RESULTS:

We present a novel, flexible framework that combines evidence of efficacy with published results on other outcomes that matter to patients. Menus and outputs are designed to facilitate dialogue between advocates, clinicians, and HTA professionals. By allowing the user to adjust settings based on known heterogeneity among subpopulations, the tool's output can be used to inform discussions about the value of new interventions for defined patient segments.

CONCLUSIONS:

Patient representatives must frequently identify knowledge gaps in the literature before their HTA engagements and leverage this information to conduct surveys among their constituents. Our new patient advocate decision aid can support this process and facilitate a better understanding of the value of new innovations for diverse subgroups. A better definition of target populations will help to achieve balance between patient access and budget impact of new treatments. We seek feedback on our prototype from all stakeholders to further improve and maximize utility of this tool.

PP29 Evaluating Supplementary Search Methods: Outcomes To Measure And Why

AUTHORS:

Juan Talens-Bou (j_talens@hotmail.com), Chris Cooper, Jo Varley-Campbell

INTRODUCTION:

In a recently published review of supplementary search methods, we proposed that researchers could usefully record time taken to search and present outcome values in similar way to existing studies, to facilitate generalisability of outcomes, where appropriate. We also discuss the idea of linking literature search effectiveness to study value. In this vignette, we discuss which outcomes we believe are important to measure and why. We discuss this in the context of the review of supplementary search methods and using a recently submitted evaluation of contacting study authors for context.

METHODS:

In a recently completed systematic review, we contacted eighty-two study authors to ask three questions. We aimed to measure the following outcomes when contacting study authors: Effectiveness - determined as number of contacts compared to number of replies; Efficiency - i) time to make contact and ii) time between contact and reply. We determined this in hours, minutes and seconds, in line with other studies; Cost - determined by comparing the efficiency of contacting authors with the effectiveness; and Value - determined by reading and comparing the published studies with the replies received to see if any unique data were identified.

RESULTS:

Effectiveness: thirty-eight answers were received from eighty-two possible contacts. Efficiency: In total, author contact took six hours, fifty-four minutes and twenty-five seconds across thirty-nine weeks. Replies were received across zero to thirty-nine days (median fourteen days). Cost: Cost for staff time was GBP 80.33 (EUR 91.20) or GBP 2.11 (EUR 2.40) per e-mail reply received. Value: We were able to identify value in author replies for each of the questions asked.

CONCLUSIONS:

In a recently published review of supplementary search methods, and a linked evaluation of the effectiveness of contacting study authors, we suggest outcomes that should be measured to determine effectiveness of literature search methods. We conclude that measuring these outcomes demonstrate both effectiveness and value.

PP32 Protocol For Evaluation Of Pharmaceutical Assistance Governance

AUTHORS:

Emilia Faraco (emiliabaierle@gmail.com), Marina Rover, Mareni Farias, Silvana Contezini

INTRODUCTION:

In Brazil, the National Pharmaceutical Assistance Policy was published in 2004. Pharmaceutical assistance at the primary health care level in Brazil is understood as a

https://doi.org/10.1017/S026646231800199X Published online by Cambridge University Press

broad set of activities comprising regulation, planning, distribution and dispensation of essential medicines in primary health care facilities. Considering governance capacity as a key requirement for the success of a public health policy, this article aims to demonstrate the adaptation and operationalization processes of using a national survey database for a national evaluation of the pharmaceutical assistance governance in public primary health care in Brazil.

METHODS:

This is a systematic study of an evaluation model on pharmaceutical assistance governance at the municipal level, and of the data collection instruments and databases used in the recent National Survey on Access, Use and Promotion of Rational Use of Medicines, in addition to the preparation of indicators protocol validated for application throughout the country. The study steps were as follows: selection of data from the survey and their adaptation to evaluation indicators nationwide; validation of an evaluation matrix adapted in a workshop with actors in the field; database construction; data analysis; and, issue of value judgment.

RESULTS:

The adaptation of the evaluation matrix caused seventeen indicators to be reformulated. In six of these indicators, the changes referred only to the data source. As the recommended measures could not be implemented due to lack of information, sixteen indicators were excluded from the original protocol. Ultimately, the proposed protocol comprised thirty indicators presented in three dimensions (organizational, operational and sustainability).

CONCLUSIONS:

The methodology enabled the redesign of the evaluation matrix according to the specific national characteristics by crossing the data provided by the reference survey and evaluation model. The participatory process, the use of data from all actors involved in pharmaceutical assistance at the municipal level, and the use of the principles of the national health policy as the basis for selection and construction of a fitted evaluation protocol are important strengths of the new protocol proposed. The absence of international studies on evaluations using the same model is a major weakness.

PP34 A Cost-Utility Analysis Of The Syncope: Pacing Or Recording Trial

AUTHORS:

Mark Hofmeister (mrhofmei@ucalgary.ca), Robert Sheldon, Eldon Spackman, Satish Raj, Mario Talajic, Giuliano Becker, Vidal Essebag, M. Sarah Rose, Deborah Ritchie, Carlos Morillo, Andrew Krahn, Shahana Safdar, Connor Maxey, Fiona Clement

INTRODUCTION:

For patients with bifascicular block and syncope of unknown origin, different American Heart Association guidelines give Class 2A recommendations for two treatments: the implantable loop recorder (ILR) and empiric pacemaker insertion (PM). Equipoise reflected in guidelines may contribute to uncertainty in management and inefficient resource use. The objective of this analysis is to determine the cost-effectiveness of ILR compared to PM in the management of older adults (age>50 years) with bifascicular block and syncope over two years, from the perspective of a Canadian publicly funded health care system, in the Syncope: Pacing or Recording In ThE Later Years (SPRITELY) trial.

METHODS:

Resource utilization data was collected throughout the trial, and unit costs were assigned (2017 Canadian dollars). Utility was measured at baseline and annually with the EQ-5D-3L. Quality adjusted life years (QALYs) were calculated as area-under-the-curve, and adjusted for baseline imbalances in utility. Confidence intervals for the incremental cost effectiveness ratio were generated with non-parametric bootstrapping.

RESULTS:

Mean cost in participants randomized to PM was CAD 9,759 (USD 7,400), compared to CAD 13,453 (USD 10,200) in participants randomized to ILR. The ILR strategy resulted in 0.020 QALYs more than the PM strategy. The incremental cost effectiveness ratio was CAD 186,553 (95% CI: −831,950–1,191,816) (USD 141,900, 95% CI: −632,740–906,440) per additional QALY. In 1,000 bootstrapped replicates, the cost of the ILR strategy was always greater than that of the PM strategy. At the threshold of CAD 50,000 (USD 38,000) per additional QALY, the probability that the ILR strategy is the cost effective option is 0.504.

https://doi.org/10.1017/S026646231800199X Published online by Cambridge University Press