

RESULTS:

Using the benchmarking FCE-level DRG-based costs, the OG-led model was estimated to be the most effective model of care (1.77 QALYs, 95 percent Confidence Interval, CI 1.56-1.98) at a threshold of GBP30,000/QALY. However, it also resulted in the highest costs per patient. We will report the cost-effectiveness results using the two remaining DRG-based costs.

CONCLUSIONS:

Choosing a particular hospital costing method may have an impact on economic evaluations. We will reflect on the implications for the estimated hospital costs, decision uncertainty and adoption of models of care.

REFERENCES:

1. Leal J, Gray AM, Hawley S, et al. Cost-Effectiveness of Orthogeriatric and Fracture Liaison Service Models of Care for Hip Fracture Patients: A Population-Based Study. *J Bone Miner Res.* 2016;32,2.
2. Leal J, Gray AM, Prieto-Alhambra D, et al. Impact of hip fracture on hospital care costs: a population-based study. *Osteoporosis Int.* 2016;27(2),549-558.

VP137 Why We Should Not Meet Unmet Needs!

AUTHORS:

Lars Sandman (lars.sandman@liu.se)

INTRODUCTION:

In formulating criteria for Health Technology Assessment (HTA) and priority setting a number of such criteria have been suggested and are used, for example in multi-criteria decision making. Besides taking central aspects like severity of disease, effectiveness, cost-effectiveness and patient safety into account, we also find references to criteria like unmet needs, and lack of alternative treatment. Often these criteria are treated as on par with each other, only given different weights in decision making. However, it seems like there

is a conceptual overlap between some of these criteria and if that remains unnoticed, there is a risk of taking the same criteria into account twice. One such example is the relationship between severity of disease and unmet need. The aim of this presentation is to present a tentative analysis of the relationship between severity of disease and unmet need.

METHODS:

The presentation is based on a conceptual and normative analysis.

RESULTS:

First it will be argued that we have reason to clarify what is meant by unmet needs, whether it is a need which is not met to any degree or if it is a need for which there is no treatment with curative intent or for which there is only palliative treatment, for example. Second, analyzing unmet needs in relation to severity, a number of different scenarios will be examined, showing that unmet needs can be captured in terms of severity of disease (to some extent dependent upon how we operationalize severity of disease).

CONCLUSIONS:

The general conclusion of the study is that we have reason to carefully analyze criteria used for decision making in HTA from a conceptual and normative perspective in order to uncover logical relationships and avoid overlapping criteria. In relation to the specific question of unmet needs versus severity of disease, the conclusion is that in most cases unmet need will be redundant in relation to severity and we should be careful using both of them in decision making unless we can provide reasons for why it is an exceptional case.

VP138 Integration Of Ethics In Health Technology Assessment

AUTHORS:

Christian Bellemare, Suzanne Kocsis Bédard, Pierre Dagenais (Pierre.Dagenais@USherbrooke.ca),

Jean-Pierre Béland, Louise Bernier, Charles-Etienne Daniel, Hubert Gagnon, Georges-Auguste Legault, Monelle Parent, Johane Patenaude

INTRODUCTION:

The objective was to identify the conceptual and methodological issues surrounding integration of ethics in Health Technology Assessment (HTA). We conducted a systematic review examining: (i) social needs, (ii) methodological and procedural barriers, (iii) concepts or processes of ethics assessment used and (iv) results of experimentations for integrating ethics in HTA.

METHODS:

Search criteria included 'ethic', 'technology assessment' and 'HTA'. The literature search was done up to 21 November 2016 in Medline/Ovid, SCOPUS, CINAHL, PsycINFO and international HTA Database. Screening of citations, screening of full-text and data extraction were performed by two subgroups of two independent reviewers. The first group was constituted of HTA experts, and the second of ethics and philosophy experts. Data extracted from articles were regrouped in categories for each objective.

RESULTS:

A list of 2,420 citations was obtained while 1,646 remained after the removal of duplicates. Of these, 132 were fully reviewed, yielding 67 eligible articles for analysis. Eight categories were identified within the social needs. The mostly evoked were 'Informed policy decision making' (n = 16) and 'Informed public/patient decision making' (n = 12). Ten categories of methodological and procedural barriers were identified. The most mentioned were 'Lack of standardized and recognized proceedings for ethical analysis' (n = 28) and 'Lack of shared consensus on the role of ethical theory and ethical expertise' (n = 17). Within the concepts or processes of ethics assessment, thirteen categories were identified. The most mentioned were 'Fairness and Equity' (n = 12), 'Beneficence and Non-maleficence' (n = 10) and, 'Autonomy' (n = 10). Within results of experimentations, five categories were identified. The most mentioned was 'Usefulness of ethics for identifying relevant problems' (n = 3). While few

experimentations were identified, no clear operational method was found in our research.

CONCLUSIONS:

This study confirms the necessity to design an operational method integrating ethics and addressing social needs of HTA. Our results constitute the basis for developing a new theoretical and practical method.

VP140 Methods For Ethical Analysis In The Health Technology Assessment

AUTHORS:

Raysa Martins, Jorge Barreto, Flavia Elias (flavia.elias@focruz.br)

INTRODUCTION:

This paper is based on a narrative review to identify and describe approaches to incorporate ethical aspects in Health Technology Assessment (HTA). On the first decade HTA was being established as a new area of research, the social and ethical dimensions seemed to play an essential role. This perspective, centered on the social impact of technology contrasts with the current definition, which focuses on the technical conditions of technology, especially properties and effects. Some authors have discussed the obstacles to include the ethical dimension into this area to a large extent. Those authors were motivated by the perception that there are few sections explicitly dedicated to these dimensions in the evaluation reports.

METHODS:

We searched these scientific databases: Pubmed, Cochrane Library, Centre for Review and Dissemination (CRD), PDQ - Evidence and Virtual Health Library (VHL), and selected studies that presented procedures and methodologies for the inclusion of ethical analysis in HTA.