e-Health/m-Health technologies and to describe their characteristics and analyze transparency, consistency and thoroughness, with the goal to detect fields for improvements.

METHODS:

A literature search was performed on PubMed, ISI WOS and University of York – Centre for Reviews and Dissemination (CRD) electronic databases, in order to identify reports that had evaluated e-Health/m-Health technologies, published until 1 April 2016. We used the International Network of Agencies for Health Technology Assessment (INAHTA) checklist (2) to evaluate transparency and consistency of included reports. We also assessed thoroughness of reports by checking the presence of the domains suggested by European Network for HTA (EUnetHTA) HTA Core Model (3).

RESULTS:

Twenty-eight reports published between 1999 and 2015 were included. Most of reports (71.4 percent) were delivered by non-European countries and only 35.7 percent were classified as full reports.
E-Health/m-Health technologies from several fields of medicine, mostly cardiology (21.4 percent) and psychiatry (17.9 percent) were evaluated. Policy question was clearly defined in 32.1 percent of reports, whereas ethical (21.4 percent) and legal implications (3.6 percent) were domains with the least presence. With respect to the EUnetHTA Core Model, around 70 percent of reports dealt with effectiveness and economic evaluation, more than 50 percent described health problem and around 40 percent organizational and social aspects. Remaining domains were evaluated in very few reports.

CONCLUSIONS:

E-Health/m-Health technologies are increasingly present in the field of HTA. Our work identified a number of elements not being included in the available reports. Several reports missed to respond to relevant assessment elements especially ethical, social and organizational implications. There is a need for strengthening and standardizing methods used for the evaluation of these technologies.

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VP32 Improving The Efficiency Of Early Awareness For Non-Drugs In Spain

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INTRODUCTION:

Early awareness and alert systems (EAAS) try to anticipate the impact of new technologies in the healthcare systems. Spain, which has a decentralized health system with public provision and universal health coverage, has been a pioneer in establishing EAAS activities. From 2006 a network of regional agencies coordinated EAAS activities. Taking into account the individual agencies scarce resources and in order to improve efficiency, this collaboration decided to distribute tasks when identifying and early

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assessment of new and emerging health technologies. The aim was to inform the common benefit package of the Spanish public health system.

METHODS:

Four out of eight Spanish Health Technology Assessment (HTA) agencies had EAAS in Spain (AETS-Carlos III Institute; AETSA-Andalusia; Avalia-t-Galicia; Osteba-Basque Country). Each agency has taken care of different sources for the identification of new and emerging non-drug health technologies: industry and innovator contacts, health expert networks, mass media and EAAS databases. Members of the network used the same filtration criteria to reach the final list. The system will run in parallel to a biannual identification process in major databases.

RESULTS:

In 2016, the network identified and filtered sixty-three technologies: ten by mass media; five by health experts; thirty-five other EAAS and thirteen by direct contact with industry and innovators. Main represented specialties were: endocrinology (seven); gynecology and obstetrics (six); cardiology and cardiac surgery (five); emergency medicine (four); dermatology (three) and pneumology (three). Technologies were grouped by specialty in order to inform the different commissions that discuss inclusion in the Spanish Benefit Package. Specialty monographs will be published to inform stakeholders.

CONCLUSIONS:

The approach is feasible, and increases the capacity of individual agencies to address the needs of the national and regional systems by improving their efficiency. There is a need to previously define the methods and the criteria that will be used for the identification and filtration.

VP33 Decision Making Clinical Scenarios: A Support Method For Health Technology Assessment

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INTRODUCTION:

The method appraises the stakeholders value judgments in the Health Technology Assessment (HTA) process, through a new model of research that addresses clinical scenarios to simulate real world HTA dilemmas and support decision making. The scenarios are based on criteria, such as clinical and epidemiological elements, and also, economic, social and ethical factors. The stakeholders decisions can induce strategic impacts in different HTA fields. We agreed to call this model Decision Making Clinical Scenarios (DMCS).

METHODS:

The model of research is based on a cross exploratory research, through a DMCS questionnaire applied to stakeholder respondents. The first survey was composed of four scenarios. The scenarios introduce value judgments, preferences and structuring choices, under specific circumstances. The scenarios are based on trade-offs involving HTA, such as budget impact, sources of funding, patients eligibility, technology characteristics and disease epidemiology. The stakeholders points of view are analyzed, through groups that represent payers, suppliers, developers, researchers, prescribers, regulators, government, patients and society.

RESULTS:

The scenarios have been shown to be understandable for all stakeholders groups. When testing the model with hypothetical dilemmas through clinical scenarios, the results are strongly influenced by each presented trade-off. We can observe specific trends and motivations when analyzing the stakeholders groups separately. The results are always evaluated and validated through statistical analysis. A total of 193

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