

**METHODS:**

From August to September 2017, 43 specialists and general practitioners that prescribed medicines of SCPS in Minas Gerais were visited by researchers about the CPTG of RA and how to prescribe to provide easier access to these medicines to their patients. After the visits, a researcher contacted the physicians by phone to evaluate their satisfaction with the visits and about the program through a brief questionnaire.

**RESULTS:**

Twenty-eight physicians answered to our phone call, providing a response to the questionnaire. Sixty-eight percent indicated they were very satisfied with the visit. Fifty percent stated that the content of the visit was relevant to their practice, and 60.7 percent said that the distributed material was going to be useful for their professional practice. Regarding the guidelines, 43 percent affirmed that the visit really helped them to improve their understanding of medicine requests in the NHS and 42.9 percent said that the visit increased their understanding of which patients are eligible for RA treatment in the SCPS; 57.1 percent of those affirmed that the visits increased their knowledge.

**CONCLUSIONS:**

The physicians, who were mostly specialists, already had knowledge about CPTG and prescription practices of SCPS’s medicines, nevertheless, they showed interest in the visits to review and improve their knowledge and clinical practice.

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**PP81 Engagement Of Healthcare Professionals In Health Technology Assessment With Negative Results**

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**INTRODUCTION:**

We conducted health technology assessments (HTAs) of the interventions used between 2012 and 2014 to improve the treatment of homeless people with pulmonary tuberculosis in the Federal District of Brazil. The HTA, which was not ordered by policymakers, was

based on the evidence-based national theoretical model compared with local interventions indicated in focus groups, semi-structured interviews, and secondary data produced by the Health Secretariat. The results demonstrated that the implementation of the interventions was unsatisfactory. Our objective was to present the feedback process for policymakers and the Health Secretariat, particularly its challenges.

**METHODS:**

The feedback was categorized as: (i) an executive abstract with key messages (i.e. underreporting of cases in the surveillance system, lack of primary care, and underestimation of the health problem) reported to policymakers involved in the surveillance and healthcare systems; and (ii) oral presentations in eight meetings organized by the research group and local policymakers.

**RESULTS:**

Between 2016 and 2017 we conducted eight feedback meetings. All of the professionals (n = 8) involved in the Tuberculosis Surveillance and Control Program were present in at least one of the meetings, but healthcare professionals and the Secretary of Health did not participate. The barriers presented by the professionals were: (i) lack of material resources (i.e. cars and gas, phones, diagnostic tests, medications); (ii) lack of human resources (i.e. suboptimal professional staff); and (iii) feeling insecure when performing extramural activities due to the potentially unsafe work environment.

**CONCLUSIONS:**

Gathering feedback on a HTA that was not ordered by policy makers can be a challenge. Mainly we demonstrated a negative result on research done in a vulnerable population with a neglected disease, in this case tuberculosis. However, this provided an opportunity for professionals in the surveillance system to discuss the challenges of implementing tuberculosis control among the homeless population.

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**PP83 Early Assessment Of Proof-Of-Problem To Guide Health Innovation**

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