PD218 Quantitative Analysis Of The Policy Text For Free Training Of Rural Order-Oriented Medical Students In China

Xiaona Li, Min Gao, Jiaxian Shao, Yuncong Yu, Wenqiang Yin and Zhongming Chen (czm3306196@163.com)

Introduction: To speed up the construction of grassroots medical and health teams in China, free training of rural order-oriented medical students was launched in June 2010. Based on the theory of policy tools, a quantitative analysis of policy texts at the national level was conducted to explore the use of policy tools and to put forward corresponding suggestions for adjustments.
Methods: From January to February 2023, the research team searched the Peking University Treasure Database and the official websites of the State Council, the National Health Commission, the Ministry of Education, and other ministries for national policy documents related to free training of order-oriented medical students published from June 2010 to May 2023. A policy tool and policy target analysis framework were used to quantitatively analyze the policy documents.
Results: A total of 16 policy documents were included and 213 policy provisions were extracted. From the perspective of policy tools, the proportion of policy provisions using imperative policy tools was the highest (63.4%), followed by advisory policy tools (18.8%). and reward-based policy tools (13.6%). Functional expansion tools (2.8%) and authoritative restructuring tools (1.4%) accounted for a relatively low proportion. The institutional education stage is the main policy target, with provisions accounting for 75 percent (162 articles), followed by the continuing education stage (17.6%; 38 articles), and the postgraduate education stage (7.4%; 16 articles).
Conclusions: The distribution of policy tools for the free training policy of rural order-oriented medical students in China needs to be balanced, and the internal combination of the same policy tools needs to be optimized. The policy targets were mainly concentrated in the education stage of universities.

PD220 Clinical Expert Opinion To Inform Health Technology Assessment In Ireland

Joan O'Callaghan (jocallaghan@stjames.ie), Lesley Tilson, Emer Fogarty and Laura McCullagh

Introduction: The National Centre for Pharmacoeconomics (NCPE) in Ireland conducts health technology assessments (HTAs) of drugs under consideration by the decision-maker for reimbursement. We analyzed how clinical expert opinion obtained by applicant pharmaceutical companies is used to inform HTA submissions made to the NCPE. We also describe how clinical opinion obtained by the NCPE is used to inform NCPE assessments.
Methods: We conducted a retrospective review of HTA submissions made to the NCPE from July 2019 to June 2020 inclusive. Data were extracted using a bespoke data collection instrument created in Microsoft Excel. To describe how clinical opinion informed the NCPE assessments, we extracted data from NCPE HTA Technical Summary Reports available on the NCPE website.
Results: A total of 18 HTA submissions were reviewed. Clinical expert opinion was used by applicants to support all submissions. The median number of clinical experts who informed each individual HTA submission was seven (range 1 to 33); the majority were hospital physicians. Clinical opinion was used to inform HTA domains, including patient and population estimates (n=14; 78%), use of drugs in clinical practice (n=13; 78%), treatment effectiveness (n=6; 33%), healthcare resource use (n=14; 78%), and health-related quality of life (n=5; 28%). We present examples where clinical opinion, obtained by the NCPE, was used to inform NCPE assessments.
Conclusions: Clinical expert opinion informed all 18 applicant HTA submissions made to the NCPE during the study period. The NCPE also seeks clinical expert opinion to inform their assessments. Healthcare professionals make an important contribution to HTA and, thus, inform the decision-making processes on drug reimbursement in Ireland.

PD221 Health Regulation And Health Technology Assessment: Brazilian Experience In Developing Actions For Health Regulation

Flávia Tavares Silva Elias, Erika Barcosa Camargo, Margarete Martins de Oliveira, Maíra Catharina Ramos (mairacramos@gmail.com) and Erica Tatiane da Silva

Introduction: In 2017, the Brazilian Health Regulatory Agency (Anvisa) and the Oswaldo Cruz Foundation (Fiocruz) in Brazil entered into a collaboration that enabled the production of evidence and dissemination of technical scientific information in the regulatory field, with aim of supporting the decision-making process on regulatory issues.
Methods: This qualitative and descriptive study was designed to report on the technical cooperation between Anvisa and Fiocruz in Brazil during from 2017 to 2020.
Results: The studies developed by the Decentralized Execution Term assisted in the formulation of health policies at the macro, meso, and micro political levels, supporting the strengthening of institutional regulatory policy. The medicines agenda was the most recurrent in cooperation outputs, followed by the food and smoking agendas. The

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postmarket surveillance agenda played a leading role in actions carried out with the updating of the Technovigilance Manual and the creation of pharmacovigilance bulletins, both of which were available to health professionals and citizens. Finally, 27 courses were offered, and 1,276 certificates were issued (606 to workers linked to health regulation).
Conclusions: The Brazilian experience enabled to capacity building and critical analysis of evidence in regulatory scope. It has facilitated the preparation of productions that align with the regulatory agenda. Health technology assessment and health regulation need to converge in monitoring processes to reduce uncertainties and increase user safety.

