Abstracts

The recent IOM standards were developed by as best practice with little guidance for potential interpretation or resource requirements. The CMSS Principles are intended to be a step towards practical guidelines standards and this research the first feedback step as to measuring that practicality.

**P266** AT WHAT RATE DOES NEW EVIDENCE CHANGE GUIDANCE

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Background New research is continually shaping guidelines; however, the rate of change has not been assessed.

Objectives Review articles from 2010 to 2013 to assess rate of change of guidelines for the elbow.

Methods A systematic literature search was conducted to identify randomised controlled trials (RCTs) on elbow disorders published between 2010 and 2013. Identified RCTs were scored using established scoring methods and incorporated into guidelines to determine if any recommendations needed to be changed or new recommendations added.

Results Fifteen new RCTs were identified (4 high-, 9 moderate-, and 2 low-quality). Nine (69%) studies were used to make 3 new recommendations and 4 changes to recommendations to guidelines on elbow disorders. Seven of these studies prompted new guidance on soft tissue mobilisation, autologous blood injections, percutaneous blood injections for lateral epicondyalgia (LE). Two of these studies caused changes to the recommendation level for manipulation/mobilisation for LE and evidence level changes for exercises, glucocorticosteroid injections, and platelet rich plasma injections for LE. Seven (53%) studies did not change any of the recommendations but added to the body of evidence to support the current recommendations.

Discussion New studies may be higher quality and have significant impact on guidelines. Two-thirds of new evidence triggered recommendations changes or development of new recommendations for treating LE. Additional assessments of low back and other body parts are underway.

Implications for Guideline Developers/Users It is beneficial to do a yearly review of the literature to determine if any new evidence will impact changes to current guidelines.

**P269** ADAPTATION OF A NORTH AMERICAN INSTITUTIONALLY BASED HEALTH TECHNOLOGY ASSESSMENT (IHTA) MODEL TO A PRIVATE BRAZILIAN HEALTH CARE ORGANIZATION (BHCO)

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Background Brazilian Guidelines, developed by medical societies, are sparsely used by federal agencies to determine coverage. To date there is no organised approach to clinical policy and guideline development or for dialogue with regulators within BHCOs. Amil, the largest BHCO, covers 6 million lives distributed across 8 regions and delivers care to many through its own medical centres.

Objectives To develop a minimally resourced clinical policy and implementation capability within Amil together with a training programme on a national level.

Methods Our approach is based on observation of the Penn Health System and the Kaiser Permanente (KP) models of IHTA. We are profiling current capacity for integrating umbrella reviews with mining and interpretation of internally generated practice data, and are identifying resource and manpower needs. To promote cultural change on national scale we reformulated an annual training workshop made in partnership with NYAM and McMaster and opened to participants within and without Amil, including Health Ministry and Regulatory Agencies, by addressing guideline development, adaptation and implementation skills.

Results Our approach identifies knowledge gaps within the organisation and develops related guidelines and outcomes assessment to be internally used through Electronic Health Records and to be presented to regulators as proposal for change. The framework was built on a piloted approach on