its availability in the SUS, costs, and the prescribing specialties. The indicators developed were used to plan improvement actions to guide care teams, negotiate with the SES, and resolve current legal proceedings.
Results: The cost of legal proceedings for 136 patients was BRL4,410,278 (USD890,965). Four medicines for six patients constituted 56 percent of the total cost. A group created an informative folder explaining how to access the National List of Essential Medicines, prescribe medicines from the high-cost program, and make administrative requests. Other related actions were the creation of a standardized process for requesting medicines, monthly assessment of judicialization data, clinical discussions with prescribers, and educational activities with residents. The interventions reduced average monthly costs from BRL177,268 (USD35,811) to BRL85,493 (USD17,271) in the last trimester.
Conclusions: Knowledge and measurement of judicialization costs allowed the hospital to implement improvements to help avoid new legal proceedings and to understand the demands of medical specialties regarding situations not covered by SUS guidelines. The Health Technology Assessment Center's work with managers made it possible to identify opportunities for improving the education of professionals regarding the procedures and technologies available in the SUS.

PD64 Modeling Clinical And Economic Impact Of Integral, Transversal, And Multidisciplinary Management Of Aortic Stenosis In A Catalan Hospital

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Introduction: A program for integral, transversal, and multidisciplinary management of aortic stenosis (MITMEVA) is being implemented at the Clinic Barcelona University Hospital (CBUH) to provide adequate treatment for patients with aortic stenosis (AS). Eleven actions at different care points were implemented (e.g., awareness raising for the general population, a single entry path for patient referral, prehabilitation and rehabilitation, and a risk-sharing agreement). Preliminary results are presented.
Methods: A before-and-after implementation study was conducted with 131 patients under MITMEVA and 131 matched (for treatment, New York Heart Association classification, sex, age, and referral place) historical controls. Data were collected on resources used and quality of life and to calculate several key performance indicators (KPIs) (e.g., knowledge improvement in citizens, time from diagnosis to treatment, and patient involvement and satisfaction) for each implemented action. A descriptive analysis of KPIs and a Markov model were performed to simulate clinical and economic outcomes for patient health states over time after the first year until the tenth year after intervention.
Results: The MITMEVA program increased quality-adjusted life-years by 1.78 (p=0.011) and reduced time from referral to first hospital visit by 24.7 percent (p=0.05), hospital complications by 19.7 percent (p=0.05), mean conventional ward stay from 12.8 to 8 days (p=0.01), and mean intensive care unit stay from 9.75 to 4.25 days, although the latter difference was not statistically significant (p=0.139). The mean cost per patient was reduced from EUR7,573.27 per patient to EUR6,024.61 per patient (p=0.01). The MITMEVA program was a dominant strategy. There was a 46 percent increase in correct AS symptom identification after delivering training on AS to the general population.
Conclusions: Integrated care approaches can potentially improve patient continuum of care if the strategies are deployed in a multidisciplinary and transversal way across healthcare actors. The MITMEVA program significantly improved clinical and economic

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