RESULTS:

Forty-five respondents from forty-two different dermatology units completed the survey. The majority of clinicians (83 percent) prescribed more than one medication - most commonly oxybutynin and propantheline bromide. The next most commonly reported treatments were: iontophoresis, botulinum toxin and curettage.

Respondents were asked to indicate dosage, frequency and details about follow-up visits related to medication use. Doses prescribed were largely consistent with British National Formulary (BNF) recommendations. For other treatments, dermatologists were asked to indicate duration of the procedure, job title of the treatment provider and details about monitoring visits. Results were similar to the findings from the literature and previously conducted interviews with clinicians.

Respondents were asked to indicate the dropout rates for each type of treatment due to lack of effectiveness and adverse events. Dropout rates were relatively high for both reasons.

CONCLUSIONS:

The results highlight the wide range of treatments for hyperhidrosis currently administered by dermatologists across the UK, and the variation in current clinical practice. This variation highlights the lack of evidence-based guidance underpinning practice and the importance of clinical surveys as a complement to usual data collection methods.

VP209 Two-Way Short Message Service (SMS) For Better Engagement And Quality Bio-Surveillance System

AUTHORS:

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INTRODUCTION:

Along with the exponential growth of technology, the use of mobile devices in health, or mHealth, has been quickly becoming a viable practice to strengthen health systems, especially in low-resource settings. Nevertheless, the majority of mHealth interventions are pilot efforts which mostly lack robust design and evidence about the use of mHealth in public health. This study assessed the use of a bi-directional Short Message Service (SMS) in disease surveillance in Vietnam and aimed to bring evidence in improving engagement of health staff as well as the quality of reporting.

METHODS:

Eighty health staff from fourty communes of Hoa Binh and Hung Yen provinces were trained and participated in two 6-month pilots: one with one-way, and one with a bi-directional SMS system for assisting in error screening, and reminder and feedback provision to report two diseases: influenza and diarrhea using cell phones. After each examination and checking-in onto the paper logbook, participants reported the case by texting an SMS to a designated number and made notes of successfully reported cases. A central data repository server was set up to collect SMS reports, and aggregate reported patient data. Engagement of health staff and quality of the reporting work were assessed by the evaluation of the qualitative questionnaires, and the comparison of the texted SMS reports to the patient logbooks.

RESULTS:

With the use of a two-way versus one-way SMS system, participants were 4.6 times more likely (95 percent Confidence Interval, CI 3.93-5.44, $p < .001$) to send correctly formatted text reports, and 3.4 times more likely (95 percent CI 2.72-4.33, $p < .001$) to have precise information in their texted messages. Results also revealed that while their position, age, or gender of participants did not statistically influence the results, ethnicity and management roles did.

CONCLUSIONS:

The study showed that the use of a bi-directional SMS-based reporting system both significantly

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improved participants engagement in the reporting protocol, and greatly enhanced their reporting quality. The study demonstrated that robust evidence of a practical utilization of SMS in a disease reporting system to replace the traditional paper-based one has great potential for a scale-up and national-wide implementation.

VP214 Criteria That Influence The Brazilian Public Decision-Making

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INTRODUCTION:

In Brazil, the National Committee for Health Technology Incorporation in the public health system (CONITEC) advises the Ministry of Health about incorporation, exclusion and alteration of health technologies in Brazilian public health system (SUS). Decision making considers multiple criteria, included or not in legislation. This analysis was the first step for a multiple-criteria decision analysis (MCDA) building. This study aims to identify criteria that influence Health Technology Assessment (HTA) for SUS.

METHODS:

Five real cases of controversial recommendations of technology incorporation made by CONITEC were reviewed by listening to the plenary recordings and reviewing committee minutes. The choice was guided by convenience, with prioritization according to CONITEC's members, using a pre-defined standardized form. Weight in decision making was also raised and identified. Selected technologies judgments were: Trastuzumab for metastatic/advanced Breast Cancer; Fingolimod for Multiple Sclerosis; Clozapine, Lamotrigine, Olanzapine, Quetiapine and Risperidone for Bipolar Affective Disorder; Hematopoietic stem cell transplantation for Sickle Cell Disease; and Positron Emission Computed Tomography (PET-CT) for Lung Cancer and for hepatic metastasis from Colorectal Cancer.

RESULTS:

The choice of different technologies allowed verifying specific criteria used for the incorporation of each type of technology, as well as the similar criteria discussed and used by all these technology types. In addition, some identified criteria were specific to the Brazilian reality, such as: "Incorporation by other countries", "Potential technologies without registration in Brazil" and "Off-label use". These criteria were not previously identified in studies conducted in other countries. Some criteria have been identified in all decisions, such as: efficacy, disease severity, quality and confidence in the evidences, logistic challenges for implementation, unmet needs, budget impact and treatment costs. Relative impact of cost-effectiveness was considered low.

CONCLUSIONS:

CONITEC's recordings are an important source to understand the Brazilian decision-making process. To identify the important criteria can help to standardize and improve the HTA process.

VP216 Health Technology Assessment's Balance Between Additional Data, Adoption, And Patient Access

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INTRODUCTION:

Historically, many Health Technology Assessment (HTA) bodies were developed with a focus on addressing rapidly rising drug costs and the unique need to evaluate each drug as a *de novo* entity. The degree to which the unique needs for evaluating technologies *vis*

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