

multidisciplinary panels. •Stakeholders- Using multi-tiered approach to involve stakeholders via Consultation, Participation, and Communication models and outreach to mental health peer support programmes. •Systematic Reviews- Applied Delphi poll method in topic scoping/refinement to work within organisational resources. Other mechanisms to enhance resources include topic nominations to AHRQ, possible organisational partnerships, and developing products from guidelines. •Education- Creating a series of self-study educational modules on guideline development.

Lessons for Guideline Developers and Others Our challenges and resolutions could be helpful to others in guideline development.

P227 CAPACITY ENHANCEMENT THROUGH A DISTANCE LEARNING COURSE FOR PRIMARY HEALTH CARE (PHC) PROFESSIONALS: THE FIRST APPROACH FOR A GUIDELINE DEVELOPMENT

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Background There is a need to develop strategies for guideline development. It is essential to learn educational needs of health professionals who work at PHC level. Evidence based guidelines should be applied for these health professionals taking into account their context.

Objectives To identify skills and resources of primary health professionals in a distance learning course (UNASUS from UFCSPA – Federal University of Health Science of Porto Alegre).

Methods A quasi-experiment study had been carried out and the inclusion criteria were dentists, nurses and family physicians that provide PHC. Data had been collected in the beginning of the distant course, as a baseline and one year after the enrollment. This course enables specialisation for primary health care. A web-based questionnaire was applied to these subjects.

Results The sample size was 251 eligible subjects. The mean age of the responders was 35.2 ± 8.27 DP (range: 25–68), from 48 different towns from South Brazil. The majority (88.8%) were women and 67.3% had nurse degree. 94% of the subjects reported that the distance course was a good strategy to change their practice. Interactive activities resembling their daily routine had a higher impact.

Discussion The results have shown that distance learning is effective to enhance primary health care professional's behaviour, especially when simulating real cases.

Implications for guideline developers/users The present research has identified that it is essential to improve access to evidence-based clinical practice guidelines and resources across Brazil, and to increase skill capacity in using evidence to inform clinical decision-making.

P233 HOW CONFIDENT ARE YOU IN THE RESULTS GIVEN ONLY ONE RCT? TICAGRELOR VS CLOPIDOGREL: CASE REPORT BY CLINICAL GUIDELINE ON ACUTE CORONARY SYNDROME IN COLOMBIA

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Background Ticagrelor is oral antagonist of adenosine diphosphate receptors of subtype P2Y₁₂. It is indicated for the prevention of atherothrombotic events in adults with acute coronary syndromes (ACS) and it act faster and shorter than clopidogrel.

Objectives The authors review and discuss clinical findings and health-economic evidence of ticagrelor compared with clopidogrel to reduced myocardial infarction, stroke or death, major bleeding, in patients with ACS in Colombia, when only one RCT has been published comparing both drugs.

Methods This question was part of the guideline development. The process included search, assessment, rating the quality of evidence and economic evaluation. The recommendations were classified according to the methodology described by GRADE Working Group: consideration benefit/harm, preferences and resources.

Results 1 clinical study was identified. The efficacy outcome was favourable for the group of patients receiving ticagrelor. The result of the economic analysis suggests that the probability of ticagrelor is a cost effective alternative in the Colombian health system is more than 76.6%.

Discussion We recommend ticagrelor plus ASA for patients with non-STEMI, intermediate to high-risk, and for patients with STEMI if they have not received fibrinolysis in the last 24 hours.

Implications for Guideline Developers/Users Our results hold in different scenarios and sensitivity analyses, as long as the time horizon is not limited to short-term assessment because may underestimate the costs and benefits and therefore lead to erroneous conclusions with a single primarily study. Our recommendation is strong, although there was a single RCT owing to time horizon and high quality of evidence.

P235 FROM CLINICAL PRACTICE GUIDELINES TO THE COMPREHENSIVE CARE GUIDELINE FOR PATIENTS: BEYOND THE SCIENTIFIC PROCESS, A TASK OF CULTURAL CONSTRUCTION

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Background Patients guideline development is a complex process that must combine harmoniously clinic expert knowledge, values, preferences and patient's information needs; it means in itself the possibility of transforming social imaginary, practices, beliefs and behaviours health. The design of a qualitative methodology systematic and rigorous a guideline for patients would allow producing efficient results. The paper contains the design of a systematic and rigorous type of qualitative methodology, a guidelines for patients, was allowed producing efficient results.

Objective Design a methodology for patients' guidelines development in the Colombian context.

Methods A qualitative type study was developed in three phases: 1) Review of materials and patients guidelines targeting populations, creating an array of identification of information needs. 2) Development of a proposal for a context-sensitive communication expert team. 3) Validation of contents.

