

PP55 HTA And High Cost Innovative Therapies - Focus On Cancer Drugs

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INTRODUCTION:

High-cost innovative therapies are considered as high-risk investments in the reality of limited health care budgets. Health technology assessment (HTA) facilitates evidence-based decision making that relies on robust assessment of the clinical cost-effectiveness of the technology that is often not available for expensive cancer therapies (CT).

METHODS:

The objective of the study is to undertake a systematic comparison between HTA agencies worldwide in order to identify similarities and differences in the methods and processes in HTA of CT. A cross-sectional web-based survey was conducted between September 2013 and May 2015. We received responses from 161 HTA organizations based in thirty-nine countries.

RESULTS:

HTA of CT is mainly performed by agencies in South America (38.46 percent), Australia (37.05 percent) and Europe (36.07 percent), followed by agencies in North America (20.00 percent) and Asia (16.67 percent). Logically, the agencies in high income countries produce more assessments of CT (40.23 percent), which in 34.43 percent they determine as innovative technologies compared with 10.00 percent of the units based in middle income countries and active in CT assessment (11.11 percent). We prove association ($p < 0.05$) between (i) the type of HTA and income per capita; the level at which the organization operates; its main activity; and the level of recommendation dissemination; (ii) the main target group and consumers of the final HTA product; the stage of evolution of the technology, on which it is likely to be assessed; and approaches to identify innovative technologies. The most active in the preparation of HTA reports are biomedical companies (50.00 percent), government agencies (42.11 percent) and professional organizations (40.00 percent). HTA bodies that assess CT distribute recommendations (37.50 percent) nationally and they are mainly addressed to private health care providers (66.67 percent).

CONCLUSIONS:

Making coverage decisions based on HTA recommendations control the technologies introduction into the healthcare system that is why it's very important this tool to be properly adjusted to the specific needs of CT assessment.

PP57 Grading The Quality Of Evidences In HTA Process

AUTHORS:

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INTRODUCTION:

In decision-making processes, health technology assessment (HTA) plays an important role ensuring the adoption of effective technologies and translating scientific evidence into decisions. Bambino Gesù Children's Hospital developed a new method which integrates EUnetHTA Core Model with multi-criteria decision analysis (MCDA) enabling decision makers to make a more informed decision between different alternatives. This approach quantifies assessment parameters, which are defined by literature evidence, or by expert opinion when lacking such evidence. MCDA results (i.e. decision tree of assessment elements, weighting systems and numerical values of technology' performance) are derived from expert judgement. This means that indicators are weighed by the same weight system; either they are supported by strong literature evidence or otherwise based on expert opinion. The objective of this work is to use the GRADE approach to weight the relevance of each indicator starting from its source of information because different level of evidence should result in different weights.

METHODS:

A GRADE level was associated with each judgement value of performance indicators and a normal probability function was built with the standard deviation inversely proportional to GRADE level to describe the possible dispersion of the judgement due to the different levels of evidence that support each indicator. The higher the GRADE value, the lower the associated standard deviation. A Monte Carlo simulation was carried out to evaluate the expected value of technology' performance modulated by GRADE level.

RESULTS:

Four Gaussian distributions were built and associated to four GRADE levels. When an indicator has a low GRADE level, its performance value will vary in a broader way according to the linked Gaussian distribution.

CONCLUSIONS:

This study showed the importance of applying the GRADE system to indicators' sources of information because this can modify the overall computation of parameter weights and performance, proportionally to their robustness.

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PP58 Hasty HTA: Delivering Health Technology Assessments Under Severe Time Constraints

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INTRODUCTION:

Health technology assessment (HTA) is a resource-intensive decision support tool that is typically structured around a set of defined domains. Sometimes urgent requests for HTAs arise that may be subject to very short timeframes, creating unique challenges. This study aimed to describe some of the options for carrying out a "hasty HTA", and the impact of those options.

METHODS:

We recently completed a HTA for the Department of Health in Ireland with a strict 2-month deadline. We considered the impact of the short timeline using the project management triple constraint framework whereby the quality of a project is constrained by cost, scope, and schedule.

RESULTS:

When delivering HTAs within short timeframes the schedule is an inflexible constraint. Providing interim advice pending a full assessment may set a precedent, or may not be possible if capital expenditure is already entailed. Additional staff should enable research to be completed faster, although economies of scale may not fully apply. Frequently such resources are not readily available. The reduction of scope through the omission

of domains offers the best prospect of facilitating a short timeframe for a HTA. Scope may also be reduced through a less comprehensive analytical approach, but this creates a risk of reduced accuracy. Curtailing data collection and analysis is likely to increase uncertainty in the findings. Risk management is important when comprehensive quality assurance may not be possible.

CONCLUSIONS:

Carrying out HTAs in short timeframes has implications for content, approach, and, potentially, quality. Agencies must consider how they can meet the needs of the decision maker without overly compromising accuracy or relevance. Due to resource constraints, the best approach is likely to be judicious changes to the scope to remove assessment elements that are unlikely to have a substantive impact on the decision.

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PP59 Evaluating Reimbursement Applications With Decision-Oriented Evidence

AUTHORS:

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INTRODUCTION:

Our research group recently evaluated a minimally invasive surgical procedure in order to inform a reimbursement decision. The application for funding was designed around the study selection criteria from a single pivotal randomized controlled trial (RCT). The aim of this study review was to evaluate the safety and effectiveness of this minimally invasive surgical procedure, and document challenges faced in evaluating a technology based on a highly targeted population.

METHODS:

A systematic literature search of four biomedical databases was conducted (PubMed, Embase, Cochrane library, York CRD) up to 8 August 2017. Specific elements related to the population were patient age, together with level and duration of pain. Primary effectiveness outcomes included pain, patient reported quality of life, mortality and adverse events. The included RCTs were critically appraised against the Cochrane risk of bias tool. Meta-analysis was not