PD222 Balancing Patient Preferences With Feasible Healthcare Delivery: Using Discrete Choice Experiments Alongside Knowledge Exchange To Inform Care Pathways

Emily Holmes (e.holmes@bangor.ac.uk), Beth Morris, Pete Dixon, Amy Mathieson, Leone Ridsdale, Myfanwy Morgan, Alison McKinlay, John Dickson, Steve Goodacre, Mike Jackson, Dyfrig Hughes, Tony Marson and Adam Noble

Introduction: Emergency department (ED) visits for epilepsy are common, costly, and often clinically unnecessary. Configuration of care pathways (CPs) that could divert people away from ED offer an alternative. The aim was to measure patient and carer preferences for alternative CPs and to explore the feasibility of implementing the preferred CPs in the National Health Service (NHS) England with a wider group of stakeholders.
Methods: Formative work (provider survey, service-user interviews, knowledge exchange, and think-aloud piloting) informed a discrete choice experiment (DCE) with six attributes: access to care plan, conveyance, time, epilepsy specialist today, general practitioner (GP) notification, and epilepsy specialist follow-up. This was hosted online with random assignment to two of three scenarios (home, public, or atypical). Logistic regression generated preference weights that were used to calculate the utility of CPs. The highest ranked CPs plus a status quo were discussed at three online knowledge exchange workshops. The nominal group technique was used to ascertain stakeholder views on preference evidence and to seek group consensus on optimal feasible alternatives.
Results: A sample of 427 people with epilepsy and 167 friends or family completed the survey. People with epilepsy preferred paramedics to have access to care plan, non-conveyance, one to three hours, epilepsy specialists today, GP notification, and specialist follow-up within two to three weeks. Family and friends differed when considering atypical seizures, favoring conveyance to urgent treatment centers and shorter time. Optimal configuration of services from service users' perspectives outranked current practice. Knowledge exchange (n=27 participants) identified the optimal CP as feasible but identified two scenarios for resource reallocation: care plan substitutes specialist advice today and times of strain on NHS resources.
Conclusions: Preferences differed to current practice but had minimal variation by seizure type or stakeholder. This study clearly identified optimal and feasible alternative CPs. The mixed-methods approach allowed for robust measurement of preferences, whilst knowledge exchange examined feasibility to enhance implementation of optimal alternative CPs in the future.

PD223 Early Dialogue With Researchers: The Case Of The OPTIBIO Study, Innovating From The Investigation Stages

Lucinda Paz-Valiñas (lucinda.paz.valinas@sergas.es), Sandra Rotea-Salvo, Maria del Carmen Maceira-Rozas, Beatriz Casal-Acción and María-José Faraldo Vallés

Introduction: An early dialogue (ED) is non-binding scientific advice given to industry in the initial stages of technology development to help create evidence that the health technology assessment (HTA) agency will request. ED could also be used in the academic ecosystem. We report our experience with the clinical validation of an algorithm to predict persistent remission in patients with rheumatoid arthritis treated with biological therapy.
Methods: A systematic review (SR) was undertaken to compare optimization algorithms with current clinical management. The review focused on the effectiveness and safety of these tools and included clinical practice guidelines, SRs, and primary studies. Several meetings took place between the research team and HTA researchers to integrate HTA requirements (e.g., choice of comparators, relevant outcomes, quality of life, and patient groups) into the study design to ensure the quality and accuracy assurance of data collected as well as the proper monitoring of good clinical practice.
Results: Local clinical practice guidelines pointed to the importance of optimization strategies to select the most suitable patients in remission. However, there is currently no validated algorithm to select these patients. The literature search retrieved 1,809 references. There were no primary studies identified and only two ongoing randomized controlled trials met the inclusion criteria: REMRABIT-Plus (OPTIBIO) and PATIO. There were some important differences between the studies with respect to the patient populations and stages of the disease. Based on these results, the review will continue in "living evidence" mode, with the aim of collecting new evidence as it becomes available.
Conclusions: There is currently an unfulfilled need between research projects in the academic context and HTA that can be resolved with

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