

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

testing on quality of life (QOL) is not well documented. The objective of this study was to evaluate the impact of both diagnostic procedures, to fill the knowledge gap and inform healthcare professionals and decision makers.

Methods. This was a cross-sectional study conducted between August 2017 and January 2019 at a university hospital. One hundred and twenty-four and forty-two women were referred for colposcopy and HPV testing, respectively. QOL was assessed using the World Health Organization Quality of Life-BREF (WHOQOL-BREF) and the 5-level EuroQol questionnaire (EQ-5D-5L). Socio-demographic details were collected. The WHOQOL-BREF and EQ-5D-5L scores were compared between colposcopy and HPV testing using independent t-test or Mann-Whitney test, depending on data distribution.

Results. The EQ-5D-5L score and four domains (mobility, self-care, usual activity, anxiety/depression) of EQ-5D-5L responses of the colposcopy and HPV testing groups were not significantly different ($p > 0.05$). However, the pain/discomfort domain of EQ-5D-5L in the colposcopy group was significantly higher than the HPV testing group ($p = 0.032$). The overall QOL and four domains (physical, psychological, social relationships, and environmental) of WHOQOL-BREF were not significantly different ($p > 0.05$).

Conclusions. The QOL scores between the colposcopy and HPV testing groups were similar. HPV testing is more expensive and is not included in all health benefit packages, thus most ASC-US patients are referred to colposcopy according to reimbursement. Some women in the colposcopy group judged their social and working impact worse from the pain. Nevertheless, HPV testing would be alternative option in terms of less pain. The findings from this study may assist in promoting QOL in this group of women.

PP309 Accuracy Of Automated Wrist Blood Pressure Monitors: Systematic Review

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Introduction. The use of automated blood pressure monitors is recommended by current guidelines; however, the accuracy of the device must be validated according to standardized protocols. Wrist blood pressure monitors have been undergoing technical improvements; nonetheless, their reliability is not unanimously recognized. No systematic review to date has analyzed the accuracy of wrist blood pressure monitors according to standardized protocols. This study aims to summarize the evidence on the accuracy of wrist blood pressure monitors in adults.

Methods. Three databases (PubMed, Scopus and SciELO) were searched on 9 September 2019. The PICO (Patient, Intervention, Comparison and Outcome) strategy was used to outline the research question: Do automated wrist blood pressure monitors have accuracy equivalent to mercury sphygmomanometers in adults? Validation studies of wrist blood pressure monitors were included. Two reviewers independently screened abstracts and full texts. Summary data was extracted for each device, including mean difference of systolic blood pressure (SBP) and

diastolic blood pressure (DBP) between the monitor and the mercury sphygmomanometer.

Results. The review identified twenty-nine validation studies. Most of them were developed in China (44.82%), followed by Italy (20.68%). The most commonly used validation protocol was from the British Society of Hypertension. The mean difference between the devices and the mercury sphygmomanometers was 0.47 (± 5.75) mmHg for SBP and 0.17 (± 4.75) mmHg for DBP. The percentage of wrist blood pressure monitors that passed validation protocols was 93.1.

Conclusions. Most automated wrist blood pressure monitors showed accuracy equivalent to the reference standard for blood pressure measurement, with mean differences less than 0.5 mmHg for SBP and 0.2 for DBP. This evidence supports the recommendation to adopt this technology for the measurement of blood pressure in adults. However, wrist blood pressure monitors have patient positioning specificities, which, if not followed, may lead to measurement errors. Therefore, the adoption of these monitors should consider not only their accuracy, but also aspects of patient use and preferences.

PP313 Patient Preference For Blood Pressure Measurement: Sphygmomanometers Or Automatic Monitors?

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Introduction. The development of more accurate algorithms has encouraged the replacement of sphygmomanometers with automatic blood pressure (BP) monitors in adults. From the perspective of health professionals, these technologies are advantageous for their practicality and are less susceptible to observer errors, and many devices validated by standardized protocols are available for both clinical and home use. However, adherence to these technologies also depends on patient acceptance. No studies to date have examined patient preference for BP measurement in the Brazilian population, although Brazil has undertaken initiatives to replace auscultatory measurement with oscillometric measurement. This study aims to analyze patient preferences between sphygmomanometers and automatic monitors for BP measurement.

Methods. An analytic study was conducted with 93 subjects in a Brazilian outpatient care facility. A random sampling method was used to select participants. After obtaining informed consent, all subjects had their BP measured using a sphygmomanometer and then an automatic monitor for clinical use, both in a quiet room after 10 minutes rest. A structured interview on discomfort and preferences was then conducted. An unpaired t-test and a chi-square test were used.

Results. The mean age was 39.11 (± 14.22) years. Minor discomfort was identified when an automatic monitor was used (2.34 versus 2.52). Confidence was higher with the sphygmomanometers (73.11%), and 60.21 percent preferred this technology. There was no association between gender and preferences ($p =$