

**PL005**

## **DOES COST MATTER? COMBINING CLINICAL GUIDELINES AND HTA THE CASE OF COLOMBIA**

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All health systems face the challenge of managing finite resources to address an unlimited demand for services. Over the past decades different health systems have established specialized bodies in charge of conducting health technology assessments (HTAs) and developing clinical practice guidelines (CPGs) aimed at better informing healthcare policies and clinical practice.

On the one hand, HTA examines the consequences of the application of health technologies aimed at better informing resource-allocation decision-making. On the other, CPGs are statements developed in a systematic fashion to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances. Both HTAs and CPGs are closely related to evidence-based medicine (EBM).

With increasing attention to universal health coverage (UHC), Colombia an upper-middle-income country in South America started in 2008 evidence based CPGs development and using HTAs to update the national benefits package in 2011. In the case of Colombia the strong influence of the judicial courts on behalf of the patients has shaped healthcare coverage and created financial strain within the system.

The establishment of the Health Technology Assessment Institute of Colombia (IETS) at the same time of publication of recently developed CPGs for over 40 healthcare conditions served as an opportunity to incorporate cost-effectiveness and cost-utility analyses of the most relevant PICO questions within each guideline in order to raise awareness of opportunity costs of clinical decisions within healthcare practitioners and prescribers.

The discussion focuses on the evolution of using EBM approaches to inform macro/micro decision-making within this setting, as well as the experienced opportunities and challenges that might be of help to other low and middle-income countries (LMICs) committed to advancing to more fair and sustainable UHC. Since policy making is rather iterative and intricate, more discussion and research in LMICs could serve to depict further lessons learned in the near future.