- The need for a greater understanding of how NICE technical teams can best support and obtain the most meaningful evidence from patients; and
- What additional support and training patient organizations and experts want from NICE's public involvement team.

Conclusions: We concluded that not only patients need training, but also everybody included in the NICE medicines HTA process. Over time we have gradually added to our training portfolio for patient organizations and experts as well as NICE staff and independent committees. We now run patient involvement as part of the induction program for all staff, technical staff, medicines committee chairs, and NICE committees and lay members.
We also provide monthly training for patient organizations and patient experts.

OP100 Patient Perspectives In Value Assessment Frameworks: The Asia Pacific Perspective

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Introduction: The importance of patient centricity in healthcare decision making has been recognized and advocated for decades. However, approaches for including the patient perspective are diverse, and progress varies among countries. Some reimbursement bodies acknowledge the importance of patient preferences in health technology assessment (HTA) and funding decision processes. However, patients' perspectives are not yet systematically and transparently included in value assessment frameworks globally, and even less so in the Asia-Pacific (APAC) region. This systematic review aimed to investigate how patients' perspectives are used to inform pricing and reimbursement decisions in the APAC region.
Methods: A systematic review is ongoing that utilized a search of 12 databases, including MEDLINE and Embase, to identify publications on the consideration of patient perspectives in health policy decision-making published to November 2022. Conference abstracts published in the last five years from ISPOR and Health Technology Assessment International (HTAi) were screened, along with gray literature and government websites from Australia, China, Japan, Malaysia, New Zealand, the Philippines, Singapore, South Korea, Taiwan, and Thailand. Publications were included if the impact of either one or more of the following on HTA decision-making was assessed: active participation of patients or patient advocacy groups; type, extent, and evolution of patient-reported outcomes; health-related quality of life or quality of life tools; and themes where the impact of patients' perspectives on value assessment was the primary outcome. Countries were characterized into archetypes based on similarities or differences in the weight and value assigned to patient perspectives in decision-making.
Results: A total of 6,438 retrieved citations will undergo the systematic review process. Additionally, 758 conference abstracts from ISPOR, 1,312 from HTAi conferences and 73 records from gray literature will be screened.
The results of the systematic review will be consolidated into country archetypes, examples, and learnings. Gaps and opportunities will also be identified.
Conclusions: The research will provide recommendations to increase shared decision-making and support the development of decision-making frameworks that systematically incorporate patients' perspectives in value assessment across APAC countries.

OP102 Towards Universal Health Coverage: Health Technology Assessment Roadmap Development In The Emirate Of Abu Dhabi Involving The Whole Ecosystem

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Introduction: The mission of the Department of Health (DoH) of Abu Dhabi in the United Arab Emirates is to provide its population with a healthy life and world leading preventive and curative services. While the DoH has regulations in place to grant market approval to new health technologies, there is a need to develop a clear overall framework for reimbursement and disinvestment decisions. Establishing a structured health technology assessment (HTA) framework is critical for informing decisions on health technologies that offer value for money, with the aim of improving equitable access to health care, financial risk protection, and, ultimately, better health outcomes.
Methods: During 2022, the DoH collaborated with the Radboud University Medical Center to explore the feasibility of applying an evidence-informed deliberative process (EDP) HTA approach through workshops and interviews involving all stakeholders in the ecosystem, such as policy makers, principal investigators, providers, patients and public groups, product manufacturers, payers, and purchasers. A situational analysis was conducted to collect stakeholders' views and build EDPs. Based on this analysis, a structured roadmap was developed.
Results: The comprehensive five-year roadmap to implement a holistic HTA framework in Abu Dhabi consisted of five major elements, starting with the establishment of an appropriate HTA policy framework as a foundation. Abu Dhabi should firmly establish its HTA structure and program (in one to two years), and at the same time invest in developing and retaining HTA training capacity so that over time (within three to five years) the country can build up its own expertise to sustain the program. This needs to be accompanied by continuous awareness raising among all relevant stakeholders.
Conclusions: This roadmap is the first and most important step toward implementing a holistic HTA framework in Abu Dhabi.

