all new health technologies being considered for public reimbursement and institute an additional review process for currently reimbursed technologies. Most of the respondents considered that only new technologies with significant budget impact should be evaluated in the next ten years.

Conclusions. It is clear that Turkey needs to implement an HTA process in the future. Our study shows stakeholder expectations, which will be helpful for creating an HTA implementation roadmap, and it is clear that different stakeholders have different views and expectations about HTA implementation in Turkey. The experiences of other countries will also be helpful during the implementation process.

PP143 TeCHO+ Program In Gujarat, India: A Protocol For Health Technology Assessment

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Introduction. The Health and Family Welfare Department of the Government of Gujarat is implementing a program called Technology for Community Health Operation (TeCHO+) to address the state's priority health issues. This paper details the protocol for using health technology assessment to assess the impact of the TeCHO+ program on data quality, service delivery coverage, rates of morbidity and mortality, and cost effectiveness.

Methods. This mixed-method study will be conducted in five districts. Data will be validated in a phased manner over a three-year period, along with an assessment of key outcome indicators. Additionally, key informant interviews will be conducted and cost data will be gathered.

Results. Early implementation of TeCHO+ has highlighted mixed impact at an operational level, with gaps in implementation. Despite some gaps in the available evidence, TeCHO+ solutions can significantly improve health service delivery through increased accuracy of data management, high-risk identification, and quality and accessibility of care. However, implementation challenges require even greater efforts to establish comprehensive systems for troubleshooting and corrective measures for improving data quality. Positive experiences encourage grassroots teams for continuing the use of TeCHO+.

Conclusions. TeCHO+ is expected to improve service coverage and reduce rates of morbidity and mortality by improving the population's nutritional status, the timeliness of care for high-risk cases, and the non-communicable disease profile of the community.

PP146 Cost Effectiveness Of Aripiprazole Orally Disintegrating Tablets For The Treatment Of Schizophrenia In China

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Introduction. Although antipsychotic medications have been a cornerstone in the treatment of schizophrenia for decades worldwide, the orally disintegrating tablet (ODT) formulation is a new concept in China. Only four brand names exist in the Chinese market, three of which were launched recently. Patients taking ODTs have a higher rate of medication adherence and consequently experience better treatment outcomes than patients taking the same medication in standard oral tablet (SOT) formulation. This study aimed to analyze the cost effectiveness in China of aripiprazole in ODT form, compared with the SOT forms of aripiprazole and olanzapine.

Methods. A discrete-event simulation model was built to represent the one-year progression of schizophrenia. On entry into the model, 100,000 people for each treatment arm were labeled fully adherent, partially adherent, or non-adherent based on medication possession ratios, and then experienced events including relapse, adverse events, changing adherence levels, and treatment switching and quitting. Parameters for adherence rates, medical costs, and utility values were derived from the published literature. The switching pattern was acquired through interviews with fifty-seven Chinese psychiatrists.

Results. The total annual costs per patient in the aripiprazole-ODT, aripiprazole-SOT, and olanzapine-SOT arms were CNY 9,817 (USD 1,388), CNY 15,278 (USD 2,160), and CNY 10,298 (USD 1,456), respectively. The annual quality-adjusted life-years (QALYs) gained per patient in the aripiprazole-ODT, aripiprazole-SOT, and olanzapine-SOT arms were 0.73, 0.71, and 0.72, respectively. According to the probabilistic sensitivity analysis, the probability of aripiprazole-ODT being cost effective was ninety-nine percent, when compared with aripiprazole-SOT and sixty-nine percent when compared with olanzapine-SOT.

Conclusions. Aripiprazole-ODT was associated with lower costs and higher gains in QALYs than either aripiprazole-SOT or olanzapine-SOT in patients with schizophrenia in China. While the sensitivity analysis confirmed the robustness of the result that aripiprazole-ODT was better economic value than aripiprazole-SOT, there is some uncertainty in the comparison between aripiprazole-ODT and olanzapine-SOT. The main limitation of this study is that some parameters were sourced from studies on Western populations because of a lack of data in China. Local data on the use of antipsychotics, especially adherence rates, is needed.

PP154 Funding Of Treatments For Rare Diseases In Singapore

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Introduction. A national multi-stakeholder charity fund has been established in Singapore to provide targeted support to patients with rare genetic diseases whose treatment costs remain unaffordable despite government subsidies and insurance. This presentation will provide an overview of the evaluation, price-setting, and stakeholder engagement processes established to inform the first list of drugs eligible for funding under the Rare Disease Fund (RDF).

https://doi.org/10.1017/S0266462320001312 Published online by Cambridge University Press

Methods. The local prevalence of "rare" and "ultra-rare" conditions was defined in line with international rates (≤4 in 10,000 and <2 in 50,000, respectively) to facilitate an analysis of the rare disease landscape in Singapore, and to identify patients most likely to benefit from the RDF. Public healthcare institutions proposed drugs for consideration, which underwent technical evaluation and were then assessed in line with eligibility criteria by an expert clinical group and prioritized by decision makers for funding.

