OBJECTIVES:
The objective of this work was to evaluate the opinions and knowledge of the participants of the 6th ISPOR BRAZILIAN CHAPTER MEETING on the subjects discussed in the plenaries, evaluating the answers according to the field of activity of the participants.

METHODS:
The 6th ISPOR BRAZILIAN CHAPTER MEETING was held in São Paulo, Brazil, on December 5, 2017. The participants answered questions on the subjects presented in plenaries. Voting was held about the following plenary sessions: "Supplementary health: a map for the future"; "With the word the patient"; and "Cost-effectiveness threshold in Brazil - possible dialogue points". Voting was carried out by means of interactive voting equipment. The responses were evaluated according to the field of the participants and compared globally.

The meeting participants were from academia, industry, supplementary health or others.

RESULTS:
One hundred and fifty participants from different segments (public health, supplementary health, regulatory bodies, patient associations, medical associations, and manufacturers) were present at the event.

Most participants believe that the quality of health care is influenced by the remuneration model of the system, and that new models do not have the patient as a priority (patient centric).

Biosimilar drugs were considered safe for patients, and there was agreement on the process of health technologies assessment (HTA): the National Supplementary Health Agency (ANS) should carry out the same evaluation process of CONITEC (National Commission for the Merger of Technologies for SUS).

When questioned about which health outcomes should be considered for health technology assessment, the vast majority stated that there should be more than one cost-effectiveness threshold in the country. Rare diseases, oncological diseases, and medical devices must also have their own threshold in Brazil.

Finally, 68.8% of the participants believe that there should be a cost-effectiveness threshold in Brazil. However, 91.5% of this total stated that there should be more than ONE value for the cost-effectiveness threshold in the country. Rare diseases, oncological diseases, and medical devices must also have their own threshold in Brazil.

COST-EFFECTIVENESS THRESHOLD IN BRAZIL

Believe that patients do not understand the instructions to perform their treatment
Believe that rare diseases should not be evaluated based on the same criteria as diseases with high incidence and prevalence
Have suggestions for improving the process of social participation in the Commission