

Objectives: Discrete choice experiments (DCEs) are robust stated-preference methods frequently used to estimate maximum acceptable risk (MAR) as a secondary outcome. However, DCEs provide sample-level estimates and explaining preference heterogeneity for MARs based on participant characteristics can be difficult. The study objective was to compare the capability of a DCE and a probabilistic threshold technique (PTT) to identify preference heterogeneity among MARs for preventive rheumatoid arthritis (RA) treatment. **Methods:** Participants from 3 countries (United Kingdom (UK), Germany, and Romania, n = 2959) completed a DCE and PTT in random order. Participants made choices between treatments that reduced chance of developing RA but increased chance of three risks (mild and serious side effects, serious infection). For the PTT, interval regressions estimated MARs that accounted for age, education, numeracy, literacy, and RA family history. For the DCE, random parameters logit (RPL) models were used to calculate MARs for subgroups in which heterogeneity was identified in the PTT. **Results:** The PTT identified preference heterogeneity for numeracy, literacy, and family history. Regarding these characteristics, the PTT identified statistically significantly different MARs ($p < 0.05$) for at least one risk in at least two countries. The DCE identified preference heterogeneity for the chance of serious infection between UK participants with low vs. high numeracy ($p < 0.05$). Using the DCE, no statistically different MARs were identified for other combinations of participant characteristics, risks, or countries. **Conclusions:** The PTT identified preference heterogeneity in MARs for more participant characteristics by directly incorporating participant characteristics in the regression model. When attempting to estimate MARs, PTT may partially overcome challenges with stratified DCE models, particularly if analyses such as latent class analysis are not feasible or desirable. Further research is needed to confirm the findings in this case studies and to explore which method most accurately identify true underlying preference heterogeneity are needed.

P20

EVALUATING PREFERENCES AND THE EFFECT OF ALTRUISM ON COVID-19 VACCINE DECISIONS: A DISCRETE CHOICE EXPERIMENT

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Objectives: To elucidate how Americans value COVID-19 vaccine characteristics, and determine whether their willingness to vaccinate is altered by the framing of the vaccination decision as altruistic or not. **Methods:** We conducted a discrete choice experiment (DCE) with Amazon MTurk participants randomized into a control group with standard DCE questions, versus a treatment group with questions framed altruistically. The survey consisted of demographic questions, an altruism index, and a DCE of 12 choice tasks with 3 profiles (Vaccine A, Vaccine B, and No Vaccination). Vaccine attributes included number of doses, efficacy in preventing infection, risk of severe disease, severe side effect type, risk of severe side effect, and subsidy. We estimated preference weights using multinomial logit models, controlling for framing, sex, age, political party, health status, race/ethnicity, and altruism score. **Results:** Sample included 2,014 respondents (control with no framing, n=1,037; altruism framing, n=977). Respondents preferred COVID-19 vaccines with allergic reactions vs neurological disorder as side effects (OR: 1.32; $P < 0.01$), higher efficacy (OR: 1.03; $P < 0.01$), higher subsidies (OR: 1.00; $P < 0.01$), lower risk of side effects (OR: 0.99; $P < 0.01$), and lower risk of severe disease (OR: 0.99; $P < 0.01$). Preferences for single- vs double-dose formulations did not significantly differ ($P > 0.01$). Respondents with higher baseline altruism scores were more likely to prefer vaccination compared to those with lower altruism scores (RR: 1.83; $P < 0.01$). However, framing neither significantly affected preferences for vaccination nor modified the effect of baseline altruism on these preferences for vaccination. **Conclusions:** Preferences were strongest for vaccines with less severe side effects, suggesting that innovators should prioritize COVID-19 vaccines with these characteristics. More altruistic individuals were more likely to vaccinate, but framing did not modulate vaccination decisions, implying its limited nudging effects for vaccination.

Impact of the COVID-19 Pandemic: Healthcare Utilisation and Outcomes

P21

SOCIAL DISTANCING AND TRENDS IN INFLUENZA HOSPITALIZATION DURING THE COVID-19 OUTBREAK: A DIFFERENCE-IN-DIFFERENCE ANALYSIS OF GERMAN CLAIMS DATA

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Objectives: As COVID-19 spread worldwide, indicators of influenza activity in the Northern Hemisphere began to decline by mid-to-late February. In Germany, federal lockdown measures were introduced to contain the outbreak on 22/03/2020 (week

