

resistant tuberculosis in 2018, of which 78 percent were multidrug-resistant tuberculosis (MDR-TB), and China has one of the largest shares of the global burden (14%). In recent years, the Chinese government has made progress in TB control and prevention, but for MDR-TB, treatment options are still limited and expensive, and novel drugs are not always available. This research aims to evaluate the cost-effectiveness of adding bedaquiline to a background regimen (BR) of drugs for MDR-TB treatment in China, and to provide evidence for government to improve public health policies.

Methods. A cohort-based Markov model was developed to evaluate the incremental cost-effectiveness ratio (ICER) of bedaquiline plus BR (BBR) versus BR alone in MDR-TB treatment, over a 10-year time horizon. Data were sourced from a phase II clinical trial, real-world data in China, published literature, and expert opinion. Outcomes were evaluated in quality-adjusted life years (QALYs) and life-years gained (LYG). The discount rate was 3.5%. Probabilistic and deterministic sensitivity analyses were conducted.

Results. The discounted costs per person for BBR was CNY 135,706 [USD 19,172], compared with CNY 92,465 [USD 13,063] for BR. The discounted utility per person for BBR was also higher than that for BR (3.943 QALYs versus 3.193 QALYs). The ICER of BBR was CNY 58,096 [USD 8,208]/QALY, which was lower than the willingness-to-pay threshold of CNY 212,676 [USD 30,046] (three-times the gross domestic product per capita). Therefore, BBR was considered to be cost-effective. The sensitivity analysis confirmed the robustness of the results. BBR remained cost-effective in the sensitivity analysis, with a 77.2 percent probability of being cost-effective versus BR.

Conclusions. In China, bedaquiline is not included in the National Reimbursement Medicine List, which results in a heavy financial burden for MDR-TB patients. From this study, BBR was cost-effective by significantly reducing time to sputum culture conversion and increasing QALYs and LYGs, which offset the higher drug costs.

PP404 Effect Evaluation Of Two Family Doctor Contracting Service Models On Diabetic Patients: A Real-World Study In Chengdu, China

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Introduction. To strengthen the care capacity of primary facilities, China has vigorously promoted the construction of a hierarchical medical system and a family doctor care system. In July 2017, a family doctor care plan was launched in an urban district of Chengdu, Sichuan Province, and two family doctor contracting service models were adopted, one provided a basic-service package and the other a paid-service package. In order to evaluate the effect of different models on diabetic patients, this study conducted a real world study based on the district healthcare database.

Methods. Diabetic patients who contracted family doctor services January 2018 to January 2019 as reported in the database were

enrolled in the paid- or basic-service group. Propensity score matching (PSM) was conducted to balance the distribution of covariances between the groups. The results of the first and last examination of glycosylated hemoglobin, low-density lipoprotein cholesterol (LDL-C), systolic and diastolic blood pressure in the groups were compared by independent sample t-test and chi-square test.

Results. Included were 4,871 patients in basic-service and 394 patients in paid-service. In both groups the total control rates of blood pressure, glycosylated hemoglobin and LDL-C at the last physical examination were 43.67, 79.28 and 51.11 percent, respectively, a significant increase from pre-test. The combined control rates of HbA1c, LDL-C and blood pressure in the basic- and paid-service group were 20.76% and 22.37%, respectively. After PSM, there was no significant difference between the groups.

Conclusions. Up to now, there is no significant difference between basic-service and paid-service family doctor contracting service models in improving the comprehensive control rate of diabetic patients. The possible reasons may be that the quality and content of paid-service is not as good as expected, the period of implementation is not long enough and the sample size of paid-service patients is limited.

PP406 Academic Detailing For Judges: Concepts Of Evidence-Based Medicine And Health Policies Adopted In Brazil

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Introduction. The Brazilian health system has not been able to enforce the constitutional Right to Health for the entire population, leaving litigation as the last alternative for the fulfillment of the right. In order to harmonize and underpin the decision making of federal judges, an Academic Detailing (AD) program with concepts of evidence-based medicine and health policies for federal judges will be conducted nationwide in Brazil. AD is a strategy to provide information, combining an interactive outreach approach with the best evidence. This study reports the method used to define key messages to be used during visits.

Methods. Government, federal judges and academy representatives were invited to a workshop on health litigation in Brazil. They were divided into six groups to discuss five hypothetical scenarios. In each scenario, groups listed two possible key messages to disseminate during AD, addressing the legal, scientific, economic or ethical dimensions. After the definition, a vote was taken, according to the importance that each participant attributed to them (1 to 10), and then a score was generated.

Results. Of the thirty-one participants, five were from the judiciary, three prosecutors, one health insurance representative, nine managers and thirteen from the academy. From the case study presented, fifty-five key messages were suggested. After removing duplicates, twenty-five were selected to assign