

**Conclusions:** Incorporation of technologies for URD does not correlate with lower annual costs or increased discounts because costs are not considered in isolation by CONITEC's decision-making process. Recognizing URD as a subgroup with distinct criteria may enhance the implementation of HTA processes tailored to the unique challenges of these conditions.

## PD186 Treat-To-Target In Gout: Are Private General Practitioners In Malaysia Riding The Evidence-Based Wave?

Siti Mariam binti Mohtar ([mariam.mohtar@moh.gov.my](mailto:mariam.mohtar@moh.gov.my)), Maslinor Ismail, 'Aziezah Norul Anhar and Izzuna Mudla Mohamed Ghazali

**Introduction:** Gout is an inflammatory disease that can cause severe pain and permanent joint destruction if it is not treated appropriately. Despite readily available treatments, the management of gout in primary care is suboptimal. Hence, this study aimed to investigate gout knowledge and compliance with evidence-based clinical practice guidelines (CPGs) among private general practitioners (GPs) in Malaysia.

**Methods:** A cross-sectional study using stratified random sampling was conducted among private GPs in Selangor, Putrajaya, and Kuala Lumpur from October to December 2023. The survey consisted of four parts: inclusion and exclusion criteria, sociodemographic data, knowledge, and practice domain. A total of 15 questions were posed in the knowledge domain and nine questions in the practice domain. Statistical analysis was performed using R software (version 4.3.2). Descriptive statistics were used for initial analyses. Proportions were calculated for categorical data, which were tested using a chi-square test. A p-value of less than 0.05 was considered statistically significant.

**Results:** The preliminary results from 203 private GPs showed that 64 percent had moderate knowledge of the management of gout. About two-thirds of the GPs were aware of local evidence-based CPGs on gout, but only 20 percent had good knowledge of gout. In the practice domain, only 65.5 percent of private GPs were aiming for a serum urate level of less than six milligrams per deciliter when starting urate-lowering therapy for gout.

**Conclusions:** Although most private GPs had moderate or good knowledge of gout, clinical practice was not fully concordant with the recommendations of local evidence-based CPGs. Our findings provide a foundation for local CPG developers and professional societies to enhance their strategies for implementing evidence-based CPGs and encouraging GPs in Malaysia to incorporate evidence-based practices into their clinical decisions.

## PD187 Health Technology Assessment Training Program in Ukraine: An Example Of Collaborative Capacity Building

Wietske Kievit ([Wietske.Kievit@radboudumc.nl](mailto:Wietske.Kievit@radboudumc.nl)), Oresta Piniashko, Rabia Sucu and Wija Oortwijn

**Introduction:** In 2017 health technology assessment (HTA) was included in the Ukrainian Health Law fundamentals, and its implementation has accelerated as it became mandatory by 2020. As part of the Safe, Affordable, and Effective Medicines for Ukrainians project, funded by the U.S. Agency for International Development (USAID), to support the Ministry of Health in Ukraine, we developed, conducted, and evaluated a need-based HTA training program for doers, users, and trainers from July 2022 to August 2023.

**Methods:** We developed the training program based on a review of current academic HTA master's and advanced programs globally, as well as an assessment of the training needs of the intended participants. The program consisted of five modules comprising 30 online sessions of four hours, with a mixture of lectures and work sessions complemented with self-study assignments and a targeted train-the-trainers program. We asked participants to report on their level of confidence in each learning objective at the start and the end of each module. A questionnaire was administered at the end of the program to evaluate participants' satisfaction with study load, course content, and organization. This research was funded by USAID, reference number RFP-2021-11-18, through a contract with Management Sciences for Health under AID-121-C-17-00004. The contents do not necessarily reflect the views of USAID or the U.S. Government.

**Results:** The five modules focused on the following: introduction to HTA; comparative effectiveness; health economics; qualitative evidence synthesis; patient and public involvement; and ethical, socio-cultural, legal, and other relevant issues. Between 30 and 75 persons attended one or more of the training sessions. For each module, a learning effect was observed among participants. Among the 42 survey respondents, the average grade was excellent (9.5/10). The setup, organization, and content of the program and material provided, as well as the level of expertise provided by the teachers, were rated as very good.

**Conclusions:** Participants agreed that the program was relevant and contributed to their professional growth. Twelve academics and staff from the HTA body were trained to help sustain the program in Ukraine. The project resulted in HTA training for doers, users, and trainers in Ukraine, and can be an example for other countries wishing to increase sustainable HTA capacity.