This number represented four percent of the external submissions for incorporation of technologies for several clinical conditions in the public health system. Six medicines were evaluated. The highest number of submissions were for incorporation (n = 6), followed by alteration of treatment lines (n = 3), and disinvestment (n = 1); fifty percent of the submissions were not recommended. The main reasons for rejection were low or unproven efficacy, high budget impact, and inadequacy of the proposal based on the evidence presented. CONITEC's favorable recommendations caused a profound change in the current clinical practice guideline and had a significant impact on the health system.

CONCLUSIONS:

MS is considered a rare disease in Brazil, but there is significant pressure from society to provide better treatment options that will impact the MS scenario in the health system. The recent CONITEC assessments have led to a revolution in the treatment of MS in Brazil, which is now in the process of being updated.

OP160 Enhancing Innovation Through HTA: Experience From South Australia

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INTRODUCTION:

A statewide health technology assessment (HTA) program was implemented to increase equity of access and support robust assessment of technologies, with a focus on those that are high-cost, high-risk, or have state-wide impact.

METHODS:

Local hospital networks and clinicians refer technologies to the South Australia Policy Advisory Committee on Technology (SAPACT) for assessment. Independently produced, comprehensive HTA reports are developed using internationally recognized evidence and critical appraisal methodologies. Clinical and economic systematic analyses are utilized, with extensive clinical consultation, to develop recommendations for new technologies and their role in models of care. Feasibility of adoption and local implementation are considered, including existing service delivery and appropriate training and credentialing. For approved technologies, SAPACT may also develop audit criteria and seek implementation reports on clinical outcomes.

RESULTS:

The HTA framework has been successfully adopted across South Australia Health, increasing the incorporation of evidence-based decision making in the use of high-cost and high-risk health technologies. Over 35 evidence evaluations for high-risk and high-cost health technologies have been conducted for a broad range of treatment interventions. SAPACT develops and utilizes HTA decision-making criteria for transparency of Committee considerations. The program recommends adoption or rejection of technologies, or it may request a re-submission due to safety concerns or a lack of proven effectiveness. SAPACT has also granted temporary approval through adoption under clinical evaluation to inform investment decisions. A key component is working with clinicians to define specific treatment criteria and patient selection. SAPACT continues to strengthen relationships with all stakeholders, increase patient input through the development of public summary documents for technologies, and improve monitoring and reporting of clinical outcomes.

CONCLUSIONS:

The HTA program has been very productive and positively received. The success of the program is underpinned by its engagement with clinicians, hospital networks, and consumers. The completion of SAPACT HTA reviews and the publication of the SAPACT decision-making criteria have increased the credibility of decisions, supporting enhancements in patient care and cost efficiency for the state government.

OP161 Relationship Between Appropriateness And Arthroplasty Recommendation

AUTHORS:

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https://doi.org/10.1017/S0266462318001678 Published online by Cambridge University Press

INTRODUCTION:

We examined relationships between measures of total knee arthroplasty (TKA) "appropriateness" constructs and surgeon TKA recommendations in people with knee osteoarthritis (OA). Although TKA is highly effective, fifteen to thirty percent of recipients report dissatisfaction and/or little or no symptom improvement. More appropriate selection of surgical candidates may improve both patient outcomes and healthcare resource use, but no validated appropriateness criteria exist currently in Canada.

METHODS:

Patients 30 years of age or older with knee OA referred for surgical consultation at two large joint arthroplasty centres in Alberta, Canada were invited to participate. Participants completed a standardized pre-consult questionnaire, which included the following sociodemographics and validated measures of appropriateness constructs for TKA: knee symptoms; non-surgical management; patient readiness for and expectations of TKA; and net patient benefit. Post-consultation, surgeons were asked to confirm knee OA and their recommendation. We used multivariable logistic regression to examine the relationship between measures of appropriateness constructs and receipt of surgeon TKA recommendation.

RESULTS:

Of 3,009 patients approached, 2,360 completed the questionnaire and 2,064 (sixty-nine percent) were eligible at surgical consultation (mean age 65.7 years, standard deviation 9.1; fifty-nine percent were women); 1,495 (seventy-two percent) were recommended for TKA. The likelihood of receiving a TKA recommendation was independently associated with: knee symptoms (odds ratio [OR] per unit increase in pain intensity, 1.19 (95% confidence interval [CI]: 1.11–1.27)); prior non-surgical OA management (OR for prior knee injection, 1.53 (95% CI: 1.21–1.94)); readiness for surgery (OR if definitely/probably willing to undergo TKA, 3.03 (95% CI: 1.99–4.59)); and TKA expectations (OR outcome "very important": ability to perform daily activities, 1.40 (95% CI: 1.04–1.88); straighten the knee/leg 1.42 (95% CI: 1.13–1.80); participate in exercise/sports 0.75 (95% CI: 0.58–0.98)).

CONCLUSIONS:

In our cohort of patients with confirmed knee OA who consulted a surgeon for TKA, appropriateness constructs were significantly associated with receipt of a TKA recommendation. Research is ongoing to evaluate the predictive validity of these measures for patient-reported outcomes associated with TKA.

OP163 European Network for Health Technology Assessment Joint Action 3 Relative Effectiveness Pilots: Pharma Company Experience

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INTRODUCTION:

More than 50 HTA agencies evaluate the clinical value of medicines in Europe, resulting in duplication of work for HTA agencies and manufacturers, and lengthy and variable time to reimbursement for patients across Europe. A consistent, single European relative clinical scientific benefit assessment of medicines could become a key element in ensuring patients get equitable and timely access across Europe. The European Network for Health Technology Assessment (EUnetHTA) is responsible under Joint Action 3 (JA3, 2016–2020) to pilot more than 30 Relative Effectiveness Assessments (REAs) of medicines. The first EUnetHTA JA3 REA pilots are now being completed and Roche, with its participation in the REA pilot for alectinib, has gathered relevant experience.

METHODS:

The goal of this analysis is to summarize and reflect upon the experience with one of the first EUnetHTA REA assessments in JA3. The authors also propose potential process improvements.

RESULTS:

The experience with the alectenib REA shows that EUnetHTA processes have improved compared to JA2. The timing of the assessment has been aligned with the EU regulatory marketing authorization process by shortening the duration of the scoping phase. More EUnetHTA members than in JA2 seem to be committed to use the reports in national HTA, pricing and reimbursement processes. At the same time, the REA

https://doi.org/10.1017/S0266462318001678 Published online by Cambridge University Press