

## OP112 Project Management for EUnetHTA Non-Pharmaceutical Technologies

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**Introduction.** The European Network for Health Technology Assessment (EUnetHTA) facilitates and produces Health Technology Assessments (HTA) across Europe. Project Management (PM) provides the coordination and strategic overview of assessment production and enables the flow of scientific knowledge and assessment publications through collaboration and standardized processes, procedures and documentation.

**Methods.** EUnetHTA established a central PM function at the Ludwig Boltzmann Institute for HTA (LBI-HTA) for central coordination and assessment production of non-pharmaceutical technologies. LBI-HTA subsequently pursued capability and capacity through a decentralized hub-and-spoke-PM model with six activity centers (AC) providing decentralized coordination and PM of assessments. LBI-HTA provided central oversight and supervision with training days, e-meetings and ad hoc e-mail and telephone support as required. This was complemented by standardized operating procedures (SOPs) in the online Companion Guide (CG). A qualitative data collection via electronic questionnaires collected feedback from AC-PM, LBI-HTA-PM and assessment authors. Specific questions with free-text responses assessed current experiences, challenges, recommendations, communication and task distributions of the centralized and decentralized PM processes from these different perspectives.

**Results.** The feedback concluded that PM is a separate, well-defined and important role for assessment coordination and production. The AC-PM received adequate training from the central PM and authors experienced no difference between projects managed centrally or decentrally. The CG and SOPs are important for guiding standard practice and allowing AC-PM to operate independently. Challenges were around extended timelines due to complex topics, external stakeholder involvement, insufficient team communication and not yet published SOPs resulting in additional central support.

**Conclusions.** Decentralized coordination of assessments, knowledge management and governance achieve scale, capacity and capability through a designated pool of agencies with established roles and growing experience in sustainable collaboration of HTA production. Valuable insight into the PM model's operational efficiency, avoidance of duplication and resource savings potentially provides a sustainable post 2020 European network policy and efficiency model for high quality HTA assessment production.

## OP115 Expanding Perspectives: The Role Of Environmental Scanning In Health Technology Assessment

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**Introduction.** Environmental scan reports, usually consisting of literature reviews and/or key informant consultations (such as online surveys or personal interviews), broadly describe the

current local, national, and international landscape surrounding health care practices, programs, or the use of technologies. Funding agencies and health organizations recognize environmental scans as a valuable way to inform decision-makers about the context, practice variations, and knowledge gaps surrounding a topic. Despite their increasing popularity in health technology assessment (HTA), there is limited guidance available for conducting environmental scans, variation in methods used across and within HTA agencies, and lack of consensus on an appropriate definition, purpose, and process.

**Methods.** We conducted an informal literature review and consulted experienced researchers from other HTA agencies to identify existing methods guidance for conducting environmental scans. We then adapted these methods to conduct an environmental scan of initiatives to accelerate cancer diagnosis.

**Results.** There was limited and vague guidance on the definition, purpose, and process of conducting environmental scans in the context of HTA. This introduced challenges but provided the flexibility to modify our approach to meet requestor needs. Our environmental scan included: (i) a literature review, to identify and describe relevant initiatives and to locate data on effectiveness (which is often out-of-scope for environmental scans but was of priority to the requestor); (ii) stakeholder surveys, which helped "fill in the gaps" of the literature review and helped locate additional initiatives; and (iii) targeted key informant interviews, which provided rich follow-up data on the initiatives most important to the requestor.

**Conclusions.** By describing our experiences adapting limited methods guidance to meet requestor needs, we hope to contribute to the evolving discussion about the definition, purpose, and process of environmental scans to inform health policy decision-making. We will reflect on challenges encountered, potential solutions, and lessons learned, and will discuss ongoing areas of methodological uncertainty.

## OP122 Resource Use Measurement Issues: A Scoping Review

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**Introduction.** Resource use measurement is known to be a challenging and time-consuming, but essential step in economic evaluations of health care interventions. Measuring true quantities of resources utilized is of major importance for generating valid costing estimates. As consequence of the absence of a gold standard and of acknowledged guidelines, the choice of a measurement method is often based on practicality instead of methodological evidence. An overview of resource use measurement issues is currently lacking. Such overview could enhance clearance in the quality of resource use measurement methods in economic evaluations and may facilitate to opt for evidence based measurement methods in the future. This study aims to provide an overview of methodological evidence regarding resource use measurement issues in economic evaluations.

