

Plateau State and Federal Capital Territory (FCT) of Nigeria. Issues that were examined included: client perspective and community involvement, status of available services, utilization and service delivery, and infrastructure and human resource capacities. The respondent of 294 client/service user population from interview were recorded and analyzed.

RESULTS:

The assessment showed client dissatisfaction to services being provided. In most centers, National Primary Health Care Development Agency (NPHCDA) requirements like availability of basic functional equipment, well trained health workers, patient record system, and access to water and sanitation were not met. Most of the facilities visited reported to be disconnected from the health system due to supportive supervision.

CONCLUSIONS:

Conclusively, the interest of the underserved Nigerian could be advocated for through local committees of consumer organizations. Their involvement will have an impact in PHC evaluation, policy making, and implementation of action plans aimed at improving PHC services.

VP161 Identification Of Needs Of Pigmented Villonodular Synovitis Patients Using Online Bulletin Board

AUTHORS:

Nigel Cook (nigel.cook@novartis.com), Kyle Landskroner, Susann Walda, Olivia Weiss, Vikrant Pallapotu

INTRODUCTION:

Pigmented villonodular synovitis (PVNS) is a very rare, benign proliferative tumor affecting the inner lining of synovial joints and tendon sheets. Information on treatment needs of PVNS patients to inform drug

development is currently scarce, hence we conducted qualitative research with patients using an online bulletin board (OBB) methodology to generate insights on objective and emotional aspects related to the medical journey and living with this disease.

METHODS:

OBB is an asynchronous, online qualitative market research tool that allows participants to comprehensively answer pre-defined questions in a comprehensive manner. Patients were recruited via physician referral and underwent screening questions to ensure eligibility for the study and willingness to participate. The discussion was moderated, structured, and allowed open answers and in response to other participants posts. Analysis was conducted using a combination of different qualitative analytical tools.

RESULTS:

The patient OBB ran for 4 days with eleven participants (n = 3 Canada, n = 4 United Kingdom, n = 4 United States of America) aged 28–57 years, suffering from PVNS for 2–27 years. The key patient insights were: (i) pain is the primary factor, constituting a significant emotional and psychological burden; (ii) surgery (arthroscopy) does not get rid of PVNS, relapse rate was high in these patients; and (iii) PVNS has a big financial impact on patients, their families, and the healthcare system, due in particular to time off work/lost wages (patient & caretaker), for healthcare system it is repeat costs for surgeries/hospital stays plus other medical expenses. We also identified orthopedic specialists/surgeons are the physicians who predominantly manage PVNS at this point, as surgery is the only option.

CONCLUSIONS:

This study shows the suitability of the OBB for uncovering qualitative patient insights to inform decision making and strategy in early pharmaceutical drug development. OBB lends itself very well to uncovering patient insights which might not be revealed in focus group or telephone interviews, particularly in a rare disease like this. PVNS patients are in need of a medical drug treatment which can reduce

pain, relapses and provide an alternative to surgery, the current standard of care.

VP163 Patient Involvement In The Development Of Multi-Criteria Decision Tool

AUTHORS:

Marie-Pierre Gagnon
(Marie-Pierre.Gagnon@fsi.ulaval.ca), Sylvain L'Espérance, Carmen Lindsay, Marc Rhainds, Martin Coulombe, François Rousseau

INTRODUCTION:

Healthcare organizations should assess the relevance of both existing and new practices. Involving patients in decisions regarding which health technologies and interventions should be prioritized could favor a better fit between strategic choices and patients needs.

METHODS:

Following a systematic review of existing multi-criteria decision support tools and a consultation with hospital clinicians and managers, a set of potentially relevant criteria was identified. A three-round modified Delphi study was then conducted among four groups (hospital managers, heads of department, clinicians, and patient representatives) in order to reach consensus on criteria that should be considered in the tool.

RESULTS:

In total, seventy-four participants completed the third round of the Delphi study. Consensus was obtained on twelve criteria. There were some significant differences between groups in priority scores given to criteria. Patient representatives differed significantly from other groups on two criteria. Their ranking of the accessibility criteria was higher, and their ranking of the organizational aspect criteria was lower than for the other groups.

CONCLUSIONS:

Patient representatives can be involved in the development of a multi-criteria decision support tool to identify, evaluate and prioritize high value-added health technologies and interventions in order to enhancing clinical appropriateness. The fact that accessibility aspects were more important for patient representatives calls for specific attention to these criteria when prioritizing health technologies or interventions. Furthermore, we need to ensure that the decisions made regarding the relevance of these technologies and interventions also reflect patients' preferences.

VP164 Applying Health Technology Assessment To Pharmacy: The Italian-Medicine-Use-Review-Health Technology Assessment

AUTHORS:

Michela Tinelli (m.tinelli@lse.ac.uk), Andrea Manfrin, Martin Knapp, Americo Cicchetti, Andrea Mandelli

INTRODUCTION:

There is a lack of Health-Technology-Assessment (HTA) tools in pharmacy practice and the collection of real-world-evidence (RWE) in community pharmacy to populate longer-term-disease-progression-modelling (1). This project is looking at the development and application of a novel Patient-Reported-Outcome-Measure (PROM) in community pharmacy that can enable: the evaluation of the quality of care delivered from the patient perspective in terms of economic impact, patient health outcomes and 'utilities'; the collection of RWE and evaluate long-term effect of care; to provide different stakeholders with unique evidence-based information that help formulate health policies in community pharmacy that are safe, effective, patient-focused and cost-effective, balancing access to innovation and cost containment.