12). We used claims data from AOK PLUS, a regional sickness fund covering around half the population in Saxony and Thuringia (6.2 million inhabitants), to examine the trend of influenza hospitalizations in 2020 compared to 2019. **Methods:** Using data from 01/01/2019 to 31/05/2020 (weeks 1-22), influenza hospitalizations were identified using ICD-10-GM codes J10-J11. We estimated changes in the number of influenza hospitalizations using a "difference-in-differences" model including variables for age group (<18, 18-44, 45-64, 65-79, 80+), gender, week, year, and outbreak status (interaction variable between year 2020 and week 12 or later). Adjusted incidence rate ratios (aIRRs) were estimated using Poisson regression with heteroskedasticity-robust standard errors. **Results:** During weeks 1-22, we observed 5,174 influenza hospitalizations in 2019 and 2020. Influenza hospitalizations in 2020 showed similar trends until week 12 and then showed a relative decline compared to 2019. The average number of influenza hospitalizations per week during weeks 12-22 significantly decreased in 2020 compared to 2019 (1.6 vs. 5.2; aIRR: 0.45; 95% CI: 0.34-0.59; $p < 0.001$). When stratified by age group, all groups except age 18-44 had a similar decrease in average influenza hospitalizations per week in 2020 compared to 2019, with large relative declines in patients age 80+ (2.2 vs. 5.8; aIRR: 0.38; 95% CI: 0.28-0.46; $p < 0.001$) and children <18 (1.8 vs. 8.0; aIRR: 0.38; 95% CI 0.32-0.46; $p < 0.001$). **Conclusions:** The number of influenza hospitalizations saw a relative faster decline in 2020 compared to 2019 after the introduction of federal lockdown measures in Germany, possibly due to the effectiveness of non-pharmaceutical interventions like social distancing and the use of facemasks.

P22

COVID-19 PANDEMIC IMPACTS VOLUME OF EVALUATION & MANAGEMENT (E&M) TELEHEALTH VISITS WITHIN COMMUNITY ONCOLOGY PRACTICES

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Objectives: The USA declared the COVID-19 pandemic a national emergency on 03/13/20. On 03/17/20, CMS expanded telehealth rules, allowing Medicare to cover telehealth visits like regular visits. This study aims to analyze the utilization of Evaluation & Management (E&M) telehealth options in community oncology pre and post pandemic. **Methods:** Deidentified patient visits data were obtained from iKnowMed electronic health records between 01/01/18 to 05/24/2021 from 20 US Oncology practices. A combination of patient MRN and date was used as an identifier to report number of visits for all measures. Patient visits with modifiers -GT, -95, and -GQ were classified as telehealth visits. Visit dates without modifiers were defined as non-telehealth (in-office) visits. E&M visits were defined based on standard CPT codes. **Results:** A total of 5,914,125 unique E&M patient visits were analyzed during the study period. Between Jan-2018 and Mar-2020 (pre-COVID-19), E&M visits rose from 30,000/week to 36,000/week (20%). Fewer than 0.01% of these visits were telehealth. By April 12, 2020, overall E&M visits had dropped 35%, but the telehealth visits had risen to 16%. Since then, the overall E&M visit count remained approximately 5% lower as compared to the pre-COVID-19 trend, and telehealth visits averaged approximately 6% thereafter. Corresponding to the 2nd wave, in Dec-2020 the telehealth proportion rose again to 10%. As of 05/23/2021, telehealth E&M visits represented approximately 5% of the total E&M visits within US Oncology practices. **Conclusions:** This study provides a timeline of how COVID-19 has impacted E&M visits and telehealth utilization among community oncology practices. The pandemic has led to an increase in E&M telehealth visits that may remain post pandemic. Continued research is necessary to monitor telehealth utilization and its impact on the quality of care, provider finances, and future of community oncology considering rising vaccination rates, CDC guidance, and public sentiment.

P23

CHANGE IN HEALTHCARE UTILISATION AND INPATIENT MORTALITY IN PATIENTS HOSPITALISED WITH HEART FAILURE DURING THE CORONAVIRUS PANDEMIC IN ENGLAND: A RETROSPECTIVE CROSS-SECTIONAL STUDY UTILISING HES

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Objectives: This study quantifies change in healthcare utilisation and inpatient mortality of all adult patients hospitalised with Heart Failure in England during three coronavirus national lockdowns compared to the same time period in the previous year. **Methods:** A retrospective cross-sectional study using the Hospital Episode Statistics (HES) database was conducted. All adults admitted to an English hospital with a primary diagnosis of I110 Hypertensive heart disease with (congestive) heart failure, I255 Ischaemic cardiomyopathy, I420 Dilated cardiomyopathy, I429 Cardiomyopathy unspecified, I500 Congestive heart failure, I501 Left ventricular failure and I509 Heart failure unspecified between 1st March 2019 and 28th February 2021 were included. Admissions, bed days and inpatient deaths of patients admitted between 1st March 2020 and 28th February 2021 (during pandemic) was compared with patients admitted between 1st March 2019 and 29th February 2020 (prior to pandemic).