

Introduction. In order to improve patients' health outcomes, it is important to know the available evidence regarding centralization of surgical interventions for digestive cancer in hospitals with the highest volume of cases. We aim to describe and identify the number of annual interventions recommended by hospitals in order to maximize the health outcomes and efficiency for patients undergoing digestive cancer surgery during 2013–2016 in centers belonging to the Spanish National Health System (SNS).

Methods. The study design was a retrospective cohort study (patients aged ≥ 18 years). Data from Spanish public hospitals' basic minimum set of data at hospital discharge for esophagus, stomach, liver, pancreas and rectum cancers was used. Age, sex primary/secondary diagnosis and procedures (Charlson index) were included. Reinterventions, hospital stay and in-hospital mortality were considered as the outcomes and measures of efficiency. Hospitals were grouped as low-/medium-/high-volume according to the number of annual procedures. Descriptive analysis and logistic and Poisson regression models with Stata16 were undertaken.

Results. High-volume hospitals performed between 67.4 (rectum) and 88.6 (liver) percent of interventions. The percentage of in-hospital mortality for all cancers was lower in high-volume centers (9.6% esophagus, 6.6% stomach, 7.1% pancreas, 4.2% liver and 2.2% rectum), showing a negative association between center volume and in-hospital mortality, which was statistically significant for esophagus (odds ratio [OR] = 0.48; 95% confidence interval [CI]: 0.28–0.81), stomach (OR = 0.51; 95% CI: 0.39–0.68) and rectum (OR = 0.63; 95% CI: 0.48–0.83) cancers. A non-statistically significant lower in hospital stay was observed in high-volume hospitals.

Conclusions. These results indicate that in Spain there is a negative association between the number of digestive oncological interventions per hospital and in-hospital mortality. This could help to define a threshold or cut-off point for the concentration of digestive cancer surgery in the SNS that might result in an improvement of lower in-hospital mortality and/or hospital stay.

PP288 Health Technology Assessment In Universal Health System: A Network At The Brazilian Capital

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Introduction. Collaborative networking is adopted to implement health technology assessment (HTA) in academic and research institutions and exchange knowledge with hospitals and health services. Since 2016, the District Network for Health Technology Assessment (ReDAPTS) has been dedicated to generating and promoting evidence that supports decision-making, promoting continuous qualification, supporting and guiding managers in priorities and demands, analysing the economic, ethical and social implications of problems and situations, and contributing to healthcare quality at the Unified Health System. The

objective of this study is to present the construction process of ReDAPTS from 2016 to 2019.

Methods. This experience report about ReDAPTS considered three main actions: (i) situational diagnosis in 2016 and 2017, (ii) agreements of internal regulation and governance and (iii) HTA training strategies for professionals. The scientific events and executive group meetings were described to identify the strategies for the implementation of a collaborative network in the Federal District (FD), Brazil.

Results. In total, fifteen institutions were identified with a potential to develop the HTA field at the district level. Between 2016 and 2019, three scientific events, eighteen technical meetings for network governance and two scientific meetings were carried out, organized by ReDAPTS and with 269 participants, highlighting assistance and university hospitals, FD Department of Health and academic and research institutions. Four HTA courses were offered and 319 professionals from the FD were trained.

Conclusions. Collaborative networking provided strengthening capacity for study production and debates on institutional processes for public health policies at the FD. Networking encouraged collaboration between institutions and promoted sharing HTA experiences. The network faces challenges to operate with full capacity. Political and institutional commitment, physical infrastructure and trained personnel sustainability are key to maintaining the HTA process at the FD. Institutions can develop HTA-teams to promote continuous qualification, study production and the rational use of technologies.

PP289 Impact Of Regional Human Immunodeficiency Virus Therapeutic Pathway On Prescriptions: The Experience Of The Lazio Region In Italy

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Introduction. In 2017, the Lazio Region (Italy) published a care and therapeutic pathway (Percorso Diagnostico Terapeutico Assistenziale [PDTA]) to guide the choice of treatments for human immunodeficiency virus (HIV) patients. Recommendations were based on clinical and economic criteria to guarantee the most appropriate care and sustainability of the regional National Health Service. Our pilot study was conducted to assess how the PDTA impacts clinical decisions and expenditure. Organizational and economic analyses were based on four HIV treatment centers at the regional level.

