POSTERS

**P002**

A SUMMARY OF THE METHODS THAT THE ALEXANDRIA CENTRE FOR EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES (CEBCPGs) USES TO PRODUCE CLINICAL PRACTICE GUIDELINES FOR THE HEALTHCARE QUALITY DIRECTORATE OF ALEXANDRIA UNIVERSITY HOSPITALS AND HEALTHCARE SECTORS IN ALEXANDRIA

**Objectives**

The aim of this work was to promote simplicity, avoid redundancy and decrease delay in the process of CPG adaptation.

**Methods**

Part 1) Cross-sectional/ or retrospective study and assessment of the current situation of practice in selected health-care settings to identify/select high priority health topic(s) and to justify the need for producing a CPG for this topic(s) and expected benefit and outcome for its implementation; Part 2) consists of the Methodology for CPGs adaptation, based on an adaptation of The ADAPTE Process developed by the ADAPTE Collaboration.

**Results**

Three main ADAPTE steps were identified as cornerstones of the process and another two steps in the assessment module were replaced by the AGREE Domains scores.

**Implications for Guideline Developers/Adapters/Users**

1. Health Care Professionals. 2. Adaptation of CPGs as a valid alternative selected based on Cross-sectional study/surveys for local Health-care settings to identify/select high priority health topics and to justify the need for producing a CPG for this topic(s) and expected benefit and outcome for its implementation; Part 2) consists of the Methodology for CPGs adaptation, based on an adaptation of The ADAPTE Process developed by the ADAPTE Collaboration.

**Discussion**

In coverage decisions research on patient preferences in CPG development and coverage decisions has no formal role yet. In CPG this role is limited. Integration of research on patient preferences is hampered by several factors. Implications for Guideline Developers/Users Directions for the future include: 1) conceptual work on defining and measuring patient preferences; 2) reaching consensus on the value and place of research on patient preferences for and in procedures and 3) developing a strategy for integration in procedures.

**P008**

WHAT TYPE OF EVIDENCE DO WE NEED TO DEVELOP GUIDELINES FOR DIAGNOSTIC IMAGING?

**Objectives**

To describe how and what type of evidence available evidence on patient preferences (passive participation) is considered in health care policy decisions in The Netherlands, England, Scotland, Germany and France.

**Methods**

A document search on website and database of responsible organisations for material on current development procedures. Scoping literature search on opinion papers on the use of research on patient preferences in CPG development and coverage decisions (HTA). Selected CPG and coverage decisions were checked.

**Results**

Procedures for coverage decisions do not mention the search for or use of research on patient preferences, nor was information found in the coverage case studies. In CPG development procedure a mandatory (Scotland) or optional (Netherlands) search for studies that reflect patients’ experiences and preferences is described. The CPG case studies show various use of patient preferences in different conceptualisations.

**Discussion**

In coverage decisions research on patient preferences has no formal role yet. In CPG this role is limited. Integration of research on patient preferences is hampered by several factors.

**Implications for Guideline Developers/Users**

Directions for the future include: 1) conceptual work on defining and measuring patient preferences; 2) reaching consensus on the value and place of research on patient preferences for and in procedures and 3) developing a strategy for integration in procedures.

**P005**

INTEGRATION OF EVIDENCE ON PATIENT PREFERENCES IN HEALTH CARE DECISION-MAKING: CURRENT STATE OF PLAY

**Background**

Active patient participation is embedded in health care decision-making, like clinical practice guideline (CPG) development and coverage decisions. The systematic use of the available evidence on patient preferences (passive participation) is still limited.

**Objectives**

To describe how and what type of evidence on patient preferences is considered in health care policy