

health problems, and the food and alcohol environment.

CONCLUSIONS:

Delphi type survey methods are effective as a means of obtaining opinions from a wide number of relevant experts identifying potential priority topic areas where there is a need for research evidence. Opinions may be sought at local and national levels in order to inform national research priorities.

VP110 Building Capacity In Health Technology Assessment Through Plain Language

AUTHORS:

Kinneret Globerman (kinneretg@cadth.ca)

INTRODUCTION:

Health Technology Assessments (HTAs) and policy papers are generally written in academic style using industry jargon — pharmaceutical, medical, or scientific terminology — with a generous use of abbreviations. Transforming technical or biomedical data into easily understandable text is a necessity and a challenge for all of us if our goal is to facilitate HTA collaboration beyond borders and integrate HTA into healthcare practice. Many countries have legislated for plain language (PL), and organizations globally are beginning to recognize how it helps in the uptake of information, whether geared to healthcare professionals and all those interested in HTA, or the lay public.

METHODS:

A preliminary, informal online search for legislative and supporting guidance on PL was conducted, and a query sent out to forty-eight International Network of Agencies for Health Technology Assessment (INAHTA) members.

RESULTS:

- The United States *Plain Writing Act* of 2010 has legislated that federal agencies use “clear Government communication that the public can understand and use” (1). Of the twenty-one respondents from INAHTA Listserv, seven use plain language in either their knowledge transfer tools (such as executive and research summaries, booklets and fact sheets, and patient or lay material).
- The Government of Canada promotes plain language in all of its communications (2).
- McMaster University’s 2014 Health Forum on strengthening public and patient engagement in HTA in Ontario supported “clarity and consistency in the use of public- and patient-engagement terminology” in HTAs.
- A growing number of international health-related and HTA organizations promote PL in their reports and HTAs to help with their health literacy.
- Many pharmaceutical companies encourage PL communication in their writing (3).
- Of the eighteen INAHTA responses received, eight reported that they use PL in their report summaries, knowledge transfer materials, and/or patient education tools.

CONCLUSIONS:

Adopting the practice of clear, straightforward writing and editing in all biomedical communication — including HTAs and journal articles — encourages interaction and engagement among patient, public, and healthcare stakeholders invested in HTAs, and their desire to have measured decision making based on comprehensive, informed, and easily understandable information. However, it remains to be seen if PL will be embraced by organizations worldwide. This preliminary, informal inquiry as to its use suggests that the adoption of PL by governments, HTA organizations, and the scientific community worldwide has not yet been fully embraced.

REFERENCES:

1. Public Law 111–274. 111th Congress: 124 Stat. 2861. “Plain Writing Act of 2010” [Internet]. Washington (DC):

US Government Publishing Office; 2010 Oct 13. [cited 2016 Jan 14]. Available from: <http://www.gpo.gov/fdsys/pkg/PLAW-111publ274/pdf/PLAW-111publ274.pdf>

2. Translation Bureau. Plain language. In: The Canadian Style [Internet]. Ottawa: Public Works and Government Services Canada; 2016 [cited 2016 Jan 18]. Chapter 13. Available from: <http://www.btb.termiumplus.gc.ca/tcdnstyl-chap?lang=eng&lettr=chapsect13&info0=13#zz13>

3. Pfizer principles for clear health communication [Internet]. 2nd ed. New York: Pfizer Inc.; 2004. [cited 2016 Jan 18]. Available from: <http://www.pfizer.com/files/health/PfizerPrinciples.pdf>.

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