

use of low-value “back pain imaging” between 2010 and 2014 in commercial claims; a modest increase in the use of “troponin-only testing to diagnose acute myocardial infarction” in 26 of 91 academic teaching hospitals studied; and no significant change in practices’ following 3 urology recommendations (“serum testosterone level before testosterone therapy”, “abdominal imaging before orchiopexy”, “bone scan after diagnosis of low-risk prostate cancer”) based on administrative data from Ontario, Canada between 2008 and 2017.

Conclusions:

To date, more than 80 specialty societies have contributed to CW with more than 550 recommendations. However, CW’s impact on daily practice seems limited and its clinical significance is still to be determined. Further efforts in diffusing, applying, and studying these recommendations are warranted.

Key messages:

- The Choosing Wisely campaign’s impact on daily practice appears to be limited.
- More effort should be committed to diffusing, applying and studying Choosing Wisely recommendations.

Care coordination across levels in Latin American public healthcare networks: cross-sectional study

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Background:

The introduction of care coordination mechanisms between care levels aims to improve clinical coordination and quality of care. Evidence on its impact is limited and almost non-existent in Latin America. We aim to describe the degree of knowledge and use of care coordination mechanisms between care levels in six public healthcare networks of Latin America.

Methods:

Cross-sectional study based on a survey using COORDENA questionnaire (May-October 2015) with primary (PC) and secondary care (SC) doctors of public healthcare networks in Argentina, Brazil, Chile, Colombia, Mexico and Uruguay (348 doctors/country). Variables: degree of knowledge and use of information coordination (referral/reply letter (RRL), discharge report, phone, e-mail) and of clinical management coordination (shared clinical guidelines (CG), joint meetings) mechanisms. Descriptive analyses were conducted.

Results:

Knowledge of clinical information coordination mechanisms was relatively high among doctors of both care levels and countries (from 44.2 to 100%) and also the frequent use of RRL (59 to 97.5%). There was greater variability among care levels and countries in the use of discharge reports (12.3% in PC in Colombia to 74.7% in SC in Mexico) and phone (1.3% in PC in Colombia to 64% in SC in Argentina). Knowledge and use of CG were limited at both levels, except in Chile and Mexico. Considerable variation was observed in knowledge (3.7% Uruguay to 83.7% Chile) and participation (17.8% Chile to 76.2% Brazil) in joint clinical meetings. Most frequent difficulties in mechanisms use were: doctors do not send the RRL or discharge reports, CG are difficult to apply and joint meetings do not meet the expectations.

Conclusions:

Except for information coordination mechanisms, there is a limited knowledge and besides referral/reply letter, also a

limited use of care coordination mechanisms between care levels in the studied networks. This problem should be addressed to improve their impact.

Key messages:

- This is the first survey assessing care coordination mechanisms’ knowledge and use by primary and secondary care doctors in public healthcare networks of Latin America.
- These results reveal limited knowledge and use of some care coordination mechanisms and room for improvement.

Enablers and barriers to develop evidence based products advocating investment in health

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Synthesizing and tailoring evidence is proven to be an effective means of influencing investment decisions to address public health issues. Interviews were conducted with stakeholders who were involved in the development of the Making a Difference report (MaD, 2016), an evidence-based report which identified best value for money options for public health investment in Wales.

Developing and implementing evidence-informed policies across the WHO European Region contributes to Health 2020, the European policy framework and strategy, and to the United Nation’s Sustainable Development Goals (2015).

Thirteen interviews aimed to identify processes and make recommendations essential to develop an evidence based report, such as the MaD to present best value options for investment in health and well-being. Face-to-face, telephone, and email interviewing techniques were used, with standard open ended and tailored questions for interviewees involved in the MaD development, such as knowledge translation researchers, decisions makers such as representatives of the Welsh NHS and government.

In order to influence the investment choices of governments by using an evidence-informed product, the following key elements were identified as contributing to an effective development process: (i) a window of opportunity to incorporate evidence into public health policy decisions (ii) early and continuous stakeholder engagement throughout the product development (iii) giving consideration to existing governmental decisions and policy environment.

Interviews identified sets of key enablers and barriers regarding the processes and enabling mechanisms for the effective development of evidence based products contributing to investment decisions. Evidence based products are complex in their development and require further in depth explorative research among stakeholders.

Key messages:

- Evidence based products have a complex development process and can have multiple enablers and barriers.
- Essential components include early stakeholder engagement and a window of opportunity for change.

Income inequalities in non-communicable diseases prevalence and management in Indonesia

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Background:

The contribution of non-communicable diseases to the total burden of disease is increasing in lower-middle income countries such Indonesia. Less is known about socioeconomic inequalities in non-communicable disease prevalence and management in Indonesia. We aimed to assess income inequalities in non-communicable diseases prevalence and management in Indonesia.