Conclusions. Our study found that knowledge and culture management positively impacts the projects. Service providers can be limiting when they are exclusively focused on economic perspectives. The new payment model is considered scalable.

PD61 What Are The Drivers Of Transitioning From Fee-For-Service To Value-Based Payment Models In The Brazilian Private Healthcare System?

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Introduction. The Brazilian National Agency for private healthcare system (ANS) makes the regulation for private healthcare system in Brazil. ANS, since 2019, is running the pilot value-based new payment models project. In total, 13 projects were selected by ANS. This research aims to identify the key drivers for moving from fee for service (FFS) to value-based payment models in the Brazilian healthcare private system.
Methods. We interviewed managers of private healthcare plans (13 in total) participating in the Value-Based Payment Models run by ANS. Data were collected through semi-structured interviews during 2021. Twelve managers were invited to the interview and eight accepted the invitation. The key questions were: "Why are healthcare providers transitioning from the fee for service model to value-based models?" and "What are your motivations to participate in the ANS project?" For data analysis, Bardin's content analysis was chosen. Data validation was performed using the debriefing technique.
Results. The main reasons for transitioning from FFS to value-based models were related to weaknesses of FFS (58%), strengths of the value-based payment model (14%) and sector needs (14%). Fee-for-service weaknesses are related to financial impacts – including waste and unsustainability (55%), and lack of transparency – including lack of trust and conflict of interest (28%). Strengths of the value-based payment model were related to financial benefits (100%), in other words, greater return on investment. The key unmet needs of the sector are related to improvement of the financial status - including lower costs and less waste (71%), and improvement of care delivery quality (29%). Continuity was reported as a benefit of FFS, according to 43 percent of respondents.
Conclusions. Our results suggest that financial motivations are the main reason to transition from fee-for-service to value-based models.

PD63 Impact Of Parallel Submission On The Rollout Time and Health-Technology-Assessment Recommendation Of New-Active-Substances

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Introduction. Australia and Canada have parallel submission processes that allow companies to submit their dossier to the respective Health-Technology-Assessment (HTA) body before the market authorization is issued, aiming to provide timelier access to drugs. The objective of this study is to investigate the associations of parallel submissions with the rollout times and HTA recommendations of new active substances (NASs).
Methods. Public data from 208 HTA appraisals were collected from the Pharmaceutical Benefits Advisory Committee (PBAC) from Australia and the Canadian Agency for Drugs and Technology in Health (CADTH) for NASs obtaining regulatory approval between 2012 and 2020. We implemented multivariable logistic and linear regression models allowing for type of submission (parallel or sequential) and jurisdiction (Australia and Canada) to examine associations with first HTA recommendation (positive and positive with restrictions vs negative) and rollout time (regulatory submission to HTA recommendation), respectively.
Results. A total of 121 appraisals followed a parallel submission. The therapeutic products that most used a parallel submission were antineoplastic agents (Anatomical Therapeutic Chemical Code=L;47.11%). A similar proportion of chemical and biotechnological products followed parallel submissions.

Multivariable linear regression showed that parallel submission presented 14-months decrease in rollout time when compared to sequential ($p<0.001$). Regarding jurisdictions, longer rollout times were seen for Canada when compared to Australia (β:4.0, p-value=0.024).

Parallel submission showed no association with HTA recommendation. Canada had higher odds of receiving a positive recommendation (Odds Ratio:4.84, 95% confidence interval:2.63-9.18) when compared with Australia ($p<0.001$).
Conclusions. Antineoplastic agents were the main products using parallel submissions. Appraisals following a parallel submission showed a considerably faster rollout time than those following the traditional sequential submission, illustrating the advantage of this approach for dossier submission. The submission type did not have an impact on the HTA recommendation, indicating that although quicker, the HTA decision was not affected. Canada has a more restrictive criteria regarding the timing of dossier submission compared to Australia, which may lead to disparities in their rollout time.

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