

only a few were deemed relevant, acceptable, and feasible for use in the child health context. In addition, there were diverging views on whether it is possible to compare and integrate adult and child value sets with different properties.

Conclusions. Several questions remain to be answered before the public and other stakeholders can have confidence in child health state valuation protocols. We propose a research agenda, including both empirical and conceptual work, to inform future methodological development and to help HTA agencies make recommendations about how child utility values should be generated.

PD58 Implementation And Assessment Of A Lung Cancer Screening Pilot Project In Québec Through Multi-Stakeholder Collaboration

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Introduction. In 2019, the Québec provincial health technology assessment body (INESSS) recommended that lung cancer screening with low-dose computed tomography (LDCT) be accessible in Québec only within the context of an evaluation in the ‘real-world’ care setting. Based on this recommendation, the ministry of health (MSSS) decided, in 2020, to implement a screening pilot project and to conduct a formal evaluation, partnering with a clinical leader (principal investigator), participating hospitals, the provincial public health agency (INSPQ) and INESSS. The goal of this evaluation is to facilitate decision-making regarding the implementation of a province-wide screening program.

Methods. To support the implementation of the pilot project, algorithms and recommendations were developed to guide management of screening program participants. This material, based on Lung-RADS (Lung Computed Tomography Screening Reporting and Data System of the American College of Radiology), was developed by reviewing the literature and by consulting clinical experts. The evaluation plan proposes various indicators, focusing on six main topics: (i) costs, (ii) screening and investigation processes, (iii) clinical effectiveness and other effects on health, (iv) effects on smoking cessation, (v) organizational impact and (vi) implementation issues.

Results. INESSS has developed 12 algorithms and close to 50 recommendations for lung cancer screening and investigation, a tool for assessing lung cancer risk and a benefits/risks table. For the evaluation of the pilot project, MSSS, INSPQ and INESSS developed more than 100 indicators; short-term indicators are currently being

measured and others will follow in the longer term. Since starting in June 2021, the pilot project is progressing well (as of November 28, 2021): 2,365 people have been referred, 1,272 were eligible for screening, 678 have had their first LDCT and 19 were Lung-RADS 4B or 4X. Results on indicators will help the ministry decide on the feasibility of scaling up screening to the provincial level and will highlight aspects to be improved.

Conclusions. This project shows how health technology assessment products can elicit changes in the health system, and how multi-stakeholder collaboration can actively support practice implementation and inform decision-making.

PD60 What Are The Opportunities And Challenges To Implementing Value Based Healthcare Pilots In The Brazilian Private Healthcare System?

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Introduction. The Brazilian National Agency for private healthcare system (ANS) regulates the private healthcare system in Brazil. ANS, since 2019, has been running the pilot value-based new payment models project. In total, 13 projects were selected by ANS. This investigation aims to identify opportunities and challenges to implement value based healthcare (VBHC) in Brazil.

Methods. We interviewed managers participating in the ANS’ Value-Based Payment Models. Data were collected through semi-structured interviews during 2021. Twelve managers were invited to participate in the interview and eight accepted the invitation. The key questions were: “what are the main factors that facilitate – or limit - the transition from the fee for service model to a value-based model in the private healthcare system? And “will the payment models be scalable?” For data analysis, Bardin’s content analysis was chosen. Data validation was performed using the debriefings technique.

Results. The interviews identified two key facilitating factors: people (identified by 50% of respondents) and processes (identified by 50% of respondents). Responses relating to people nominated the need for professionals with VBHC knowledge (33%), support of senior management (25%), support from the provider (25%) and care team (17%). Responses relating to processes nominated the need for partnership (58%), health-driven management (25%) and results (17%). We also identified that limiting factors (49%) were: providers (39%), in details: non-support from the provider, (56%), fear of financial loss (22%) and provider only wanting profit (22%); information system (30%), with data management; culture (17%), current versus innovative models; and peoples (13%), knowledge. More than 90 percent found it to be scalable, particularly, in vertical health plans (38%), large operators (38%); and provide diagnostic services (13%). We found that non-scalable situations are those where fee for service is hegemonic in terms of payments.