

elderly dependency ratio, while the birth rate and children's dependency ratio were higher. SHI countries showed a higher life expectancy and lower mortality rate in infants and children. NHS countries spent less in total health expenditure and a lower proportion of GDP. The median health expenditure per capita of SHI and NHS were USD 188 and USD 131 in current dollars, respectively. There was little difference among maternal mortality rates, and public and private health expenditure proportions.

CONCLUSIONS:

NHS and SHI countries had different characteristics during the health system establishment periods. NHS was established earlier than SHI overall, so that SHI revealed higher levels in economic and social development. Health outcomes of NHS countries were slightly lower than SHI ones, while health expenditure was more in SHI countries. Specific social, economic, demographic and health conditions should be considered when countries are building their own health systems.

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OP112 Stakeholder Views As Evidence For NICE's Public Involvement Review

AUTHORS:

Lizzie Thomas (lizzie.thomas@nice.org.uk), Heidi Livingstone, Chloe Kastoryano, Gillian Leng, Victoria Thomas

INTRODUCTION:

The National Institute for Health and Care Excellence (NICE) strategic review of its public involvement offer included a survey with stakeholders to explore how NICE can continue to deliver high quality, meaningful public involvement in a rapidly-changing environment.

METHODS:

NICE staff, committee lay members, and an external academic ran the project and designed an online survey. The survey was open for two weeks. A purposive sample, recruited through various communication channels, was invited to participate. The sample comprised: (i) external individuals involved in NICE work, (ii) NICE committee and Board members, (iii) NICE staff. The survey included qualitative and quantitative

questions, covering the 'who', 'when', 'how' and 'what' of NICE's public involvement approaches.

RESULTS:

The survey yielded 684 responses, which were stratified by stakeholder type. Overall the responses indicated that: (i) the suggested stages for involvement are all important, but on a sliding scale: 'defining outcomes guidance should consider' is most important, and 'helping committee chair recruitment' is least important; (ii) different perspectives are needed such as individual treatment or care decisions should incorporate views of directly affected people, and population-based public health decisions need the views of citizens. Quality improvement suggestions included: (i) seeking feedback on people's experiences of care, using clear, structured approaches including focus groups, interviews, surveys, social media; (ii) increasing communications about NICE's work, specifically about involvement opportunities and use of patient evidence; (iii) using data on people's experiences equally with academic evidence; (iv) providing education and training on involvement to NICE staff and the general public; and, (v) partnership working with other organizations to enhance engagement. A focus group with key stakeholders used the survey findings to shape the subsequent public consultation document.

CONCLUSIONS:

There was consensus that public involvement is necessary throughout guidance development; however, the type of person involved and nature of participation should vary across the development stages. Project challenges included managing diametrically opposing views, and the associated implications for engagement.

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OP113 Iramuteq Analysis Of Trastuzumab's Public Consultation In Brazil

AUTHORS:

Viviane Carvalho (vivi_unb@hotmail.com), Everton Silva, Maria-Sharmila Sousa, Ricardo Sampaio, Jorge Barreto

INTRODUCTION:

In Brazil, the "Sistema Unico de Saúde" (SUS) is a public health system that has universal coverage,

comprehensive care, and principles like community participation. The incorporation, update or exclusion of new health technologies is done by the National Committee for Technology Incorporation (CONITEC), which issues reports on the incorporation of technologies and submits them to public consultations, which is the main mechanism of public involvement and an opportunity to influence the decision to access and coverage to new health technologies. Our study aimed to investigate a typology of social representations on the contributions from 2012 to the CONITEC's public consultations to the incorporation of Trastuzumab for the treatment of initial breast cancer in Brazil.

METHODS:

Our study deployed a mixed-methods approach to semi-quantitatively analyze the social representativeness and corpus composition of all the public consultation contributions for the recommendation of the Trastuzumab's incorporation for treatment of initial breast cancer within SUS, as well as the authors' qualitative analysis of the IRAMUTEQ software as a potential effective and efficient tool to semi-quantitatively analyze such public consultations. All contributions were included (127 contributions, from several Brazilian states) and organized into a single corpus, which was submitted to 5 types of analyzes (classical lexical analysis, analysis of group specificities, descending hierarchical classification; similitude analysis and word cloud).

RESULTS:

The general corpus consisted of 114 texts, separated into 685 text segments (TS), with use of 79.12 percent of total TS (684). The analyzed content was categorized into four classes: Class 1 – Patient Representations/ Advocacy (186 ST-34.3 percent); Class 2: Pharmaceutical Industry/ Advocacy (181 ST-33.4 percent); Class 3: Health Professionals (81 ST-14.9 percent); and Class 4: Individual Contributions (94 -17.3 percent). Class 1 corpus consisted mostly of contributions made from a breast cancer patient association/ advocacy report, which focused mainly on lay expertise terminology. We observed a proximity in corpus between Classes 2 and 3, showing a potential approximation between the pharmaceutical industry and health professionals' contributions, to whom the main word occurrences related to health technologies. Class 4 corpus focused on improvement and individual need, as well as in corpus referring to SUS.

CONCLUSIONS:

From our findings, we observed: (i) a potential similarity in contributions of health professionals and pharmaceutical industry; (ii) how lay expertise might affect the contributions of patients individually and within advocacy and patient organizations; and (iii) the uses and limitations of IRAMUTEQ as potentially effective and efficient tool to semi-quantitatively analyze health technology assessment public consultation contributions.

OP114 The Public's Role In Understanding The Value Of Health Technologies

AUTHORS:

Tania Stafinski (tanias@ualberta.ca), Jackie Street, Devidas Menon

INTRODUCTION:

Increasingly, health technology assessment (HTA) organizations have instituted mechanisms for involving patients in assessment and review processes. The reasons are obvious—to understand the “patient experience” with a disease and to ensure that patient perspectives are considered during deliberations about the value of new treatments. More recently there have been efforts to engage the public in HTAs and HTA-informed decision-making processes. However, the goals of these efforts have not been well articulated. This may be attributable to the lack of a shared definition of “the public”. The objective of this study was to develop a common understanding of the term “the public” within the context of HTA.

METHODS:

The following were conducted: a survey of HTA organizations; a systematic review; consultation with Health Technology Assessment international's Special Interest Group on Patient and Citizen Involvement; and a workshop comprising representatives from patient organizations, industry, and HTA bodies in Canada.

RESULTS:

In many HTA processes, the terms “public” and “patients” are synonymous. Definitions found in scholarly articles vary and depend on the rationale for involving the public in a particular issue. Through