INTRODUCTION:

Innovation procurement is a key enabler to improve the quality and efficiency of public healthcare services by driving innovation from demand side to meet concrete public healthcare provider needs. Catalan Health Services (CatSalut) aims to optimize healthcare services through innovative solutions that encompass both innovative technologies and new processes of care. Answering this aim, the Hospital Clinic of Barcelona (HCB) is participating in an Innovative Pilot Program to optimize the efficiency in the management of Aortic Valve Stenosis (AVS) using an adaptation of the methods and knowledge from hospital-based health technology assessment (HB-HTA).

METHODS:

The first step was to identify unmet needs, main bottlenecks and problems in the comprehensive management of aortic valve stenosis (AVS) (from primary care to hospital discharge). Innovative technologies, solutions and health care organizations were proactively scanned through literature review and professional expertise. Lists of solutions were proposed through an inclusive stakeholder participation process.

RESULTS:

A new healthcare model was proposed to be evaluated in the next three years based on an integral, transversal and multidisciplinary management of AVS (named MITMEVA). For each new proposed solution, the management, work streams, expected impact and key performance indicators (based on stakeholder information demands) were defined. To test the potential of the proposal, a theoretical modeling of the economic, clinical and process impacts of implementation was performed based on available scientific evidence, local professional and economic data. This analysis shows more quality-adjusted life years, fewer adverse effects and lower cost with the new proposed model.

CONCLUSIONS:

HB-HTA usually recommends for/against investments. In the era of value based procurement, HB-HTA can also help in developing a Public Procurement of innovative solutions (PPI) project and in testing proactively its potential impact in healthcare, which will be later tested in real life. Therefore, adapting HB-HTA to hospital innovative procurement is another way for health technology assessment to push for the implementation and testing of high value innovative technologies.

OP105 Disinvestment Toolkit: Patients Involvement In Disinvestment Activities

AUTHORS:

Janney Wale, Ken Bond (socrates111@bigpond.com), Sally Wortley, Janet Martin, Brian Godman, Iñaki Gutiérrez-Ibarluzea

INTRODUCTION:

Patients are the people who, with their informed consent, receive medical interventions. It is important, therefore, that patients have an understanding of interventions and their potential as a treatment for their condition. Patients are becoming more informed about their health care and the treatments that are available to them. At a population level, the potential benefits and harms of treatments need to be regularly assessed. This is part of healthcare decision making at a policy level about what treatments are publically available. As technology develops and old methods are replaced by new and evidence-based interventions and procedures, healthcare payers look to streamline their payment schedules and disinvest in old technologies and procedures. Some users of health care are reluctant to let go of outmoded methods, so disinvestment is best achieved through transparent processes. Successful engagement with key stakeholders of health care, engaging with payers, health service administrators, clinicians and patients, can facilitate implementation of disinvestment processes.

METHODS:

To assist in this process, Health Technology Assessment International (HTAi) Interest Groups and EuroScan have come together to develop the following key points to consider in the involvement and engagement of clinicians, patients, and the public in the disinvestment of services and technologies.

RESULTS:

The best time to involve clinicians and patient representatives is right at the beginning of the process. Clinicians and patients can make valuable contributions as advisory committee members. The disinvestment processes may be led by clinicians, payers, or independent organizations. This will likely influence commitment of clinicians to the process.

https://doi.org/10.1017/S0266462318001356 Published online by Cambridge University Press

CONCLUSIONS:

Broader consultation with clinicians, patients and the public in the development and consideration of draft reports and recommendations can increase the transparency of the disinvestment process. Consultation is an important means of obtaining buy in. Feedback needs to be seen as taken seriously, and explanations given for any changes made or not made to the report and its recommendations.

OP107 The Stakeholder Involvement Strategy For Horizon Scanning In Korea

AUTHORS:

Jooyeon Park (jypark@neca.re.kr), Eunjung Park, Chaemin Shin

INTRODUCTION:

As science advances the number of newly developed health technologies increases, but the lifecycles of health technologies becomes shorter. Thus, the importance of horizon scanning systems for identifying promising new health technologies and evaluating their potential impact is increasing. Engaging and collecting opinions from various stakeholders in this search process is very important. The purpose of this study was to develop a strategy for involving various stakeholders in all steps of the horizon scanning system in Korea.

METHODS:

The horizon scanning system consists of five steps: identification, filtration, prioritization, assessment, and dissemination. We identified the stakeholders to be considered at each stage, and examined who would be involved and how. In addition, we planned how to synthesize and apply stakeholder opinions and to test the feasibility of these methods by using them in a horizon scanning system.

RESULTS:

In the identification stage, developers, health professionals, and consumers suggested new and emerging health technologies to investigate. In the filtration stage, the person in charge of licensing judged the technologies based on appropriateness, innovativeness, and potential of market entry. In the prioritization phase, experts from eight to ten related fields (clinical, health technology and drugs, policy, methodology, patient organizations, etc.) participated and judged the technologies according to seven criteria (burden of disease, clinical impact, innovativeness, economic impact, acceptability, social impact, and evidence). In the assessment stage, between one and four clinical and methodological experts assessed the potential impact of the selected promising health technologies using seven evaluation items (unmet needs, improved patient health, health equity, change in medical behaviors, acceptability with respect to the patient and clinical condition, change in medical costs, and social, ethical, political, and cultural aspects). Before its dissemination, the final report was delivered to relevant industries for feedback (with particular emphasis on accuracy of data on the technology).

CONCLUSIONS:

There are many stakeholders in the horizon scanning system for new and emerging health technologies, depending on the healthcare system, policy, environment, etc. This study confirmed that stakeholder opinions on new technologies can vary. In addition, standards of social value judgment may change over time. It is therefore very important for horizon scanning systems to engage various stakeholders, collect their opinions, and make rational scientific decisions.

OP108 From Essential Medicines List To Health Technology Assessment, And From Reimbursement To Pricing Decision-Making

AUTHORS:

Hector Castro Jaramillo (hcastro@msh.org)

INTRODUCTION:

All health systems are challenged by finite resources to address unlimited demand for services. In many countries priority-setting and resource-allocation decision-making has been inconsistent and unstructured. In these cases, the lack of coherence between limitless promise and limited resources leads to implicit and covert rationing through waiting lines, low quality, inequities, and other mechanisms. Over the past decades, different countries have established

https://doi.org/10.1017/S0266462318001356 Published online by Cambridge University Press