Introduction. Following marketing authorization in Spain, new medicines are assessed by the Inter-Ministerial Pricing Commission for Pharmaceuticals (CIPM), which provides reimbursement recommendations with a maximum ex-factory price. However, there are 17 autonomous regions, which can make distinct reimbursement decisions. To drive consistency, the Spanish Agency for Medicines and Health Products has issued national Therapeutic Positioning Reports (TPRs) for new medicines since 2012. Since November 2017, CIPM recommendations have been published monthly, giving the opportunity to analyze the impact of TPRs on the speed and outcome of CIPM decisions, which this research evaluates.

Methods. Publicly-available CIPM and TRP decisions were identified from www.msssi.gob.es and www.aemps.gob.es, respectively. Marketing authorization dates were identified from www.ema.europa.eu or www.aemps.gob.es (10 March 2007-11 February 2018). Pearson's chi-squared and Mann-Whitney U statistical tests were performed using R.

Results. One hundred and ninety-three drug-indication pairings with an associated TPR were identified. The majority (62% [120/193]) were recommended as alternative treatment options with only 19 percent (36/193) deemed to be superior and 19 percent (37/193) not recommended. One hundred and eight CIPM recommendations were identified across seven monthly reports, issued a mean of 12.2 months after market approval, 59 percent (64/108) were positive and 41 percent (44/108) were negative recommendations. There were 34 drug-indication pairings with both CIPM and TPR recommendations available. Of these, 24 percent, 56 percent and 21 percent had TPR outcomes of 'superior', 'alternative' and 'not recommended', respectively and 71 percent and 29 percent had positive and negative CIPM outcomes. Drug-indication pairings with 'negative' TPRs were significantly more likely to have negative CIPMs than those with either 'alternative' or 'superior' TPRs (71% vs. 19%, respectively, $\chi 2 = 5.16$, $p = 0.02$) and were more likely to experience significantly longer delays to CIPM recommendation (23.9 vs. 13.5 months, respectively, $U = 50$, $p = 0.03$).

Conclusions. Drug-indication pairings with 'positive' and 'alterative' TPR outcomes are associated with significantly better and faster CIPM recommendations than those with 'not recommended' TPR outcomes

OP57 Threats And Opportunities To Digital Health In Primary Care

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Introduction. The use of digital technologies in healthcare systems (digital health)– such as electronic health records and telehealth – can improve primary care (PC). However, integration of digital health can be constrained/impaired and/or facilitated due to several factors. We propose an integrative framework for classifying the factors that could favour or limit digital health integration in PC in order to guide the identification of strategies that could be helpful for technology promoters, managers, clinicians and researchers.

Methods. Based on a systematic review, our framework includes seven categories to classify the main opportunities and threats to digital health integration in PC: technological; individual/interpersonal; professional; organisational/institutional; ethical/legal; sociopolitical; economical. We consulted a panel of researchers, managers, clinicians, and citizens/patients in a scientific meeting regarding the main opportunities and threats to the integration of digital health in PC. We performed a content analysis of the reported factors according to the framework.

Results. Technological factors such as maturity, interoperability and ease of use were often mentioned as key conditions for digital health integration. Individual and interpersonal factors such as depersonalisation and digital literacy were seen as threats. The impact on workload and shared responsibility were threats at the professional level, whereas silos and change management were noted as organisational threats. Current policies and social trends favored digital health. Threats regarding privacy and confidentiality were mentioned at the legal/ethical level. The possibility to reduce costs and sharing of benefits were noted as opportunities at the economic level.

Conclusions. Knowing these multidimensional conditions, perceived as either threats or opportunities depending on the context of each PC setting, is essential to inform decisions, from strategic planning to evaluation. Our integrative framework allows a simple classification of opportunities and threats that can guide the development and implementation of tailored strategies favouring the integration of digital health in PC.

OP58 Developing An Evaluation Based Taxonomy For mHealth Apps

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Introduction. Mobile Health (mHealth) apps offer potential to promote greater public engagement in health, improve efficiency and open up new care pathways and models of care. However, the volume and heterogeneity of apps has led to uncertainty and lack of standardization around app definitions. Some mobile apps carry minimal risks to consumers, but others can carry significant risks. Work has been carried out to develop a framework for assessment (for example, for the NHS app library [beta version]). We discuss work helping to inform a preliminary framework of categorizing mHealth apps for proportionate assessment and validation, and the challenges involved.

Methods. A literature review was carried out to identify different types of categorizations used to define health apps and the most important dimensions for their assessment. A taxonomy of apps and a process for routing them towards appropriate methods of evaluation was developed through iterative review, discussion and refinement.

Results. Fourteen types of mHealth apps were established which were categorized by app function and by the potential risk involved with use. Subsequently, this research suggested a method of routing apps towards the most appropriate and proportionate method of evaluation, by using four example dimensions of impact (population size, disease burden, priority of clinical condition, and innovation), and four levels of risk.