**Methods.** Literature was searched by three different methods. First, a search strategy was used in six different databases. Second, the Database of Instruments for Resource Use Measurement (DIRUM) was hand-searched. Third, experts from six different European Union countries within the field of health economics were asked to provide relevant studies. Data was analyzed according to the Resource Use Measurement Issues (RUMI-) framework, which was developed for this study.

**Results.** Of the 3,478 articles provided in the initial search, 77 were fully analyzed. An overview with evidence is provided for every resource use measurement issue. Most research focused around the issue ‘how to measure’, in particular the effect of self-reported data versus administrative data. In contrast, little to no research has been done on issues ‘what to measure’ and ‘for which purpose to measure’.

**Conclusions.** Results of this study provide insight in the effect of a chosen measurement method. The results stress the importance of measuring the true quantities of resources utilized for generating valid costing estimates. Furthermore, this article highlights the lack of evidence in appropriate resource use measurement methods.

## OP123 A Cost-Effectiveness Registry For Prioritization In Emerging Markets

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**Introduction.** Decision-makers in low- and middle-income countries (LMICs) often must prioritize health spending without quantitative benchmarks for the value of their purchases. The Tufts Global Health Cost-Effectiveness Analysis (GH CEA) Registry ([healtheconomicvaluation.org/GHCEARegistry/](http://healtheconomicvaluation.org/GHCEARegistry/)) is a freely-available, curated and standardized dataset designed to address this need.

**Methods.** All indexed English-language articles published between 1995 and 2017 are currently included in the GH CEA Registry. Studies are limited to those reporting cost-effectiveness in terms of cost per disability-adjusted life years (DALYs) averted, a commonly-employed metric in global health. Abstracted data include intervention type, comparator(s), country, funding source, study characteristics (e.g., perspective, time horizon), primary study findings, sensitivity analyses, and disaggregated data on costs and DALYs. Study quality is assessed using a numerical scoring system (from 1-7, higher scores indicating better quality) based on accuracy of findings and comprehensive reporting of methods and results.

**Results.** To date, 620 articles have been included in the GH CEA Registry. Among LMICs, studies have been conducted primarily in Sub-Saharan Africa (41 percent) or South Asia (34 percent), have focused on communicable diseases (67 percent), and have involved immunization, educational, or pharmaceutical interventions (67 percent). As a priority-setting example, seven percent of interventions from higher-quality studies (ratings of 5 or higher) were reported to be cost-saving (i.e., lower costs and greater DALYs than standard care), two-thirds of which involved primary disease prevention (e.g., immunization, educational or behavioral interventions).

**Conclusions.** The GH CEA Registry is a new tool for decision-makers in LMICs, particularly those without a formal health technology assessment infrastructure but with a remit for providing access to essential, cost-effective health interventions. New functions are under development, including league tables for priority ranking, a repository for shared models, and tools for enhancing transferability between settings.

## OP124 Disinvestment – A Global Challenge Requiring Collaboration?

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**Introduction.** Australia has had some success at utilizing Health Technology Assessment (HTA) to disinvest and reassess medical services. This has been achieved through a range of methods including identifying services through initiatives such as ‘Choosing Wisely’, examining real world service data and seeking expert clinical opinion. This presentation will discuss how better international collaboration in disinvestment and reassessment methods using HTA could lead to more efficient health care systems.

**Methods.** Both the Australian and South Korean governments have a particular interest in disinvestment and reassessment in their health care systems. These countries have been sharing information over the past two years with a common goal of improving their health systems through a rigorous reassessment process. The Australian Government is in the process of reviewing all publicly funded services utilizing expert clinical committee advice, often referring the reassessment of services to a HTA process. A similar process is also being undertaken in South Korea.

**Results.** Australia has disinvested in a wide range of services using HTA, including hip arthroscopy, lipectomy and hyperbaric oxygen therapy. It is also undertaking an extensive reassessment of 5,700 services. Reassessment may not lead to HTA, but it often includes an examination of whether a service should be subjected to HTA to remain publicly funded. Australia and South Korea have similar approaches in undertaking disinvestment and reassessment. HTA disinvestment and reassessment strategies have generated good outcomes for consumers, health care providers and funders in both countries.

**Conclusions.** Disinvestment and reassessment of medical services require funders that support the continual improvement of health care systems. Disinvestment and reassessment HTA can be difficult, mainly due to external interests - an issue experienced by many countries. Further international collaboration in this area may provide a more supportive environment to undertake HTA for disinvestment.

## OP127 Sugar And Spice And All Things NICE - Managed Access Agreements

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