value of a technology is minimized through Early Dialogues; harmonized and transparent assessment processes increase the quality of reports; work division among HTA organizations allows a resource-efficient assessment of a bigger amount of technologies; patient involvement ensures consideration of patient relevant endpoints.

The importance of cross-border collaboration in HTA is shown in the continuation of the EUnetHTA project, which aims to sustainably strengthen international collaboration even after expiration of EU-funding.

CONCLUSIONS:

European collaboration in medical device assessment can ensure cross-border health care and efficient cooperation of national health systems. The focus should be set on a wide implementation of jointly established methods and quality standards. The European collaboration can lead to a concrete benefit for various stakeholders.

VP78 Cross-Country Variation In Health Technology Assessment Preferences: An International Survey

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INTRODUCTION:

Several studies have explored how Health Technology Assessment (HTA) processes, HTA submission requirements, perception and handling of uncertainties vary across different jurisdictions (1-3). However, no study has elicited HTA stakeholders' preferences/priorities on criteria that shape coverage decisions across countries. We aimed to identify the extent to which preferences on criteria, uncertainties and other factors that shape HTA recommendations differ across countries.

METHODS:

HTA stakeholders in Brazil, England, France, Italy, Netherlands, Spain and Sweden were invited via email to complete a web-survey. A number of clinical, economic and other criteria (that is, rarity/orphan status and stakeholder input, among others) considered in HTAs, along with additional factors related to clinical evidence uncertainties, unmet need and innovative nature of treatment were ranked in terms of their importance on a 7-point Likert-scale. Responses were anonymised and analyzed using descriptive statistics.

RESULTS:

Responses were received from Brazil (n = 9), England (n = 7), France (n = 10), Italy (n = 6), Netherlands (n = 3), Spain (n = 3) and Sweden (n = 3). "Achievement of/Concerns around clinical benefit" was the only clinical criterion/uncertainty scoring equally important across countries (100 percent of respondents in each country). The requirement for/uncertainty around "Appropriate comparators" scored high in importance overall but was not consistent across countries, nor was the "Acceptability of surrogate rather than clinical endpoints". Variation was seen in all economic criteria, apart from "Budget impact analysis" (equally important for more than 80 percent of respondents in each country). Greater differences were observed in the level of priority that innovation, disease severity and stakeholder input have towards HTA coverage decisions across countries.

CONCLUSIONS:

Although agreement was seen in preferences mostly for some of the clinical criteria and/or evidentiary requirements ranked, there were notable differences on countries' priorities for economic evidence criteria/uncertainties and the extent to which unmet need, disease burden and innovation are considered important towards HTA decision-making, possibly explaining differences in HTA recommendations.

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VP81 Health Technology Assessment And Rare Disease Decision Making: Focus On Orphan Drugs

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INTRODUCTION:

Health Technology Assessment (HTA) is applied to determine the value of innovative technologies. It usually relies on robust assessment of the clinical cost-effectiveness of the technology, while clinical and economic evidence required for this purpose are often not available for orphan drugs (OD) (1,2). The objective of the study is to undertake a systematic comparison between HTA agencies worldwide in order to identify similarities and differences in the methods and processes in HTA of OD.

METHODS:

A cross-sectional web-based survey was conducted between September 2013 and May 2015. The data were obtained from a semi-structured questionnaire. We received responces from 161 HTA organizations based in 39 countries.

RESULTS:

HTA of OD is performed by agencies in South America (38.5 percent), followed by agencies in Australia (37.5 percent) and Europe (36.1 percent). The agencies in high income countries produce more assessments of OD (36.8 percent), which in 31.2 percent they determine as innovative technologies compared with 11.8 percent of the units based in low income countries and active in OD assessment (11.1 percent). We prove association ($p < .05$) between (i) the type of HTA and income per capita; the level at which the organization operates; its main activity; and the level of recommendation dissemination; (ii) the main target group and consumers of the final HTA product; the stage of evolution of the technology, on which it is likely to be assessed; and approaches to identify innovative technologies. The most active in the preparation of HTA reports are biomedical companies or other organizations in the private sector (50.0 percent) and organizations in the pharmaceutical and/or medical industry (66.7 percent). HTA bodies that assess OD develop (36.0 percent) and distribute recommendations (35.9 percent) nationally; their main activity is to produce guidelines for good clinical practice (46.9 percent). Agencies that perform OD assessment are active in evaluation of innovative (37.2 percent) and emerging (35.9 percent) technologies, which are able to be identified by developing early warning systems (32.0 percent).

CONCLUSIONS:

Making coverage decisions based on HTA recommendations control the technologies introduction into the healthcare system, that is why it's very important that this tool is properly adjusted to the specific needs of OD assessment (3).

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