PP70 Enhancing HTA Processes In The Maltese System For Introducing New Medicines

Simone de Vries (svries@zinl.nl), Katharina Abraham, Sylvana Magrin Sammut, Antonia Formosa, Isaac Corro Ramos, Matthijs Verteegh, Rudy Dupree, Annemieke van der Waal, Margreet Franken and Wim Goettsch

Introduction. Most European countries use Health Technology Assessment (HTA) as input for decisions on reimbursement of (new) medicines. In 2018, following the approval of European Social Funding, the Directorate for Pharmaceutical Affairs (DPA) within the Malta Ministry for Health led a specific Work Package aimed at enhancing knowledge, skills and HTA processes to inform reimbursement decisions.

Methods. Since the start of the project, the Institute for Medical Technology Assessment (iMTA) and the National Health Care Institute of the Netherlands (ZIN) collaborate in providing guidance and training to DPA on relative effectiveness assessments (REAs) and pharmacoeconomic assessments (PEAs) of pharmaceuticals. Several activities were organized: site visits, face-to face interviews with stakeholders, a qualitative assessment of the core process of the Maltese system, health economics training and tutorials, meetings introducing the European Network for Health Technology Assessment (EUnetHTA) and Dutch HTA processes, development of a new framework for assessment, and a shadow assessment.

Results. Our assessment identified important methodological challenges and crucial processes interdependencies to optimize within the Maltese system. Based on the learnings, DPA created a template based on the EUnetHTA REA assessment format. IMTA created a template to perform PEAs. Currently, a shadow assessment is ongoing in which DPA performs the REA and PEA of a pharmaceutical using the new templates. ZIN and iMTA will provide feedback to DPA on several aspects, including, but not limited to, the PICO, assessment of therapeutic efficacy and safety, identifying uncertainties, input costs and effects, and formulating a clear discussion of the assessment. If necessary, the templates will be adapted during the process. The project will be evaluated and finalized in 2022.

Conclusions. With the guidance and training provided by iMTA and ZIN, DPA structured and aligned their REA and PEA to enhance their assessment process and to improve the presentation of their HTA report to the two appraisal committees. This project emphasizes the importance of international collaboration to enhance HTA processes within the

PP71 Lessons Learned During Analyses Of Appropriate Hearing Care: Building Bridges Between Patient Organizations, Health Professionals And Insurance Companies

Mariska Stam (mstam@zinl.nl), Tjitske Vreugdenhil, Marleen Hermens and Hedy Maagdenberg

Introduction. As part of the cyclic Appropriate Care programme of the National Health Care Institute in the Netherlands, a systematic analysis of hearing health care is taking place. Parties in hearing health care are actively involved throughout the entire process. This abstract focuses on lessons learned from the cooperation as a HTA body with a diverse group of stakeholders.

Methods. We carried out an in-depth analysis for the patient journey of both children and adults with ear complaints or hearing impairment. Different kinds of information were included in the analyses, including claims data, quantitative and qualitative research, analyses of (international) guidelines and patient information. A range of strategies were used to co-operate and interact with patient organizations, hearing health care professionals, institutes/hospitals and insurance companies. Results. Close collaboration between the project team and patient organizations turned out to be effective to comprehend patient' perspectives. Data analyses were often found to be challenging in hearing health care, as the reimbursement data lacked sufficient information. In several cases, building bridges between parties, but also in relation to our HTA body was needed. Conclusions from the analyses were being shared and discussed with a panel of involved stakeholders, leading to support, but not always consensus on potential room for improvement. An internal review process turned out to be helpful in sharing experiences on effective multi-stakeholder management.

Conclusions. We believe that the process did influence the way stakeholders think about the appropriate use of the different available treatment options. Building bridges, and combining different perspectives from patient organizations, health-care professionals and insurance companies is necessary in a cyclic approach. The cyclic appropriate Care programme proved to be a constructive approach for collaboration with stakeholders.

PP72 SARS-CoV-2: A Rapid Review On The Effectiveness Of Face Coverings To Reduce Transmission

Thomas Winfield, Gareth Hopkin,

Lauren Elston (lauren.elston@wales.nhs.uk), Claire Davis, Jenni Washington, David Jarrom, Katie McDermott and Susan Myles