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VP111 Referral Center For Multiple Myeloma Patient Care

AUTHORS:

Indara Saccilotto, Rosane Bittencourt, Camila Fischer, Amanda Quevedo, Vania Hirakata, Paulo Picon (paulopicon@gmail.com)

INTRODUCTION:

Within the Brazilian Health System, Referral Centers (RCs) are care facilities that provide specialized services. The objective of this study was to evaluate the efficacy of care provided to patients with multiple myeloma (MM) at a specialized Referral Centers (Hospital de Clínicas de Porto Alegre Referral Center for Multiple Myeloma, CRMM-HCPA) and to compare quality of life between patients with MM treated at CRMM-HCPA and those treated at non-RC facilities.

METHODS:

A 6-month cohort study was conducted in patients with MM receiving thalidomide from the State Health Department and treated at CRMM-HCPA, and patients receiving treatment at other non-RC facilities. Thirty-two patients were included in the study, nineteen from CRMM-HCPA and thirteen from other institutions. To analyze the efficacy of care provided at CRMM-HCPA, the main outcome measure was the time from diagnosis to referral for autologous hematopoietic stem cell transplantation.This outcome measure was assessed using questionnaires specifically designed for this study. Quality of life was also assessed, using the Short-Form 36 Item Health Survey (SF-36) questionnaire.

RESULTS:

Time from MM diagnosis to referral for autologous hematopoietic stem cell transplantation in each group was measured only in patients aged 65 years ($n = 25$); of these, 15 were recruited from CRMM-HCPA and 10 from other institutions. In this analysis, there was a significant difference ($p = .036$) in time elapsed between diagnosis and referral for autologous hematopoietic stem cell transplantation, which was significantly shorter for patients treated at CRMM-HCPA (median, 9 months; Interquartile Range, IQR, 8.5–14.5) than for those treated elsewhere (median, 24 months; IQR, 16–24). On quality of life analysis, there was a significant difference in the Social Functioning, which relates to performance of social activities ($p = .02$).

CONCLUSIONS:

The Referral Centers model provided seems to be a more efficient treatment strategy as compared with other health care facilities, as it enabled a reduction in time to transplantation. Patients treated at CRMM-HCPA demonstrated greater ease in performing social activities, with less interference from physical or emotional problems.

VP113 Reframing "Disinvestment": Appropriateness And Real-Time Data Capture

AUTHORS:

Charlene Ronquillo (c.ronquillo@exeter.ac.uk), Chris Roome, Ken Stein

https://doi.org/10.1017/S0266462317003713 Published online by Cambridge University Press

INTRODUCTION:

Disinvestment – stopping the use of health technologies with little or no clinical benefits – can reduce health system costs and change practice towards effective innovations. In England, efforts to support disinvestment have included the National Institute of Health and Care Excellence (NICE's) list of 900+ "Do Not Do (DND) technologies". However, recent studies show ongoing, varying rates of DND technology, suggesting limited influence. In response, we propose a shift in perspective and reframing of the concept of 'disinvestment' to focus on 'appropriateness'.

METHODS:

We have developed a two-pronged approach to 'appropriateness'. The first develops local clinician agreements on specific, appropriate indications for a technology. The "RAND/UCLA Appropriateness Method" is being extended in this stage. This knowledge management process enables incorporation of local knowledge and practice via consensus development amongst local experts alongside scientific evidence. The second, and more novel, element is to specify and routinely collect data on technology use associated with these agreed indications. Shifting from cross-sectional clinical audits to real-time monitoring will highlight variation from the agreed indications, which can inform reimbursement policy and decisions. Evaluating the feasibility and sustainability of this approach will provide important lessons for scaling up.

RESULTS:

For clinicians, the reframing from disinvestment to appropriateness has important implications. The approach recognizes that there are very few technologies with absolutely no benefit. Framing the management of technology diffusion in terms of appropriateness emphasises benefits and maximises value for public health. Furthermore, combining local agreements on indications with real-time data capture facilitates intelligent, flexible commissioning and informs real-life evaluation.

CONCLUSIONS:

Shifting the perspective from disinvestment to appropriateness overcomes negative associations of stopping healthcare technologies. Linking clinically driven decisions on technology indications with routine data capture on use can transform clinical audit and healthcare commissioning. The combination of these approaches is, we believe, a novel approach on which more reflection and research will be valuable.

VP115 Practical Issues Of Using Real-World Data In Effectiveness Research

AUTHORS:

Amr Makady (amakady@zinl.nl), Heather Stegenga, Alexandre Joyeux, Michael Lees, Pall Jonsson

INTRODUCTION:

The Innovative Medicines Initiative, IMI-GetReal project aimed to explore incorporation of robust methods for real-world data (RWD) collection and synthesis earlier in the medicines development process, both by pharmaceutical companies and healthcare decision makers. The focus was on the potential use of RWD, alone or in combination with randomized controlled trials (RCTs), to demonstrate effectiveness of new interventions. Four case studies were conducted in multiple disease areas to examine methods for predicting drug effectiveness and the perspectives of different stakeholders on these methods. This study aimed to identify practical obstacles in accessing and using RWD and RCT data for effectiveness research conducted as part of these case studies.

METHODS:

Qualitative content analysis was conducted to identify and characterize key issues relating to accessing and analysing study data from external sources, both RWD and RCTs.

https://doi.org/10.1017/S0266462317003713 Published online by Cambridge University Press