

in clinical trials to further validate their relevance as endpoints either as predictors of clinical outcomes or endpoints with intrinsic value; collect complementary PRO data in clinical trials and as real-world evidence to better tailor treatment options to the outcomes that individual patients value most; involve patients in HTA processes.

PP68 When Evidence Takes A Backseat To Politics – The Rise Of Robot Surgery In Australia

Paul Fennessy (paul@pfadvisory.org)

Introduction: A 2018 health technology assessment (HTA) on robot-assisted surgery (RAS) led to a national committee recommendation, which some state Health Ministers adopted as policy, which stated: (i) no further public investment in RAS until subsequent HTAs demonstrate improved evidence; and (ii) clinical and patient outcomes from existing platforms should inform future decisions. This work also identified the Royal Australasian College of Surgeons (RACS) does not accredit any RAS training program for Australian surgeons, nor is there any nationally agreed or consistent credentialing mechanism, which creates ambiguity for hospitals (can this surgeon safely deliver?). Some state governments are ignoring its own policy and investing in RAS. At the same time, some public hospitals are ignoring the policy and procuring RAS through affiliated private hospitals. While market competition is expected to reduce price, governments responding to 'squeaky wheels' sets a dangerous precedent for high-cost technology procurement, especially if it needs to be replaced, and cost of delivery may not offset revenue generated.

Methods: Australia's states and territories can collaborate to commission HTAs. Since 2015, they have, jointly or independently, commissioned HTAs to monitor RAS evidence, which led to the 2018 HTA and policy. However, this policy is being ignored by hospitals and governments.

Results: RACS is working with local agencies to develop accredited training programs for different RAS platforms, which should offer comfort to provider hospitals regarding surgeon credentialing. Surgeons and patients are increasingly vocal regarding RAS, resulting in some governments investing in RAS. Not consulting with all stakeholders has led to confusion and a questionable role for policy makers. Private hospitals operated by public hospitals are procuring RAS in contravention of the policy and with no consequences, creating further confusion.

Conclusions: While accredited surgeon training will improve skills and outcomes, governments ignoring their own policy is resulting in unplanned technology introduction, which led to the need for HTA in the first place. Do we need to rethink the role of HTA, or should we accept that politics trumps evidence?

PP69 Health Technology Assessment And University Health Center Affiliation Agreement: Current Situation And Potential Developments In Quebec

Marc Rhainds (marc.rhainds.med@ssss.gouv.qc.ca),
Gisèle Mbemba, Daniel La Roche and Marie-Pierre Gagnon

Introduction: According to the Quebec law on health and social services, health technology assessment (HTA) is part of university hospital centers' mission, together with training, research and care. However, unlike these other functions, HTA is not covered in current affiliation agreements that bind a university with academic health institutions. Université Laval and its affiliated health institutions set up a consultation committee whose mandate is to propose the terms of an agreement to specify collaboration regarding HTA between the university and its affiliated institutions. This study investigates perceptions and needs of stakeholders from Université Laval and its affiliated health institutions with respect to the HTA mission.

Methods: Semi-structured interviews were conducted with four types of participants, namely university faculty members, health professionals and managers from institutions with and without HTA units, as well as external partners. Interview guides were developed based on the integrated analysis framework of Greenhalgh et al., and adapted to each group of respondents. Most interviews were conducted in groups and were facilitated by a research associate and a senior investigator. Interviews were recorded and uploaded to NVivo 1.6.2 software for codification and analysis.

Results: A total of 57 people were interviewed (nine group interviews and 35 individual interviews). Three main themes emerged, namely knowledge of HTA, factors related to the relevance of the HTA function, and organizational factors. Results showed that half of the respondents have a vague knowledge of HTA or have never heard of it. Most of the respondents agreed that the HTA function fits well with the mission of a health institution. They would accept getting involved with HTA activities at different levels if all conditions are met. Nevertheless, almost half of respondents believed that others strategies than including HTA into contracts of affiliation should be explored to regulate this function. Finally, organizational obstacles such as the lack of funding, shortage of staff and the lack of well-structured collaborations were highlighted by respondents.

Conclusions: Despite recognition of the importance of the HTA function in university health centers, interventions will be required at different levels to support the development of local HTA capacity. In particular, popularization of the HTA function and collaboration networks through specific projects should be developed.