resistant tuberculosis in 2018, of which 78 percent were multidrug-resistant tuberculosis (MDR-TB), and China has one of the largest shares of the global burden (14%). In recent years, the Chinese government has made progress in TB control and prevention, but for MDR-TB, treatment options are still limited and expensive, and novel drugs are not always available. This research aims to evaluate the cost-effectiveness of adding bedaquiline to a background regimen (BR) of drugs for MDR-TB treatment in China, and to provide evidence for government to improve public health policies.

Methods. A cohort-based Markov model was developed to evaluate the incremental cost-effectiveness ratio (ICER) of bedaquiline plus BR (BBR) versus BR alone in MDR-TB treatment, over a 10-year time horizon. Data were sourced from a phase II clinical trial, real-world data in China, published literature, and expert opinion. Outcomes were evaluated in quality-adjusted life years (QALYs) and life-years gained (LYG). The discount rate was 3.5%. Probabilistic and deterministic sensitivity analyses were conducted.

Results. The discounted costs per person for BBR was CNY 135,706 [USD 19,172], compared with CNY 92,465 [USD 13,063] for BR. The discounted utility per person for BBR was also higher than that for BR (3.943 QALYs versus 3.193 QALYs). The ICER of BBR was CNY 58,096 [USD 8,208]/QALY, which was lower than the willingness-to-pay threshold of CNY 212,676 [USD 30,046] (three-times the gross domestic product per capita). Therefore, BBR was considered to be cost-effective. The sensitivity analysis confirmed the robustness of the results. BBR remained cost-effective in the sensitivity analysis, with a 77.2 percent probability of being cost-effective versus BR.

Conclusions. In China, bedaquiline is not included in the National Reimbursement Medicine List, which results in a heavy financial burden for MDR-TB patients. From this study, BBR was cost-effective by significantly reducing time to sputum culture conversion and increasing QALYs and LYGs, which offset the higher drug costs.

PP404 Effect Evaluation Of Two Family Doctor Contracting Service Models On Diabetic Patients: A Real-World Study In Chengdu, China

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Introduction. To strengthen the care capacity of primary facilities, China has vigorously promoted the construction of a hierarchical medical system and a family doctor care system. In July 2017, a family doctor care plan was launched in an urban district of Chengdu, Sichuan Province, and two family doctor contracting service models were adopted, one provided a basic-service package and the other a paid-service package. In order to evaluate the effect of different models on diabetic patients, this study conducted a real world study based on the district healthcare database.

Methods. Diabetic patients who contracted family doctor services January 2018 to January 2019 as reported in the database were enrolled in the paid- or basic-service group. Propensity score matching (PSM) was conducted to balance the distribution of covariances between the groups. The results of the first and last examination of glycosylated hemoglobin, low-density lipoprotein cholesterol (LDL-C), systolic and diastolic blood pressure in the groups were compared by independent sample t-test and chi-square test.

Results. Included were 4,871 patients in basic-service and 394 patients in paid-service. In both groups the total control rates of blood pressure, glycosylated hemoglobin and LDL-C at the last physical examination were 43.67, 79.28 and 51.11 percent, respectively, a significant increase from pre-test. The combined control rates of HbAlc, LDL-C and blood pressure in the basic- and paid-service group were 20.76% and 22.37%, respectively. After PSM, there was no significant difference between the groups.

Conclusions. Up to now, there is no significant difference between basic-service and paid-service family doctor contracting service models in improving the comprehensive control rate of diabetic patients. The possible reasons may be that the quality and content of paid-service is not as good as expected, the period of implementation is not long enough and the sample size of paid-service patients is limited.

PP406 Academic Detailing For Judges: Concepts Of Evidence-Based Medicine And Health Policies Adopted In Brazil

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Introduction. The Brazilian health system has not been able to enforce the constitutional Right to Health for the entire population, leaving litigation as the last alternative for the fulfillment of the right. In order to harmonize and underpin the decision making of federal judges, an Academic Detailing (AD) program with concepts of evidence-based medicine and health policies for federal judges will be conducted nationwide in Brazil. AD is a strategy to provide information, combining an interactive outreach approach with the best evidence. This study reports the method used to define key messages to be used during visits.

Methods. Government, federal judges and academy representatives were invited to a workshop on health litigation in Brazil. They were divided into six groups to discuss five hypothetical scenarios. In each scenario, groups listed two possible key messages to disseminate during AD, addressing the legal, scientific, economic or ethical dimensions. After the definition, a vote was taken, according to the importance that each participant attributed to them (1 to 10), and then a score was generated.

