

Data were analyzed by descriptive statistics and the independent samples t-test.

Results. There were significant differences in the proportions of combined use for different types of diseases. The same combination also had significant differences between different hospitals. In the fourth quarter of 2017, the operating group's consumption ratio was significantly lower than in the first quarter ($p = 0.000$).

Conclusions. It is reasonable to calculate the proportion of consumption by combined weighted analysis, which is also fairer for hospitals with better technical levels. This calculation method can be used by governments to manage the use and cost of medical consumables in hospitals.

PP268 Eliciting Meaningful Patient Preferences In Rare Diseases – Swing Weighting With Immunoglobulin A Nephropathy Patients In The United States And China

Kevin Marsh, Nancy Zaour, Kerrie-Anne Ho (kerrie-anne.ho@evidera.com), Ankit Joshi, Rachel Lo, Aneesh Thomas George and Nigel S. Cook

Introduction. Reimbursement agencies are increasingly using patient preference data to evaluate health technologies. Discrete choice experiments (DCE) are commonly used to elicit patient preferences, but they require large sample sizes to obtain meaningful results. For this reason, it is often not possible to use DCE to elicit patient preferences in rare diseases. This study assessed a swing weighting method for eliciting preferences from a small sample: patients with immunoglobulin A nephropathy (IgAN) in the United States (US) and China.

Methods. Attributes and levels were selected based on a review of clinical studies and qualitative research on patients. Computer-assisted, interview-based swing weighting exercises were piloted in a focus group with five participants each from the US and China. Preferences were then elicited in interviews with twenty-five patients in the US and fifteen patients in China. Consistency tests were used to assess internal validity. Qualitative data were collected on the reasons for patients' preferences.

Results. *Preference consistency:* The weights for one attribute were elicited twice. The difference between initial and consistency test weights was not statistically significant ($p < 0.1$), although this may partly reflect the small sample sizes. *Trade-offs:* Qualitative data were used to demonstrate the validity of interpreting participants' ratings as trade-offs. Using the partial value function for end-stage renal disease as an example, qualitative data demonstrated that patients were able to provide face-valid reasons for different shaped, non-linear preference functions. *Robustness of treatment evaluation:* Three hypothetical treatment profiles (using the attribute swings) were constructed. Preferences for these treatment profiles were robust to variations in patients' preferences; all patients preferred one specific profile. This finding was not sensitive to changes in weights.

Conclusions. This study supports the feasibility of collecting valid and robust preference data from small groups of patients using swing weighting. Further work could be done to test the performance of swing weighting in larger sample sizes.

PP277 Analysis Of The Current Situation Of Using Hospital-Based Health Technology Assessment In Kazakhstan

Andrey Avdeyev (avdeyev.andrey@yahoo.com), Aigul Kaptagayeva, Valeriy Benberin, Nasrulla Shanazarov, Larissa Makalkina and David Hailey

Introduction. Hospital-based health technology assessment (HB-HTA) in Kazakhstan is currently at the initial stage of development. The Medical Center Hospital of the President's Affairs Administration, Nur-Sultan is one of the first examples of implementing and using an HB-HTA system in practice, having included in its structure an HB-HTA unit in 2015.

Methods. In order to evaluate the current situation of using the principles of HB-HTA in Kazakhstan hospitals, a special questionnaire was developed. The questionnaire was sent in the form of an official request on behalf of the Ministry of Health Care. An official response was received from twenty-nine hospitals, of which nine were at the federal level, thirteen at the regional level, and seven at the city level.

Results. Of the twenty-nine hospitals that participated in the survey, only half (52%) indicated that they were aware of the principles of using the HB-HTA system and of the structure and functions of mini-health technology assessment reports (55%). Nonetheless, most hospitals (90%) noted that the results of HB-HTA may affect the final decision on implementing new technologies in practice, and that using the systematic approach of technology assessment is necessary.

Conclusions. In assessing the clinical and economic effectiveness of new health technologies in hospitals, and the viability of implementing them, there is a lack of standardized processes in managerial decision making. The assessment of clinical effectiveness and safety when implementing technologies is carried out mainly by technology applicants or by the main specialists who are responsible for the profile of evaluating technology. This can be regarded as a conflict of interest, since the applicant's wish to introduce the new technology may bias the evaluation process.

PP284 Volume-Result Relationship Analysis In Digestive Oncological Surgery In Spain By Using Health Data Records

Laura Muñoz, Elisa Puigdomènech, Xavier Garcia Cuscó (xavier.garciacusco@gencat.cat), César Velasco and Mireia Espallargues