

a semi-structured survey collected evidence on which factors influence treatment decisions.

Results. Between H1-2017 and H1-2018 the number of experienced patients increased 10.1 percent (6,580 versus 7,249, respectively), while that of naive patients decreased 3 percent (227 versus 220). More than 80 percent of naive patients were treated with regimes recommended by the PDTA versus 36 percent in H1-2017 and 62 percent in H1-2018 of experienced patients. Regimes with a monthly cost > EUR 700 were preferred. The survey showed that the PDTA is a useful tool for supporting clinical decisions.

Conclusions. Our pilot study provides a snapshot on the impact of a regional HIV PDTA and identifies key aspects for its future update. Personalization of HIV therapies for an aging (5–29% of patients were >65 years in the four centers) and complex (>65% of patients had at least one comorbidity) population should be discussed for a PDTA update. Posology and treatment adherence should be further investigated.

PP290 Exploratory Investigation On Innovative Business Models Of Internet Hospitals In China: A Focus Group Study Of Key Stakeholders

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Introduction. Under the national guidance of Internet Plus Healthcare, Internet hospital was officially recognized in 2018 by the Chinese government, however, how to innovate the business models of Internet hospitals remains controversial. This study sought to explore key stakeholders' perspectives on key dilemmas about innovative business models of Internet hospitals in China.

Methods. A focus group study of key stakeholders was performed. Twelve key stakeholders (six senior officials from related ministries, two industry practitioners of Internet medicine, one hospital leader, two healthcare researchers (financing and policy), and one venture capital manager) participated in the focus group, in 2019. Thematic content analysis was applied for data analysis.

Results. Themes highlighted six key dilemmas when developing a business model of Internet hospitals, including (i) value proposition (medical treatment versus entire health management); (ii) leading party (hospitals versus third parties such as Internet companies); (iii) level of healthcare (tertiary versus primary); (iv) scope of service (provide full range versus part of traditional hospital service); (v) primary source of revenue (medical services versus drug sales); and (vi) legal liability (web-based unit versus physical hospital).

Conclusions. The healthcare industry is currently in search of innovative business models of Internet hospitals in response to the unprecedented form of healthcare in China. However, the core aspects of the model design still remain debatable. At this revolutionary stage, policies are important to allow the implementation of different model designs that support the successful transformation of the entire health care system in China.

PP297 Rethinking The Gap Between Technology And Implementation: A Framework For Socially Embedded Technoscience

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Introduction. In 1964, Jacques Ellul framed the history of technology as one defined not just by the introduction of new machines, but by the social and institutional practices that guide their use and implementation. He called this integrated system “la technique,” believing that the word “technology” had come to emphasize physical tools at the cost of social ones. There is a strong critical component in Ellul, who opposed the dehumanization apparent in technological systems and their associated forms of utilitarian thinking. Remaining aware of this critical history, this study relies on Ellul and similar technological theories to conceptualize a framework for rethinking the distinction between health technologies and their implementation in the context of health technology assessments (HTAs). It does so by considering how HTAs could be modified within the proposed framework to better consider the social and human factors that determine how a drug or technology exists within a “live” social environment.

Methods. The study is conceptual and driven by an analysis of existing HTAs. It details potential ways that reviews could be adjusted in line with the presentation's proposed framework.

Results. By collapsing the distinction between technology and implementation, we can guide HTAs that are more cognizant of the essential human and social components of implementation, helping to avoid the crises that arise when technologies are introduced without considering their fundamental social factors.

Conclusions. Many modern HTAs already take implementation into account, but their findings treat technologies as conceptually distinct from practices and procedures, leaving the latter to local institutions to determine. By challenging the traditional gap between technological and sociological factors in traditional HTA practices, it is possible to develop new approaches to reviewing health technologies—not as distinct objects, but as complex sociotechnical phenomena in line with Ellul's “la technique.”

PP298 Comparison Of Quality Of Life Between Colposcopy And Human Papillomavirus Testing In Thai Women With Atypical Squamous Cells Of Undetermined Significance

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Introduction. Cervical cancer is the second most common cancer for Thai females. After screening, women diagnosed with atypical squamous cells of undetermined significance (ASC-US) are referred for colposcopy or human papillomavirus (HPV) testing for further diagnostics. The impact of colposcopy and HPV