Introduction: Limited knowledge of the symptomatology of aortic stenosis (AS) among the general population may delay diagnosis and have a major impact on morbidity and resource use. Training programs have often been advocated by the scientific community. The present study reported the results of an assessment of a training program for the general population.
Methods: Patients who attended healthcare centers were asked to answer a questionnaire on their level of knowledge around AS. A cohort of patients without training (n=681) answered the questionnaire and a second cohort answered the questionnaire via phone 24 hours after training (n=197). Propensity score matching by sex and age was used to obtain a balanced sample between the two cohorts, giving a total study sample of 394 individuals (197 without training and 197 with training). A descriptive analysis was performed to compare differences in the level of knowledge between the two cohorts. Predictors of AS symptomatology were identified using multivariate logistic regression.
Results: The trained cohort was more aware of AS disease than the untrained cohort (79% versus 31%, 95% confidence interval [CI]: 0.39, 0.56; p<0.001). They were also better at distinguishing the symptoms associated with AS (80% versus 43%, 95% CI: 0.28, 0.48, p<0.001) and were more aware of its severity (36% versus 12%; 95% CI: 0.16, 0.32, p<0.001). Moreover, the trained cohort were better at identifying symptoms that should make them consider visiting a doctor (76% versus 65%; 95% CI 0.02, 0.20, p<0.02). No differences were observed in level of concern regarding AS (8% versus 4%; 95% CI: -0.0046, 0.09, p=0.08).
The trained people who were aware of AS (p=0.04) correctly classified AS as a valvular disease (p=0.025), would seek medical consultation when AS symptoms occurred (p=0.04), and were more likely to correctly detect AS symptoms.
Conclusions: The training program significantly improved the knowledge and awareness of AS in the general population. This can improve the timeliness of AS diagnosis, reducing the health and economic burden of AS for the healthcare system.

OP147 Measuring Health Technology Assessment Impact On The Introduction Of Transcatheter Aortic Valve Replacement In A Private Healthcare System

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Introduction: Aortic stenosis is an insidious disease that has a high mortality rate when it becomes symptomatic. Surgical valve replacement is the treatment of choice and has predictable risks. Transcatheter aortic valve replacement (TAVR) is a less invasive alternative to surgery, which is indicated for high-risk patients.
Complications after TAVR include paravalvular leak, cerebrovascular events, and the need for pacemaker implantation. A health technology assessment report carried out by the Health Technology Assessment Unimed-BH group in 2018, two years before it became part of the National Supplementary Health Agency, recommended the introduction of TAVR with the following criteria: indications provided by a group of specialists; forwarding of a report with detailed clinical data; results of imaging exams; and follow-up results for up to one year after the procedure. After the introduction of TAVR with the agreed criteria, it was possible to access TAVR results from the private healthcare system of Unimed-BH.
Methods: Administrative data were collected from the Unimed-BH database. All patients who received a TAVR implant from 2013 to 2017 were included by virtue of a court injunction, and after 2018 by operator concession and within agreed criteria.
Results: From July 2013 to June 2019, 83 patients underwent TAVR implantation by Unimed BH. The median age of patients was 83.4 years (interquartile range 66.5 to 97.9), most of whom were women (56%). There was a predominance of patients in New York Heart Association classification III (50%) and IV (29%). There were 36 patients who underwent TAVR before 2018 and 47 patients within the agreed criteria. In the period prior to the agreed criteria, 28 percent needed a pacemaker, compared with 23 percent after 2018. During the follow-up period, 39 patients died: 18 (50%) before 2018 and 11 (23%) after 2018.
Conclusions: The agreement made with the providers, which included the obligation of having a team of specialists responsible for the indication and access to clinical data through the report, improved patient outcomes. This may be due to having a better indication for the procedure or to the greater experience of the professionals involved in its delivery.

