36 Oral Presentations

### **OP165 Health Technology Assessment And Public Health Priority Setting In China**

Yue Xiao (moonxy@126.com), Yingpeng Qiu, Liwei Shi and Kun Zhao

Introduction. Since 2009, China has initiated a national program on free provision of essential public health services. The national program has expanded both in terms of service categories and funding, showing China's great commitment to universal health coverage. However, with slowdown of public input in the health sector, the government decided to prioritize interventions and optimize reimbursement packages. Researchers in the China National Health Development Research Center (CNHDRC)—the Chinese national health technology assessment (HTA) agency were asked to design the tools to facilitate the decision process.

**Methods.** With multi-criteria decision analysis (MCDA) method, the researchers analyzed value dimensions in public health issues, and built an evidence matrix for the priority-setting decisions. Supported by HTA tools, they appraised interventions and services through literature review and field studies, and projected budget impact of potential adjustment decisions based on cost analysis results. A deliberative process of key stakeholder groups was taken, and their views were counted in making the final recommendations.

**Results.** Based on evidence review and scores of stakeholders' judgment, two public health service interventions were recommended for removal, and another two for adjustment (one for merger, one for optimizing care pathway). Cost estimation and potential budgetary impact were also analyzed to support financial decisions.

Conclusions. HTA and MCDA are key tools for defining the value criteria, evidence framework, and deliberative process for the essential public health program. However, lack of cost-effectiveness evidence hinders fine-tuned decisions on resource allocation. Continual health economic evaluation needs to be conducted in the near future.

# OP168 The EUnetHTA Quality Management System: Development And Evaluation

Reza Fathollah-Nejad (reza.fathollah-nejad@iqwig.de), Miriam Luhnen, Maike Rehrmann, Maya Nocon and Heike Hutner

**Introduction.** One objective of the European Network for Health Technology Assessment (EUnetHTA) Joint Action 3 (JA3) is to set up a quality management system (QMS) for joint work that serves as a standalone infrastructure for a sustainable European HTA-collaboration. Structures of the QMS (quality policy, processes and procedures, and organizational structures) combined with the measures of QM (quality planning, assurance, control and improvement) both ensure achieving the objective of producing high-quality HTAs.

**Methods.** Based on a thorough concept with involvement of a spectrum of EUnetHTA partners, re-evaluation, internal workshops and national expertise, the existing inventory consisting of procedures, templates, methodological guidelines and tools is

being refined, complemented and revised. Procedures are gradually being transferred into Standard Operating Procedures (SOPs), seamlessly and chronologically covering all assessment phases. Supplemented by quality-control-checklists and templates these SOPs are linked to relevant guidelines and tools. The so-established QMS is subject to continuous improvement by recurrently applying the Plan-Do-Check-Act (PDCA)-cycle. Members of the assessment teams are surveyed after the publication of each EUnetHTA-report (check-phase). Processed results lead to modification, maintenance and improvement of the inventory (act-phase).

**Results.** The majority of content has already been developed or revised and was already made available to the assessment teams to put to practical test. The survey results are systematically collected, processed and compiled. Derived from these results, a comprehensive report and a thorough list of improvement measures have been developed and will serve as a basis for further adaptions.

**Conclusions.** The establishment of structures of QMS and measures of QM both are supposed to assure high-quality HTA-reports for EUnetHTA and a possible permanent European collaboration on HTA after JA3 as proposed by the EU-commission's regulation proposal 2018/0018 (COD). The installed systematic data collection, processing and compilation mechanisms are a solid basis for the identification of future needs for developments.

#### OP169 Implementation Of A Quality Management System In The Spanish Network Of Health Technology Assessment

Sergio Márquez-Peláez (sergio.marquez.pelaez@juntadeandalucia.es), Isabel Viguera-Guerra, Teresa Molina-Lopez, Juan-Antonio Blasco Amaro and Workgroup REDETS

**Introduction.** The Spanish network of health technology assessment (HTA) agencies (REDETS) is a collaboration of eight agencies, units and services, commissioned by the national and regional governments. The network coordinates work within a common methodological and work framework, guided by the principles of mutual recognition and cooperation. In 2016, a common self-assessment quality tool was developed for the implementation of an overall Quality Management System. Currently we are working on the second step that deals with actions about management, joint activities as a network, and organizational aspects of the network.

**Methods.** A structured search strategy in the main electronic databases and a manual search in websites of networks national and international agencies were carried out in June 2017, in order to gather previous knowledge and developed standards. Through the information included in this review, and with the collaboration of all members, a group of standards for REDETS was developed. Finally, standards proposed were discussed in a face-to face meeting until an agreement was reached.