Methods. An ad hoc data collection was conducted. Each center provided data on the volume of prescriptions for each treatment option for the first semester of 2017 and 2018. The period January-June 2017 (H1-2017) represents the scenario pre-PDTA, while January-June 2018 (H1-2018) provides evidence on the first impact of the PDTA. Expenditure was estimated considering prices reported in the PDTA document. For each center,

a semi-structured survey collected evidence on which factors influence treatment decisions.

Results. Between H1-2017 and H1-2018 the number of experienced patients increased 10.1 percent (6,580 versus 7,249, respectively), while that of naive patients decreased 3 percent (227 versus 220). More than 80 percent of naive patients were treated with regimes recommended by the PDTA versus 36 percent in H1-2017 and 62 percent in H1-2018 of experienced patients. Regimes with a monthly cost > EUR 700 were preferred. The survey showed that the PDTA is a useful tool for supporting clinical decisions.

Conclusions. Our pilot study provides a snapshot on the impact of a regional HIV PDTA and identifies key aspects for its future update. Personalization of HIV therapies for an aging (5–29% of patients were >65 years in the four centers) and complex (>65% of patients had at least one comorbidity) population should be discussed for a PDTA update. Posology and treatment adherence should be further investigated.

PP290 Exploratory Investigation On Innovative Business Models Of Internet Hospitals In China: A Focus Group Study Of Key Stakeholders

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Introduction. Under the national guidance of Internet Plus Healthcare, Internet hospital was officially recognized in 2018 by the Chinese government, however, how to innovate the business models of Internet hospitals remains controversial. This study sought to explore key stakeholders' perspectives on key dilemmas about innovative business models of Internet hospitals in China.

Methods. A focus group study of key stakeholders was performed. Twelve key stakeholders (six senior officials from related ministries, two industry practitioners of Internet medicine, one hospital leader, two healthcare researchers (financing and policy), and one venture capital manager) participated in the focus group, in 2019. Thematic content analysis was applied for data analysis.

Results. Themes highlighted six key dilemmas when developing a business model of Internet hospitals, including (i) value proposition (medical treatment versus entire health management); (ii) leading party (hospitals versus third parties such as Internet companies); (iii) level of healthcare (tertiary versus primary); (iv) scope of service (provide full range versus part of traditional hospital service); (v) primary source of revenue (medical services versus drug sales); and (vi) legal liability (web-based unit versus physical hospital).

Conclusions. The healthcare industry is currently in search of innovative business models of Internet hospitals in response to the unprecedented form of healthcare in China. However, the core aspects of the model design still remain debatable. At this revolutionary stage, policies are important to allow the implementation of different model designs that support the successful transformation of the entire health care system in China.

PP297 Rethinking The Gap Between Technology And Implementation: A Framework For Socially Embedded Technoscience

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Introduction. In 1964, Jacques Ellul framed the history of technology as one defined not just by the introduction of new machines, but by the social and institutional practices that guide their use and implementation. He called this integrated system “la technique,” believing that the word “technology” had come to emphasize physical tools at the cost of social ones. There is a strong critical component in Ellul, who opposed the dehumanization apparent in technological systems and their associated forms of utilitarian thinking. Remaining aware of this critical history, this study relies on Ellul and similar technological theories to conceptualize a framework for rethinking the distinction between health technologies and their implementation in the context of health technology assessments (HTAs). It does so by considering how HTAs could be modified within the proposed framework to better consider the social and human factors that determine how a drug or technology exists within a “live” social environment.

Methods. The study is conceptual and driven by an analysis of existing HTAs. It details potential ways that reviews could be adjusted in line with the presentation's proposed framework.

Results. By collapsing the distinction between technology and implementation, we can guide HTAs that are more cognizant of the essential human and social components of implementation, helping to avoid the crises that arise when technologies are introduced without considering their fundamental social factors.

Conclusions. Many modern HTAs already take implementation into account, but their findings treat technologies as conceptually distinct from practices and procedures, leaving the latter to local institutions to determine. By challenging the traditional gap between technological and sociological factors in traditional HTA practices, it is possible to develop new approaches to reviewing health technologies—not as distinct objects, but as complex sociotechnical phenomena in line with Ellul's “la technique.”

PP298 Comparison Of Quality Of Life Between Colposcopy And Human Papillomavirus Testing In Thai Women With Atypical Squamous Cells Of Undetermined Significance

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Introduction. Cervical cancer is the second most common cancer for Thai females. After screening, women diagnosed with atypical squamous cells of undetermined significance (ASC-US) are referred for colposcopy or human papillomavirus (HPV) testing for further diagnostics. The impact of colposcopy and HPV