cost-effectiveness ratios (ICERs) were estimated based on health-state specific costs and utilities. A probabilistic analysis was undertaken to account for parameter uncertainty. All results were compared with the commonly cited cost-effectiveness threshold of CAD 50,000 (USD 37, 600) per additional QALY.

RESULTS:

Screening with the ToPAS questionnaire resulted in cost savings compared with no screening or the EARP questionnaire, with a total cost of CAD 30,706 (USD 23,090) and 17.29 QALYs. The PEST dominated the PASE questionnaire and was more costly and more effective than the ToPAS questionnaire, with an ICER of CAD 312,398 (USD 234,909). The results were most sensitive to test sensitivity and specificity, HAQ progression, and average HAQ score at diagnosis and the start of biologic therapy. A scenario analysis tested screening efficacy for a 1-year period before diagnosis, with the ToPAS questionnaire remaining the most cost-effective option.

CONCLUSIONS:

Screening was cost-effective compared with no screening at the commonly used cost-effectiveness threshold of CAD 50,000 (USD 37, 600). Value of information analyses will be useful for determining the need to collect further information around test accuracy parameters.

PP39 Health Technology Assessment And Aging: Moving Evidence To Action

AUTHORS:

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INTRODUCTION:

With the rapid increase in technologies and innovations to support a growing aging population in many countries, health technology assessment (HTA) of technologies for the aging populace warrants special consideration. Building on our efforts at Health Technology Assessment international (HTAi) conferences in 2016 and 2017, this presentation will highlight themes generated from two previous HTAi collaborations, with an aim of continuing to build interest and capacity in HTA for aging-related technologies in an international ecosystem that is responsive to local needs and global opportunities.

METHODS:

Researchers from Canada's technology and aging network (AGE-WELL) collaborated with international panelists at HTAi conferences in 2016 and 2017 to explore interest in HTA focused on aging. International panelists shared the current state of aging and HTA in their respective countries. At both sessions, opportunities were provided for participants to rate the importance of themes identified by the panelists.

RESULTS:

At the 2016 session, the two most highly ranked themes were: (i) how HTA can help identify the unmet needs of older adults in society that could be met by technology; and (ii) engagement of older adults and caregivers. These two themes became the starting point for the panel discussion in 2017. At this session, the highest ranked themes were: (i) identification of challenges in HTA and aging; (ii) approaches to advancing the effectiveness of HTA in addressing technology and aging; and (iii) development of an aging-related interest group in HTAi.

CONCLUSIONS:

International collaborations have identified a number of recommendations to consider for HTA and aging-related work including: developing a good mutual awareness and understanding of barriers and opportunities; the importance of co-creating solutions with patients, healthcare providers, researchers, innovators, and funders; and the identification of a suite of methods and tools that can help accelerate technological innovation in care delivery.

PP40 HTA Evaluations Of Combination Drugs: Positive Reimbursement Solutions

AUTHORS:

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INTRODUCTION:

Health technology assessments (HTA) for combination drug therapies in oncology are increasingly common.

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Companies face multiple challenges when determining their economic value due to their complexity and high cost, while payers must balance the need for these vital innovations with sensitivity to rising costs. The study objective was to evaluate the current HTA frameworks in Europe and identify the potential barriers/solutions to reimbursement of brand-on-brand (BoB) combination therapy.

METHODS:

A targeted literature review of HTA agency websites was undertaken to identify any literature/guidance relating to HTA decision-making for combination oncology therapies in France, Germany, Sweden, and the UK.

RESULTS:

In France and the UK, BoB HTA decisions reflect clinical- and cost-effectiveness. Combination therapies have been accepted for use in France and the UK, for example, dabrafenib plus trametinib, are assessed through standard HTA processes, exemplifying that positive reimbursement is not unattainable where there is an unmet need and high clinical value. Despite this flexibility, many therapies will fail to prove their cost-effectiveness, resulting in delays or arbitrary pricing decisions. Potential solutions are the use of the 'efficiency frontier', as typified by the German HTA system, giving more 'scope' to expensive innovations; or the Swedish HTA approach, which applies variable cost-effectiveness thresholds according to therapeutic area, disease severity, and social criteria. Other possibilities include indication-specific pricing, multiple-criteria decision analysis, and net monetary benefit with willingness-to-trade weights. One likely issue to arise is when different companies are involved, necessitating co-operation. In this scenario, a simplistic solution would be arbitration of the division of the combined price, circumventing the need for HTA agencies to make changes to decision-making criteria.

CONCLUSIONS:

Constructive debates and collaboration between industry and decision-makers are vital to achieve a harmonized HTA process for high-cost combination therapies which offer advanced benefits and improved safety outcomes, whilst satisfying HTA bodies and providing better access for patients.

PP41 Toward Rules For Stakeholders' Involvement In Regional Health Technology Assessment Units

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INTRODUCTION:

Health services users must participate in health technology assessment (HTA) activities. Users, caregivers, and citizens have the practical experience of healthcare and social services. HTA outputs are more useful when values and preferences of patients, caregivers, and citizens are taken into account. Despite this, the best methods of stakeholders' involvement, timing for doing so, selection of participants, and the type of users to recruit depending of methods and contexts remain unspecified. Herein, an involvement policy has been developed to formalize the participation of users, caregivers and citizens in the services offering of a regional HTA unit.

METHODS:

A steering committee composed of stakeholders (i.e. user, caregiver, citizen, User Experience Service representative, manager, provincial HTA body representative, HTA unit members) was constituted to discuss user involvement in a regional HTA unit. A preliminary vision statement emerged from this committee, and included objectives and principles for users, caregivers, and citizens participation. This statement was deliberated using a Delphi consensus method. Three rounds of deliberations were needed to reach a strong consensus.

RESULTS:

Four objectives and four principles that should underlie the development of an involvement policy reached consensus. Participants agreed that users, caregivers, and citizens should: i) propose principles of involvement for each HTA projects; ii) co-realize evaluations with HTA professionals; iii) contribute to evaluation processes; and, iv) be involved in some management decisions of regional HTA units. Four principles to formalize users, caregivers and citizens' involvement in regional HTA units also emerged. These principles were about utility

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