Introduction. In order to improve patients' health outcomes, it is important to know the available evidence regarding centralization of surgical interventions for digestive cancer in hospitals with the highest volume of cases. We aim to describe and identify the number of annual interventions recommended by hospitals in order to maximize the health outcomes and efficiency for patients undergoing digestive cancer surgery during 2013–2016 in centers belonging to the Spanish National Health System (SNS).

Methods. The study design was a retrospective cohort study (patients aged ≥18 years). Data from Spanish public hospitals' basic minimum set of data at hospital discharge for esophagus, stomach, liver, pancreas and rectum cancers was used. Age, sex primary/secondary diagnosis and procedures (Charlson index) were included. Reinterventions, hospital stay and in-hospital mortality were considered as the outcomes and measures of efficiency. Hospitals were grouped as low-/medium-/high-volume according to the number of annual procedures. Descriptive analysis and logistic and Poisson regression models with Stata16 were undertaken.

Results. High-volume hospitals performed between 67.4 (rectum) and 88.6 (liver) percent of interventions. The percentage of in-hospital mortality for all cancers was lower in high-volume centers (9.6% esophagus, 6.6% stomach, 7.1% pancreas, 4.2% liver and 2.2% rectum), showing a negative association between center volume and in-hospital mortality, which was statistically significant for esophagus (odds ratio [OR] = 0.48; 95% confidence interval [CI]: 0.28–0.81), stomach (OR = 0.51; 95% CI: 0.39–0.68) and rectum (OR = 0.63; 95% CI: 0.48–0.83) cancers. A non-statistically significant lower in hospital stay was observed in high-volume hospitals.

Conclusions. These results indicate that in Spain there is a negative association between the number of digestive oncological interventions per hospital and in-hospital mortality. This could help to define a threshold or cut-off point for the concentration of digestive cancer surgery in the SNS that might result in an improvement of lower in-hospital mortality and/or hospital stay.

PP288 Health Technology Assessment In Universal Health System: A Network At The Brazilian Capital

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Introduction. Collaborative networking is adopted to implement health technology assessment (HTA) in academic and research institutions and exchange knowledge with hospitals and health services. Since 2016, the District Network for Health Technology Assessment (ReDAPTS) has been dedicated to generating and promoting evidence that supports decision-making, promoting continuous qualification, supporting and guiding managers in priorities and demands, analysing the economic, ethical and social implications of problems and situations, and contributing to healthcare quality at the Unified Health System. The objective of this study is to present the construction process of ReDAPTS from 2016 to 2019.

Methods. This experience report about ReDAPTS considered three main actions: (i) situational diagnosis in 2016 and 2017, (ii) agreements of internal regulation and governance and (iii) HTA training strategies for professionals. The scientific events and executive group meetings were described to identify the strategies for the implementation of a collaborative network in the Federal District (FD), Brazil.

Results. In total, fifteen institutions were identified with a potential to develop the HTA field at the district level. Between 2016 and 2019, three scientific events, eighteen technical meetings for network governance and two scientific meetings were carried out, organized by ReDAPTS and with 269 participants, highlighting assistance and university hospitals, FD Department of Health and academic and research institutions. Four HTA courses were offered and 319 professionals from the FD were trained.

Conclusions. Collaborative networking provided strengthening capacity for study production and debates on institutional processes for public health policies at the FD. Networking encouraged collaboration between institutions and promoted sharing HTA experiences. The network faces challenges to operate with full capacity. Political and institutional commitment, physical infrastructure and trained personnel sustainability are key to maintaining the HTA process at the FD. Institutions can develop HTA-teams to promote continuous qualification, study production and the rational use of technologies.

PP289 Impact Of Regional Human Immunodeficiency Virus Therapeutic Pathway On Prescriptions: The Experience Of The Lazio Region In Italy

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Introduction. In 2017, the Lazio Region (Italy) published a care and therapeutic pathway (Percorso Diagnostico Terapeutico Assistenziale [PDTA]) to guide the choice of treatments for human immunodeficiency virus (HIV) patients. Recommendations were based on clinical and economic criteria to guarantee the most appropriate care and sustainability of the regional National Health Service. Our pilot study was conducted to assess how the PDTA impacts clinical decisions and expenditure. Organizational and economic analyses were based on four HIV treatment centers at the regional level.

Methods. An ad hoc data collection was conducted. Each center provided data on the volume of prescriptions for each treatment option for the first semester of 2017 and 2018. The period January-June 2017 (H1-2017) represents the scenario pre-PDTA, while January-June 2018 (H1-2018) provides evidence on the first impact of the PDTA. Expenditure was estimated considering prices reported in the PDTA document. For each center,

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