possible due to the limited availability of evidence with consistent outcomes.

RESULTS:

From 4,718 search results, only one pivotal RCT specifically met the inclusion criteria, which demonstrated favorable safety and effectiveness of the procedure; however, the sample population in the trial had limited external validity to the proposed reimbursement population and follow-up was limited to six months. As a result, the selection criteria were broadened to better reflect the manner in which the service may be provided in clinical practice, and capture longer-term safety concerns. Four additional RCTs were included, which provided contradictory results.

CONCLUSIONS:

The results of this review identified two important issues in evaluating a health technology where the assessment has been focused to the results of a single trial. In particular, the generalizability of a trial is defined by the demographic distribution of the sample, not the selection criteria. Designing the review selection criteria around the selection criteria for a single trial can have consequences for a funding decision.

PP60 Producing Qualitative Syntheses In Health Technology Assessment: Challenges From The Canary Islands

AUTHORS:

Ana Toledo-Chávarri (anatoledochavarri@sescs.es), Andrew Booth

INTRODUCTION:

With heightened awareness of the value of patient and provider perspectives to decision making, Qualitative Evidence Synthesis (QES) is increasingly used within a health technology assessment (HTA) context. Acceptability, feasibility and implementation can all be addressed by synthesis of qualitative research. Concerns have been raised about the quality of the synthesis product, especially when conducted within a constrained time window. How can we test the validity of qualitative studies and assess confidence in synthesized qualitative findings, particularly when time is tight?

METHODS:

A brief examination of issues relating to production and use of QES identified from within the Canary Islands HTA agency will identify practical and methodological challenges. How can existing approaches address wider patient, social, organizational and ethical considerations that inform HTA? The potential for use of Evidence To Decision frameworks and approaches such as GRADE CERQual (a transparent method for assessing the confidence of evidence from reviews of qualitative research) will be briefly examined.

RESULTS:

This presentation will identify potential gaps between the needs of a small HTA agency and the methodological support and tools required to address these gaps, based on experience of conducting QES to date. Issues identified are particularly relevant to other small HTA agencies but are also generalizable to larger agencies and guideline producers worldwide. Pragmatic solutions are suggested. A future research agenda for potential methodological and applied research is outlined and current GRADE-CERQual development initiatives briefly shared.

CONCLUSIONS:

Despite significant progress in developing methodologies for integrating QES within HTA decision making, substantive challenges remain. Observations derived from this small HTA agency can inform further developments across all HTA organizations. Research is required to examine the impact of potential dissemination bias, application of tools across a wider HTA decision making framework and use of rigorous approaches within a time-limited evaluation window.

PP62 A Guide To Report And Review Innovative Indices Or Composite Measures

AUTHORS:

Yi-Sheng Chao (chaoyisheng@post.harvard.edu), Chao-Jung Wu

INTRODUCTION:

Composite measures and indices are used in medical research to represent certain concepts that cannot be measured with one variable. They can be used to

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predict outcomes or serve as outcomes in trials. The creation of innovative indices is important to increase publications and secure research funding. However, some assumptions and problems are prevalent among indices. We aim to develop a reporting guide and an appraisal tool for indices based on the issues we identified.

METHODS:

We reproduced the three frailty indices from a previous publication and 134,689 principal component-based indices. We reviewed the index assumptions, bias introduced by data processing, relationships between input variables. We interpreted the indices with input variables.

RESULTS:

We identified four major issues to be addressed in a reporting guide: constraints imposed by index creation on the input variables; data processing without evidence base; indices poorly linked to input variables; and, relatively inferior predictive power. We demonstrated a flow diagram and a checklist to report and review these four issues related to innovative indices.

CONCLUSIONS:

A reporting and critical appraisal tool for innovative indices is lacking and needed. These four issues that need to be explicitly considered are previously neglected. This guide is the first attempt to improve the quality and generalizability of innovative indices. This guide can be used to lead further discussion with other experts and review committees.

PP63 Factors Influencing Drug Prices Among Philippine Public Hospitals

AUTHORS:

John Wong, Cheyenne Ariana Erika Modina (erikamodina@gmail.com), Geminn Louis Apostol, Joy Bagas

INTRODUCTION:

In the Philippines, medicines are procured at higher rates in government hospitals. The prices of essential medicines have high variability, and a significant portion of out-of-pocket expenditures by Filipinos is for medicines. This study's objective is to determine the factors associated with the variation in drug pricing among public hospitals.

METHODS:

This was a mixed-methods, case-control study of 57 hospitals. Two tools were developed based on: (i) Management Sciences for Health (MSH)'s Rapid Pharmaceutical Management Assessment and (ii) World Health Organization (WHO)'s Good Pharmaceutical Practices. The dependent variable is a drug price reference ratio of a preselected drug basket. Examples of factors studied are: (i) preference for generics, (ii) procurement type, and (iii) time out of stock.

RESULTS:

Hospitals with proper procurement planning and performance monitoring are expected to decrease the price ratio ($R = -0.030$). However, interview data showed that forecasting is still not robust enough. Past consumption (91 percent) remained the most frequently used input to procurement planning. Few hospitals took into consideration other factors such as morbidity, mortality, and patient demographics. The expertise of hospital procurement staff increases the hospital's price mark-up. Interview results suggest this is because members and hospital units do not meet eye-to-eye to ensure accountability and coordination across units in planning and implementing the procurement procedures.

CONCLUSIONS:

By having a forward-looking procurement plan, forecasting can be more efficient. Potential improvement lies in finding mechanisms where nearby hospitals could participate in pooled procurement. Pooled procurement could have an impact on reducing prices by capturing economies of scale, provided this is operated efficiently and transparently.

PP65 Coordinated Implementation And Evaluation Of Promising Stroke Therapy

AUTHORS:

Laurie Lambert (laurie.lambert@inesss.qc.ca), Leila Azzi, François Désy, Anabèle Brière, Lucy Boothroyd, Maria Vutcovici, Michèle de Guise

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