**Results.** A proposal of 31 standards was put forward taking all the collected information. The aim of each standard was defined, and its level of compliance was specified. Those standards were grouped under nine quality criteria structured in four dimensions: (i) Responsibility and Resources, (ii) Performance and Membership, (iii) Procedures, and (iv) Relations.

Poster Presentations 37

Conclusions. Based on the gathered information and the agreement of the all members, we developed a toolkit embracing a group of standards for the joint activities within the Spanish Network, network administration and management. It is a complementary instrument of the previous self-evaluating tool, following the establishment of an overall quality management system and under the philosophy of continuous improvement processes.

#### OP170 How Can Health Technology Assessment Participate In The Healthcare Quality Improvement?

Wafa Allouche (wafaallouche@hotmail.fr), Sami El Gouddi, Emna Allouche and Ali Mrabet

**Introduction.** Providing high-quality and affordable care is a big challenge facing policy makers, especially in low and middle income countries (LMIC). The purpose of this presentation is to illustrate how health technology assessment (HTA) benefits the improvement of the healthcare quality, and to highlight the fact that HTA domains match to the dimensions of health quality: safety, effectiveness, efficiency and patient-centeredness.

**Methods.** This presentation will be based on explaining the ability of HTA to improve the quality of healthcare. Some countries, mainly LMIC where resources are limited, do not have formal HTA whose goal is to inform the development of safe, effective and patient centered health policies. The theoretical concepts of HTA demonstrate a strong connection between HTA and healthcare quality improvement. By way of illustration an example of successful experiences will be given.

Results. The presentation items are: - The definition of health technology - Introduction to health technology assessment as a multidisciplinary process that summarizes information about the medical, social, economic and ethical issues related to the use of a health technology. - Why is health technology assessment used, the identification of the HTA report domains including Safety, Clinical Effectiveness, Ethical analysis, Social aspects, Legal aspects and the importance of patient experience in HTA. - The identification of the six dimensions of healthcare quality and the determination of the connection between HTA and healthcare quality improvement. - A presentation of the international Decision Support Initiative (iDSI) experience in some LMIC.

**Conclusions.** HTA has many meeting points with healthcare quality dimensions. HTA is likely to become an increasingly important influence in health decisions.

### **Poster Presentations**

### PP02 Using Real World Data To Identify The Market For A New Technology

Thomas Macmillan (thomas.macmillan@kcl.ac.uk) and Anastasia Chalkidou

Introduction. King's Technology Evaluation Centre (KiTEC), a United Kingdom- based health technology assessment consultancy, was tasked with identifying a specific group of heart failure patients who had repeat readmissions in order to accurately identify the potential market for an innovative device designed to diagnose heart failure as a way to avoid costly and avoidable hospital readmissions. The device enables clinicians to remotely diagnose heart failure and appropriate medication can be administered instead of a hospital visit. Our methodology describes an accurate way to quantify the at risk population without the need for a costly trial.

Methods. Using big data from national registries – the heart failure specific National Institute for Cardiovascular Outcomes Research (NICOR) database and the national Hospital Episodes Statistics for the National Health Service (HES) – KiTEC has devised a methodology of linking the two datasets in order to (i) accurately identify patients with repeat readmissions over a 5-year period and (ii) calculate the risk factors for readmissions. Data is linked using a common field, meaning information from both databases can be analyzed at patient level (it is pseudo-anonymized before KiTEC receives it). This allows for unprecedented granularity, as we are able to exploit the heart failure specific detail of NICOR alongside the wealth of admissions data available in HES.

**Results.** There are significant challenges surrounding the use of registry data, especially in the enormous size of the datasets and in privacy legislation aimed at protecting personally identifying data. The usual regulatory approvals for health research are also more complex when linked datasets are proposed. These are important considerations, especially when linking two complementary databases.

**Conclusions.** The use of real world data has the potential to paint a true and accurate picture of a patient population, while avoiding many of the biases inherent in typically research studies. However, there are other important challenges to overcome, namely difficulties analyzing huge datasets and navigating complex legislation to access patient data.

## PP03 Development Of A Medical Device Maintenance Management System

Ronald Alexis Rivas (rivascoluchi@gmail.com), Benicio Grossling and Pedro Galvan

Introduction. Health technologies are fundamental in an operational health system. Medical devices, in particular, are crucial for disease prevention, diagnosis, treatment and rehabilitation. Recognizing this important role of health technologies, the World Health Assembly adopted, in May 2007, resolution WHA60.29, which addresses issues arising from inadequate installation and use of health technologies, as well as the need to formulate national strategies for the implementation of evaluation, planning, procurement and management systems for health technologies, in collaboration with personnel dedicated to the evaluation of health technologies and biomedical engineering. Maintenance management computer systems and software have evolved to help maintain medical equipment and control associated costs. A Computerized Maintenance Management