Results. The number of patients with select rare diseases in Singapore was lower than global estimates contextualized to the local setting. Supporting clinical evidence, funding decisions from overseas health technology assessment agencies, reference pricing considerations, and local budget impact analyses informed the first tranche of drugs (n = 5) recommended. Extensive engagement with pharmaceutical companies was needed to negotiate fair drug prices relative to overseas countries. Additional treatments will be included in the RDF once sufficient funds are raised.

Conclusions. As the evaluation process evolves, wider considerations of disease and treatment experiences from a multi-stakeholder standpoint should be included to inform RDF listings. There is also a need to balance the sustainability of the fund in the longer term with the number of emerging treatments that may require coverage in the future.

PP159 Telemedicine In Paraguay: Contributions Of The Institute Of Health Sciences Research, National University Of Asunción

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Introduction. The modalities of telemedicine that have been developed and applied so far by the Department of Biomedical Engineering and Imaging at the National University of Asunción (IICS-UNA) are as follows: (i) telediagnosis: the remote sending of data, signals, and images for diagnostic purposes; (ii) general telediagnostic imaging; (iii) telemonitoring (including telemetry): remote monitoring of vital parameters to provide automatic or semi-automatic surveillance or alarm services in emergencies, epidemiology, or tele-public health; and (iv) tele-education: the use of telematic networks to provide virtual platforms for educating and training health professionals.

Methods. We conducted a comprehensive review of the scientific works developed by the IICS-UNA in order to evaluate the systematic implementation of Telemedicine in Paraguay. Documents, pilot projects (satellite telegraphy), telediagnostic research, telematics, tele-education, published articles, and statistical data (number of patients attending or studies performed, etcetera) relating to the implementation of the National Telemedicine System by the Ministry of Public Health and Social Welfare since 1999 were reviewed.

Results. Implementation of the telemedicine system has meant that 472,038 patients have attended referral centers nationwide, with 297,999 electrocardiographs, 165,323 computed tomography scans, and 8,697 electroencephalograms being conducted. Projects developed within the framework of the Telemedicine Research Line have included the following:

(i) Development and validation of a clinical telemicroscopy system based on cellular telephony;
(ii) Implementation of a telemetry system for temperature monitoring of the collection of biological samples from a biomedical research center; and
(iii) Production and development of a virtual campus at the National University of Asunción.

Conclusions. Given the current healthcare environment, developing a line of research based on telemedicine is a proactive step, since telemedicine provides an alternative solution to the problem of access to the health system. That is why the IICS-UNA Biomedical Engineering and Imaging Department has developed telemedicine as one of its main lines of research.

PP162 Digital Medication Health Service Platforms Of Pharmaceutical Companies As Novel Sources Of Real-World Data For Health Technology Assessment

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Introduction. Digital medication health service (DMHS) platforms are increasingly used by pharmaceutical companies to provide direct medication health services through digital methods like apps, hotlines, and web services, etcetera. However, the implications of such platforms in supporting health technology assessment (HTA) are rarely discussed in the literature. This presentation sets out the opportunities for using the DMHS platforms of pharmaceutical companies as real-world data sources for HTA.

Methods. A mixed-method qualitative study combining literature review and case study was conducted. Relevant literature was identified by searching the Web of Science and PubMed databases. A case study on current DMHS platforms in China was carried out using an inductive approach to identify the key elements emerging from these platforms.

Results. DMHS platforms of pharmaceutical companies can identify multiple attributes of medication information needs regarding medical products, including effectiveness, safety, and economic factors. The platforms can respond to different stakeholders, including patients and their carers, doctors, nurses, pharmacists, etcetera. As one kind of interactive process, DMHS platforms can provide further services, including patient education, consultation, and evaluation, follow-up visits, chronic disease management, promotion of the rational use of drugs, therapeutic drug monitoring, and adverse drug reaction surveillance and reporting.

Conclusions. The DMHS platforms of pharmaceutical companies provide a unique and valuable real-world data source for HTA. These types of self-reported outcomes have not gained enough attention in HTA. Collective efforts by HTA agencies and pharmaceutical companies are needed to set strategies for integrating DMHS platforms into HTA.

https://doi.org/10.1017/S0266462320001312 Published online by Cambridge University Press