METHODS:

From August to September 2017, 43 specialists and general practitioners that prescribed medicines of SCPS in Minas Gerais were visited by researchers about the CPTG of RA and how to prescribe to provide easier access to these medicines to their patients. After the visits, a researcher contacted the physicians by phone to evaluate their satisfaction with the visits and about the program through a brief questionnaire.

RESULTS:

Twenty-eight physicians answered to our phone call, providing a response to the questionnaire. Sixty-eight percent indicated they were very satisfied with the visit. Fifty percent stated that the content of the visit was relevant to their practice, and 60.7 percent said that the distributed material was going to be useful for their professional practice. Regarding the guidelines, 43 percent affirmed that the visit really helped them to improve their understanding of medicine requests in the NHS and 42.9 percent said that the visit increased their understanding of which patients are eligible for RA treatment in the SCPS; 57.1 percent of those affirmed that the visits increased their knowledge.

CONCLUSIONS:

The physicians, who were mostly specialists, already had knowledge about CPTG and prescription practices of SCPS's medicines, nevertheless, they showed interest in the visits to review and improve their knowledge and clinical practice.

PP81 Engagement Of Healthcare Professionals In Health Technology Assessment With Negative Results

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INTRODUCTION:

We conducted health technology assessments (HTAs) of the interventions used between 2012 and 2014 to improve the treatment of homeless people with pulmonary tuberculosis in the Federal District of Brazil. The HTA, which was not ordered by policymakers, was based on the evidence-based national theoretical model compared with local interventions indicated in focus groups, semi-structured interviews, and secondary data produced by the Health Secretariat. The results demonstrated that the implementation of the interventions was unsatisfactory. Our objective was to present the feedback process for policymakers and the Health Secretariat, particularly its challenges.

METHODS:

The feedback was categorized as: (i) an executive abstract with key messages (i.e. underreporting of cases in the surveillance system, lack of primary care, and underestimation of the health problem) reported to policymakers involved in the surveillance and healthcare systems; and (ii) oral presentations in eight meetings organized by the research group and local policymakers.

RESULTS:

Between 2016 and 2017 we conducted eight feedback meetings. All of the professionals ($n = 8$) involved in the Tuberculosis Surveillance and Control Program were present in at least one of the meetings, but healthcare professionals and the Secretary of Health did not participate. The barriers presented by the professionals were: (i) lack of material resources (i.e. cars and gas, phones, diagnostic tests, medications); (ii) lack of human resources (i.e. suboptimal professional staff); and (iii) feeling insecure when performing extramural activities due to the potentially unsafe work environment.

CONCLUSIONS:

Gathering feedback on a HTA that was not ordered by policy makers can be a challenge. Mainly we demonstrated a negative result on research done in a vulnerable population with a neglected disease, in this case tuberculosis. However, this provided an opportunity for professionals in the surveillance system to discuss the challenges of implementing tuberculosis control among the homeless population.

PP83 Early Assessment Of Proof-Of-Problem To Guide Health Innovation

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INTRODUCTION:

In the fast-paced world of health technology innovation, early health technology assessment (HTA) gained recognition as a tool to help prioritize and steer the development of those innovations that potentially add value. Much of early HTA seems technology-driven; a certain novel technology is introduced and the focus is on assessing its expected cost-effectiveness. We argue that a first step in assessing innovation would be to derive proof-of-problem through combining evidence from literature and stakeholder engagement. We applied this approach to a novel surgical instrument aimed to facilitate meniscus surgery.

METHODS:

First, we identified a broad scope of stakeholders in meniscus surgery (i.e. meniscectomy). Through interviewing them we derived key problems in meniscectomy as-is, and determined which outcomes matter most. We used stakeholder and literature input to quantify the room for improvement in current meniscectomy. Together with stakeholders we interpreted the problem quantification and conducted an early assessment of the proposed surgical innovation. Finally, we made use of this early stakeholder engagement to uncover possible barriers and facilitators to the innovation's implementation.

RESULTS:

While all stakeholders were enthusiastic about the innovation, there was a shared perception that there is little room for improvement in meniscectomy at present. Put differently; the innovation poses a great solution to problems that may not exist. In addition, by involving a broad range of stakeholders we were able to identify barriers and facilitators to future implementation early on, such as surgeons' preferences.

CONCLUSIONS:

We conclude that the innovation's value may lie with applications outside of meniscus surgery. Regarding methodology, we showed how a shift of focus from solution to problem definition provides a different perspective on an innovation's potential value, borne out of needs not currently met. In doing so, early HTA is in a unique position to help navigate the stream of health technology innovation before actual development of the innovation.

PP86 Impact Of Health Technology Assessment On Drug Price Negotiations: Canada

AUTHORS:

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INTRODUCTION:

Subsequent to review by Canada's two central health technology assessment (HTA) agencies, confidential drug prices are negotiated by the pan-Canadian Pharmaceutical Alliance (pCPA) on behalf of public drug plans. This analysis is the first to examine characteristics of drugs considered for negotiation, and the duration of negotiations, from inception in 2011 to August 2017. The objectives were to identify how HTA recommendations impacted price negotiations, and in particular the role of health economics in the process.

METHODS:

The dataset contained 208 drug indications from the pCPA archives: those with a decision to negotiate (n=155) or a decision not to negotiate (n=53). Data were abstracted from the publicly-maintained websites of the respective agencies; descriptive statistics were conducted.

RESULTS:

There was close but imperfect alignment between the HTA agency listing recommendation and the pCPA's decision to negotiate. The incremental cost-effectiveness ratio (ICER) of negotiated drugs (as estimated by HTA agencies) approached CAD 200,000/QALY (i.e. USD 157,000) for oncology drugs, but was closer to CAD 100,000/QALY (i.e. USD 78,000) for non-oncology drugs, revealing that negotiations would require a substantial discount to achieve conventionally 'acceptable' value-for-money. ICERs were influential to non-oncology drug recommendations (and were increasingly used to set pCPA negotiation targets) but did not appear to influence oncology drug HTA recommendations. The time period required to initiate negotiations was dramatically shorter for oncology versus non-oncology drugs (53 versus 263 days), and also differed markedly between therapeutic areas. The time period for pCPA activities was surprisingly similar for drugs recommended without a price condition and for those conditional on a price reduction.

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