Results. Of the thirty-one participants, five were from the judiciary, three prosecutors, one health insurance representative, nine managers and thirteen from the academy. From the case study presented, fifty-five key messages were suggested. After removing duplicates, twenty-five were selected to assign

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importance values by each participant. The key messages were sorted from highest to lowest score, the most important being "Explain what evidence-based medicine means and what scientific evidence means".

Conclusions. Knowledge of theoretical concepts of evidence-based medicine, health policies and the technology incorporation process seem to be of fundamental importance to federal judges. This information will serve as a basis for decision making regarding litigious proceedings involving the constitutional Right to Health in Brazil. From the selected key messages, bulletins to the academic detailing program to federal judges shall be produced.

PP422 Including Empowering Community Into Primary Healthcare Team Scope Of Practice – A Technology For Ensuring Universal Healthcare Coverage

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Introduction. Considering the World Health Organization (WHO) Astana Declaration, in order to provide universal healthcare coverage, Kazakhstan through ongoing healthcare reform committed to the promotion of a people-centered Primary Healthcare (PHC) system. Since the implemented top-down policies showed low buy-in from community members and put more constraints on PHC facilities and teams, the Kazakh National Medical University, the Medeo district mayor's office and the WHO European Centre for PHC supported the initiative of a local non-governmental organization "Community health committee" and Outpatient clinic of Almaty State hospital #5, for creation of an integrated plan to develop people-centered PHC through better coverage and engagement of patients with non-communicable disease and enhancing the health literacy of the population above 65 years.

Methods. We used a community-based participatory approach. The process consisted of: forming a steering committee with at least one member from each stakeholder group; two interactive workshops where the community worked jointly with PHC professionals in defining priority health needs and proposing actions to address selected priorities; and, after, joint development by all stakeholders of an action plan for empowerment of the community, and for assessment and review of the scope of practice of PHC teams.

Results. The interactive workshops identified priority health needs such as low health literacy, low responsibility for health, low engagement of the elderly in prevention and self-management of non-communicable diseases. The main findings of semi-structured interviews were that there are no planning approaches (neither shared planning by a PHC team, or individually by PHC professionals) for addressing defined priority needs of the community, families and/or patients, and that the role of a PHC team in community empowerment is very limited.

Conclusions. Using results of the review on PHC teams' scope of practice, we will develop, discuss and agree with the national and local stakeholders' proposal of a conceptual model of PHC service delivery. Further, we will implement and evaluate the results of implementation.

PP434 Quality Of Studies Submitted To Support Requests For Medical Devices And Equipment Incorporation In A Teaching Hospital

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Introduction. In hospitals with standardized processes of health technology assessment (HTA), clinical studies are usually required to support incorporation requests. Factors such as conflicts of interest and confirmation bias affect the quality of the evidence. The objective of this study was to assess the quality of studies submitted to the university hospital to support the incorporation of non-drugs technologies.

Methods. All submissions received from 2017 to 2019 were reviewed. Data about methodological quality of studies sent by requesters and their utilization of final recommendation were collected, as well as about studies retrieved during additional search performed by HTA. The Jadad and Assessing the Methodological Quality of Systematic Reviews (AMSTAR) scales were used for assessing the quality of randomized clinical trials (RCTs) and systematic reviews (SRs), respectively.

Results. Twenty-one requests for incorporation of equipment were analyzed. The average number of studies attached was 4.5. In eight requests (53.3%), both SRs and RCTs were attached. In seven (46.7%) only low quality studies were included were included; additional search identified RCTs and SRs in four of these cases. According to the Jadad and AMSTAR scales, 60 percent of the submitted RCTs showed a high risk of bias, while 57 percent of the SRs showed moderate quality, respectively.

Conclusions. The best evidence is not always submitted during the incorporation request process. Requirements for studies of moderate-to-high quality to accept the incorporation demand could be helpful to avoid inefficiencies in hospital-based HTA.

PP443 Effectiveness And Safety Of Transcatheter Therapy Interventions Devices For Treatment Of Tricuspid Regurgitation

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Introduction. Tricuspid regurgitation (TR) is defined as incompetence of the tricuspid valve (TV), which produces the movement of blood flow from the right ventricle (RV) to the right atrium during systole. Pathological TR is functional in nearly 80–90 percent of cases, secondary to volume and/or pressure

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