

## PD83 Medication Preferences Of Rural Patients With Chronic Disease: A Discrete Choice Experiment In An Eastern Province Of China

Xiaona Li, Min Gao, Jiaxian Shao, Yuncong Yu, Wenqiang Yin and Zhongming Chen ([czm3306196@163.com](mailto:czm3306196@163.com))

**Introduction:** With the aging population, chronic diseases have become a serious threat to public health in China. Adhering to the doctor's advice is an effective strategy for controlling chronic diseases, and the preferences of patients with chronic disease has an important impact on compliance with medication. However, there is insufficient research exploring this aspect.

**Methods:** In this study patients with chronic disease were selected by stratified random sampling to participate in a survey carried out in three cities of a province in eastern China. The discrete choice experiment used a questionnaire of D-efficiency experimental design to measure the medication choices of patients with chronic disease. The main attributes included drug price, onset of action, adverse reactions, traditional Chinese or Western medicine, domestic drug, and reimbursed by medical insurance. The data were analyzed using a mixed logit model.

**Results:** A total of 1,062 valid questionnaires were received. The 1,045 questionnaires that passed the consistency test covered three prefecture-level cities, nine counties, and 216 villages. All drug attributes were statistically significant for selection preferences. The preference of patients in rural areas with chronic disease was "quick onset of action" ( $\beta=2.491$ ), "Western medicine" ( $\beta=0.826$ ), "medical insurance" ( $\beta=0.556$ ), "domestic drugs" ( $\beta=0.286$ ), and "very few adverse reactions" ( $\beta=0.170$ ). "Drug price" also had an impact on medication preferences among patients in rural areas with chronic disease ( $\beta=-0.013$ ).

**Conclusions:** Onset of action is the attribute of medications that is of most concern for patients in rural areas with chronic disease. Sub-group analysis showed that these patients were predominantly female, had a primary school education or lower, were younger than 69 years, were unemployed, and had an annual income between CNY10,000 (USD1,396.78) and CNY50,000 (USD6,983.92). They were willing to pay more for drugs with a quick onset of action, Western medicines, and drugs with reimbursed by medical insurance.

## PD85 Are Current Payment Models For Integrated Care Promoting The Uptake of Medical Device Innovations?

Paula Closa Granados ([cloa@recerca.clinic.cat](mailto:cloa@recerca.clinic.cat)), Marcelo Soto, Ismail Abbas, Albert Alonso and Laura Sampietro-Colom

**Introduction:** Integrated care (IC) is a patient-centered approach to the provision of health care that overcomes the fragmentation in the delivery of services that often occurs in older people with multiple comorbidities. Medical device innovations could help tackle this and other challenges of health systems when facing the adoption of high quality IC. Nevertheless, this should be accompanied by the right innovation funding scheme to encourage adoption.

**Methods:** A systematic search strategy to identify payment models for IC was performed in PubMed for the period from 2014 to 2023 using the International Foundation for Integrated Care Knowledge Tree tool. This was complemented with both a gray literature search in Google and a benchmark of payment models for innovative medicines. A scoping review was then performed identifying the following information: payment scheme; advantages and disadvantages for IC; inclusion of innovation; type of IC program or initiative described (sectors and providers); population (therapeutic area); country; and whether the information was conceptual or empirical.

**Results:** According to the literature reviewed, five payment schemes used in IC were identified. However, they were rarely used in isolation; more often a mix of payment schemes was used. Based on conceptual and empirical articles, the combination of bundled payment, shared savings, and pay for performance (based on the quality of care delivered) seemed to be the most comprehensive payment scheme. However, references to inclusion of innovation were not mentioned even in this mixed system. Payment systems for innovative medicines were benchmarked for medical devices.

**Conclusions:** A mixed system of bundled payment, shared savings, and pay for performance appears to be the most complete payment model for IC, since it counteracts the limitations of individual funding schemes. No evidence was found on how to incentivize medical device innovation in the context of IC delivery. However, inspiration from current payment schemes for innovative medicines can provide a starting point for innovative medical device schemes.