Results Designed a methodology with ten steps and developed the guidelines for patients which included scientific evidence, socio-cultural practices and participation of patients. The validation of the sexually transmitted infections the Guide was attended to people with a variety of gender, age and educational

level. During the process was verified that although this methodology was systematic and rigorous, was flexible and allowed adapting independently the guideline the nature of the disease, life cycle, and the information's circulation.

Discussion Leading the developing process of guidelines. patients by systematic and flexible methodologies allow to make a better sizing of the process incorporating valid contextual factor, suggests the need to be validated and involve patients in the process.

P236 DOCUMENTATION OF INTELLECTUAL CONFLICTS OF INTERESTS PROVED CRITICAL IN A CLINICAL PRACTICE GUIDELINE

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Background The American College of Chest Physicians (ACCP) Antithrombotic Guidelines (AT9) addressed both financial and intellectual COI, and restricted panellists from voting on recommendations on which they declared a primary conflict. The extent to which intellectual COI restricted participation beyond financial COI is uncertain.

Objective The objective is to describe financial and intellectual COI among AT9 panellists and assess their overlap.

Methods The AT9 executive committee developed definitions and categorizations of primary and secondary financial and intellectual COI. panellists reported, for each recommendation, their financial and intellectual COIs. We analysed their declarations.

Results Among 102 panellists, the average number of recommendations for which panellist declared COI was: 2.1 (SD 5.7) for secondary financial COI, 1.7 (SD 3.5) for primary financial COI, 5.0 (SD 9.9) for secondary intellectual COI, and 2.5 (SD 5.0) for primary intellectual COI. Of the 102 panellists 37 (36%) declared a primary intellectual but no primary financial COI for at least one recommendation. Among 431 recommendations, the average number of panellists per recommendation who declared COI was: 0.5 (SD 0.8) for secondary financial COI, 0.4 (SD 0.9) for primary financial COI, 1.2 (SD 1.2) for secondary intellectual COI, and 0.6 (SD 1.2) for primary intellectual COI. In 63 recommendations (23%) at least one panellist had a primary intellectual COI but no primary financial COI

Conclusion A substantial number of declarations resulted in restrictions based on intellectual COI in the absence of financial COI.

P239 BREAKING NEW GROUND TO CLOSE THE GAPS BETWEEN PHYSICIAN'S KNOWLEDGE AND PRACTICE

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Background Effective dissemination of evidence-based clinical practice guidelines (EBCPG) help clinicians practice evidence-based-medicine, close practice gaps, thus improving medical care.

Objectives To determine the effectiveness of an educational intervention to measure changes in practice/self reported

performance improvement for the management and treatment of psoriasis and psoriatic arthritis.

Methods EBCPG were leveraged and repurposed as an interactive guideline translational CME course to expand physicians' knowledge base and improve clinician confidence and effectiveness in treating patients with psoriasis and psoriatic arthritis. Participants were given i) an assessment questionnaire before and after the session to measure knowledge and competence, ii) guidelines application tools useful in the clinic. A follow-up assessment questionnaire was conducted one year later to assess if session and application tools were easy to translate in clinic.

Results Approximately 90% of the participants felt the session improved their knowledge, confidence and will have an impact on their practice. Over 60% of case vignettes based questions showed significant improvement compared to the pre assessments $p < 0.05$. A one-year follow up indicated that 63% of the participants had changed their practice after attending the session.

Discussion The session will optimise usability of EBCPG in physician's daily practice and lead to improvement of patient quality of life and help in closing gaps in practice care.

Implications for Guideline Developers/Users EBCPG translational session with application tools is an effective method for implementing clinical guidelines and helps physicians practice evidence-based-medicine enhancing quality patient care.

P240 THE BENEFITS OF A SYSTEMATIC IMPLEMENTATION STRUCTURE FOR EFFECTIVE IMPLEMENTATION SUPPORT

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Background Guidelines do not implement themselves. Structural implementation activities are necessary to improve the usage of guidelines by professionals. At a national level this centre oversees the development, implementation, and evaluation of the Preventive Child Health Care (PCHC) guidelines.

Context In The Netherlands, PCHC is provided by 50 organisations. They use guidelines to improve quality of care, however implementing them, which is their own responsibility, is difficult. They therefore want implementation support, which is then provided by the Dutch Centre for Child Health.

Description of Best Practice To support PCHC organisations implementing guidelines, the Dutch Centre for Child Health developed an implementation structure. The aim of this structure is to provide a systematic implementation through various strategies. The elements of this structure are: a network of implementation coordinators, an implementation toolkit, education and e-learning, a helpdesk, and collaboration with educational institutes and network partners in the youth field. A one year follow-up survey showed that managers and implementation coordinators from PCHC organisations are positive about the support. They want our implementation activities to be continued and even like to see the support extended to guideline maintenance.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Organisations want support, to implement guidelines into their own organisation. Beside that they want to know what and when to expect. Our way to achieve that, is to give the support through a clear implementation structure and to provide systematic implementation activities.