OP148 Influence Of The Hospital-Based Health Technology Assessment Unit On New Technologies Transfer At The National Level In Kazakhstan

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Introduction: The hospital-based Health Technology Assessment (HB-HTA) Unit in the Hospital of the President's Affairs Administration has been operating since 2015 and is the first example of the implementation of the HB-HTA system in Kazakhstani hospitals. In

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addition to assessing the feasibility of implementing new health technologies (HTs) into the hospital's practice, the Unit also interacts with the National Regulatory Authority (NRA) to transfer new technologies into the National Reimbursement System (NRS). We report on the transformation of the HB-HTA Unit from a stand-alone entity to an integrated, specialized agency.
Methods: Data were drawn from reports of the HB-HTA Unit and internal NRA documents. Inclusion of new HTs into the NRS consists of the following sequential stages: (i) implementing the technology in at least one hospital; (ii) filing an application with the Ministry of Health Care (MoH) in the field of HTA to resolve the issue of reimbursement at the national level; (iii) in case of a positive decision, approval at the national level of the clinical protocol for using the medical intervention; (iv) agreement on the reimbursement price of the technology.
Results: Based on positive recommendations from the HB-HTA report in 2015, the hospital implemented 19 new nuclear medicine technologies. In 2016, the hospital initiated an application to the MoH to include these technologies in the NRS (previously, these technologies were carried out only for a fee or with private insurance). From 2016 to 2020, a positive decision from the MoH was received, protocols for medical interventions were published at the national level, and cost estimates were formulated. In 2021, 19 new medical services in nuclear imaging and scintigraphy were included in the NRS.
Conclusions: Despite the long and bureaucratic process of including new HTs in the NRS, the HB-HTA Unit managed to speed up this process. One of the main priorities of the integrated HB-HTA Unit is to promote the transfer of HTs into the health system at the national level.

OP149 How To Improve The Impact Of Health Technology Assessment: Stakeholders' Perspectives In Spain

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Introduction: Health technology assessment (HTA) agencies in Spain have an important role in informing decisions about the introduction and use of health technologies in the Spanish National Health System. However, although different approaches have been taken to measure and improve their impact, no study to date has explored the perceived impact of HTA products at the national level. The aim of this study was to explore the perspectives of macro-, meso-, and micro-level decision makers on how to improve the impact of HTA.
Methods: Three online focus groups were conducted with policy makers, healthcare managers, clinicians, and patients. The transcripts were evaluated using a deductive thematic analysis based on a multi-dimensional framework to explore mechanisms of impact.
Results: Four key themes were identified:

(i) Timeliness and use of HTA assessments: Although the quality of the reports was recognized, the time taken for the elaboration and extension of reports negatively affected their use. Participants considered that reports should be tailored to the needs of end users (e.g., briefer versions available for meso-and micro-level use);
(ii) Effective engagement and external communications: The engagement of multiple stakeholders (policy makers, manufacturers, clinicians, and patients) in the elaboration process was considered crucial to improve HTA impact and ensure adequate communication of results;
(iii) Good institutional reputation and fit within the healthcare and policy making system: Stakeholders agreed on the need to strengthen collaboration at the national level and increase public understanding of the value of HTA and its use in healthcare decision-making; and
(iv) Effective implementation of policy change regarding health technologies: Stakeholders were very receptive to the results and recommendations of HTA reports when new technologies are demanded, but the identification and selection process should be improved to guarantee that these reports are available on time.

Conclusions: This study has identified different proposals and mechanisms that could improve the impact of HTA in Spain.

OP150 An Inventory Of Policy Levers For Influencing Appropriate Care

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Introduction: Healthcare reform through appropriate care is a current focus for many jurisdictions. A variety of policy options, or "levers," are available to decision makers to influence appropriate care. However, these levers are not always identified in advance of developing policy recommendations, and few direct, empirical analyses are available to support their selection. An appropriate care policy lever inventory was developed for health technology assessment (HTA) users in Alberta, Canada, to support HTA scoping and policy development.
Methods: Relevant information was identified by a single reviewer through a scoping search of MEDLINE, forward and backward searching, and targeted gray literature searches. An Excel-based inventory was populated with a list of policy levers and their descriptions, policy effectiveness, and implementation considerations. Filters were developed to identify levers based on key characteristics. The inventory was iteratively refined through presentations to and feedback from key user groups.
Results: The inventory contained 53 policy levers aiming to influence service provision, clinician behavior, fiscal policies, populations or organizations, and patient behavior. The levers varied in how they restrict decision-making. Few levers were considered high impact

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