

99 solid tumor indications. For indications in the palliative setting, 47 (52%) had substantial clinical benefit according to ESMO-MCBS v1.1, including 35 (51%) indications recommended by PBAC and six (35%) indications that were rejected.

Conclusions: These results show that only a minority of cancer medicine indications considered by PBAC are supported by a good level of evidence and provide a modest extension of patient survival.

OP162 Making Local Economic Evaluation More Relevant: Using Expert Elicitation To Adjust Published Intervention Effects To Reflect Local Context

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Introduction: Expert elicitation is often used in economic analyses to estimate uncertain or unobserved parameters for decision models. However, it has rarely been used in the context of local decision-making. A pragmatic elicitation process was used during a local economic evaluation to prompt local experts to assess the relevance of the published evidence to their setting, and to adjust the published effect estimates to better reflect the intervention effect expected in their setting.

Methods: Elicitation was undertaken for two interventions that targeted the prevention of hospital-acquired hypoglycemia. Six clinical experts from within the Southern Adelaide Local Health Network (SALHN) were systematically presented with information on the setting of the published evaluation and their local setting. This included information on the hospital and quality of care, patient characteristics, and the research context. After comparing the settings, the experts were asked to estimate the most realistic, most pessimistic, and most optimistic intervention effects for their local context.

Results: The local intervention effect was estimated to be smaller than the published estimate for both interventions. For one intervention, this was driven by the lower complexity of the local patient cohort. For the other intervention, it was driven by differences in the scope of implementation, with hospital-wide local implementation expected to reduce staff buy-in relative to the targeted implementation used in the published evaluation. The elicited local intervention effects were used in a cost-consequence analysis to estimate the likely costs and effects of the interventions if they were implemented locally.

Conclusions: The pragmatic elicitation process provides a feasible and acceptable way to assess and transparently adjust the published effect estimates to better reflect the expected intervention effect in the local setting.

Including this step in local economic evaluations can increase the relevance of these evaluations to local decision makers. Further development and application of these methods may facilitate greater use of economic evaluation in local settings.

OP163 Applying A Local Economic Evaluation Framework To Make Evaluations More Relevant For Local Decision Makers

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Introduction: Economic evaluation is infrequently used by local health services. To be useful to local decision makers, economic evaluations need to synthesize published evidence on effective interventions with local data and local stakeholder knowledge regarding patient and organizational contexts. A framework for local economic evaluation was applied by health economists working with a local health service to inform their decision-making regarding funding of health service delivery models to reduce hospital-acquired complications.

Methods: The framework engaged with local stakeholders to set priorities, assess the relevance of the published evidence, interpret local data, provide insight on the local context, and make recommendations to decision makers. It involved: (i) synthesizing the published evidence in a pragmatic review; (ii) determining local root causes and baseline incidence rates using local clinical and administrative data; and (iii) using expert elicitation to adjust published intervention effects to reflect the local context. This information was synthesized in a cost-consequence analysis that estimated the likely costs and effects of relevant interventions if they were implemented locally.

Results: Local stakeholders selected hypoglycemia and urinary tract infections as targets for intervention. Tools and resources developed for each case study included: clinical audit tools and analysis files; pragmatic literature reviews with templates to present interventions to local stakeholders; an expert elicitation framework; and R code for cost-consequence analyses that apply published and elicited intervention effects to local data.

Conclusions: The framework provided a feasible and acceptable process for undertaking local economic evaluations. Engagement with local stakeholders ensured the evaluations produced were relevant and tailored to the local setting and were therefore useful to local decision makers. The tools and resources developed can be applied by other local health services. The framework itself can be used for other case studies. However, the time and cost associated with the evaluations was not sustainable and alternative models for applying the framework need to be explored.