

language was a distinction between factual-scientific assertions about facts, considered objective, and VJs on what is right/wrong-good/bad, considered subjective. In speech-act theory these distinctions were treated as two different operations: assertive and evaluative. A conceptual analysis of VJs, considering them as specific speech-acts, was used for clarifying/deciphering the role of VJs in HTA.

### RESULTS:

VJs are intrinsically embedded in decision-making since they are the reasons justifying decisions. This is why implicit VJs can be identified at every decision-step in the HTA process. Assessment is usually considered objective while appraisal seems subjective. Since VJs are entrenched in the decisions taken throughout the assessment process, the results are not completely objective. Ethical analysis also distinguishes two types of VJs, those based on normative criteria and those based on various degrees of value actualization. Furthermore, since evaluation requires criteria based on a rational process, VJs are not totally subjective.

### CONCLUSIONS:

Elicitation of VJs in HTA is one way of integrating ethics in HTA and offers decision-makers a more thorough picture of the ethical issues involved in their decision.

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## PP114 Clinical Effectiveness Of Insulin Glargine; Findings And Implications

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### INTRODUCTION:

There is continuing controversy surrounding the funding of insulin glargine versus neutral protamine Hagedorn (NPH) insulin in Brazil, due to substantial differences in their prices, and recent meta-analyses of randomized controlled trials and independent observational studies that show no difference in effectiveness; however, sponsored observational studies show greater effectiveness of insulin glargine.

Overall, the cost-effectiveness of insulin glargine in Brazil is controversial. In view of the continuing controversy, there is a need to address this using patient level data within the public health system in Brazil.

### METHODS:

We conducted a retrospective historical cohort study of type 1 diabetes patients receiving insulin glargine from January 2011 to January 2015, including patients in the public health system in Minas Gerais. Variables included (i) demographic variables, (ii) clinical variables e.g. time with a diagnosis of type 1 diabetes, (iii) treatment characteristics, and (iv) laboratory results of HbA1c. Individuals were compared with themselves in an analysis of HbA1c values before and after six months of using insulin glargine, with each patient acting as their own control.

### RESULTS:

Five hundred and eighty patients were included in the study. HbA1c varied from  $8.80 \pm 1.98$  percent in NPH insulin users to  $8.54 \pm 1.88$  percent after insulin glargine for six months, which is not clinically significant. The frequency of glycemic control varied from 22.6 percent with NPH insulin to 26.2 percent with insulin glargine. No statistically significant difference was observed between groups for all analyzed factors, including type and frequency of insulin use and carbohydrate counting.

### CONCLUSIONS:

There were limited differences between NPH insulins and insulin analogues in this real world study. As a result, the continued appreciable cost difference in between insulin glargine and NPH insulin in Brazil cannot be justified.

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## PP115 A Mobile Health App To Improve Knee Osteoarthritis Self-Management

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**INTRODUCTION:**

A gap exists between the evidence for reducing risk of knee osteoarthritis (KOA) progression and its application in patients' daily lives. We aimed to bridge this gap by identifying patient and family physician (FP) self-management priorities to conceptualize and develop a mobile-health application (m-health app). Our co-design approach combined priorities and concerns solicited from patients and FPs with evidence on risk of progression to design and develop a KOA self-management tool.

**METHODS:**

Parallel qualitative research of patient and FP perspectives was conducted to inform the co-design process. Researchers from the Enhancing Alberta Primary Care Research Networks (EnACT) evaluated the mental models of FPs using cognitive task analysis through structured interviews with four FPs. Using grounded theory methods, patient researchers from the Patient and Community Engagement Research (PaCER) program interviewed five patients to explore their perspectives about needs and interactions within primary care. In three co-design sessions relevant stakeholders (four patients, five FPs, and thirteen researchers) participated to: (i) identify user needs with regard to KOA self-management; and (ii) conceptualize and determine design priorities and functionalities of an m-health app using a modified nominal group process.

**RESULTS:**

Priority measures for symptoms, activities, and quality of life from the user perspective were determined in the first two sessions. The third co-design session with our industry partner resulted in finalization of priorities through interactive patient and FP feedback. The top three features were: (i) a symptoms graph and summary; (ii) information and strategies; and (iii) setting goals. These features were used to inform the development of a minimum viable product.

**CONCLUSIONS:**

The novel use of co-design created directive dialog around the needs of patients, highlighting the contrasting views that exist between patients and FPs and emphasizing how exploring these differences might lead to strong design options for patient-oriented m-health apps. Characterizing these disjunctions has important implications for operationalizing patient-centered health care.

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## PP116 Health Utilities And Neglected Conditions: A Chagas Disease Study

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**INTRODUCTION:**

Chagas disease (ChD), also known as American trypanosomiasis, is a neglected tropical disease caused by the protozoan parasite *Trypanosoma cruzi*. About 6 to 7 million people worldwide are estimated to be infected, most in Latin America. Health-related quality of life (HRQoL) and utility measures are still poorly employed for assessment of ChD lifetime impairments. Brazilian HRQoL published data showed that the cardiac subgroup of patients have worse scores than other ChD chronic groups. For the time being, utility scores are not available yet for the ChD population. The present study aims to assess quality of life (QoL), as utility scores, of patients with chronic Chagas Disease.

**METHODS:**

This is a cross-sectional study. Data were collected from 183 outpatients with chronic ChD in a reference center in Brazil. Information pertaining to sociodemographics, clinical status, and quality of life were collected using self-administered questionnaires. Utilities were obtained by the European Quality of Life – 5 Dimensions (EQ-5D) questionnaire. Comparisons were made between clinical subtypes and population normative values. Continuous variables were compared using t-test or ANOVA, and categorical variables were compared using Chi-square test. Associations between QoL and patient characteristics stratified by demographics, clinical status were identified by linear regression models.

**RESULTS:**

Most subjects were female (61 percent). The average age of men was 53.3 years and women 56.6. When analyzing the EQ-5D utility scores, it was observed that the results were lower for cardiac patients (0.610–95% CI 0.582–0.638) in comparison to indeterminate form patients (0.659–0.632–0.687). When comparing patients with the general population of the same age and sex, patients with ChD showed lower utility scores than normative values (0.624–95% CI 0.596–0.652).