

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; 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