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Technical work needs to be complemented by continuously raising awareness and involving all relevant stakeholders. Looking at the initial results and international benchmarks, HTA will significantly contribute to achieving a sustainable, high quality healthcare system.

OP103 What To Include In A Health Technology Assessment Of Artificial Intelligence-Based Technologies: Results Of A Delphi Expert Survey

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Introduction: Clinicians are increasingly relying on artificial intelligence (AI) generated technologies for support in diagnosis, therapeutic decision-making, and prediction. Despite the increased focus on AI in health, an agreed HTA model for AI technologies, including consensus on new domains and topics to be assessed, is lacking.
Methods: A Delphi survey was sent to a multidisciplinary expert panel asking about the importance of including the nine domains and associated topics presented in the EUnetHTA Core Model, as well as 20 additional topics identified through literature reviews, when assessing AI-supported health technologies. The Delphi survey was repeated twice among the same panelists and a nine-point Likert scale was used to identify the perceived relevance of each domain and topic.
Results: The survey was sent to 87 various experts, with a total 47 of experts completing both Delphi rounds. The majority of panelists was knowledgeable of HTA (80%), familiar with the EUnetHTA Core Model (61%), and had adequate or high-level knowledge of AI (65%). The EUnetHTA domains most often indicated as "critical to include" were clinical effectiveness (82%), ethical aspects (81%), and cost effectiveness (77%), whereas organizational (59%) and social aspects (63%) were less often perceived as critical to assess. For the additional 20 topics identified through literature reviews, bias in data, accuracy in the AI model, appropriateness, and trustworthiness emerged as some of the new topics deemed critical to include in HTAs (all above 85%), whereas there was a lack of agreement on the relevance of including environmental (51%) and social sustainability (55%).
Conclusions: The study investigated in detail which issues should be included in an AI HTA core model. Current models need some adjustment and revision. At the same time, it is essential to open the discussion on including new domains and topics.

OP104 Pilot Implementation Of Health Technology Assessment Topic Prioritization In The Philippines: Lessons And Plans For Moving Forward

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Introduction: The Health Technology Assessment (HTA) Council in the Philippines carried out its process tracks while the implementing guidelines were being finalized in 2020, due to the urgent need to respond to COVID-19. Two years later, as mandated by the Universal Healthcare (UHC) law, we opened the nominations for the HTA Council's topic priority list, which will be assessed to inform government financing decisions.
Methods: We adopted the former Philippine National Formulary System (PNFS) but set the prioritization criteria according to the decision framework stipulated by the UHC law and allowed industry submissions. We streamlined dossier completion for topics with numerous proponents, supplemented dossier deficiencies, and adjusted the timelines of crucial steps for better reach, while accounting for possible setbacks during the time periods. We satisfied the prioritization criteria using a Delphi technique at the HTA Council subcommittee and Core Committee levels in conjunction with consultations with the Department of Health and the national payer. We also shared evidence base and topic prioritization criteria scores with stakeholders during the public consultation.
Results: In the pilot implementation, we processed a total of 140 nominations (88 complete submissions) and released the priority list in five months. After processing 31 appeals from all key stakeholder groups, the 2022 priority list covered 31 assessments based on topics from the Department of Health, the national payer, industry, hospitals, and medical societies. Although we found gaps in the set timelines, inadequacy in the prioritization criteria parameters, and the need to increase exposure of the public to the process, we were able to accommodate all stakeholder concerns and maintain flexibility in the process.
Conclusions: We need to update our HTA process guidelines, accept joint dossier submissions, and review our topic prioritization process. The changing health system landscape and transitioning of national health priorities require coordination with the Philippine Food and Drug Administration for horizon scanning, early HTA, and managed entry agreements. Finally, there is a need to create special pathways for rare disease and innovative technologies.

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