INTRODUCTION:

Systematic reviews (SRs) are the most valid and reliable scientific evidence to evaluate the effectiveness of healthcare interventions. However, substantial resources and months are required to conduct such a review. Most hospital-based health technology assessment (HB-HTA) units don't have the time and the academic team to produce SRs. Rapid evidence assessment (REA) may represent, in this local context, an interesting avenue. The aim was to evaluate characteristics of REA and their impacts on healthcare decision making.

METHODS:

A SR was performed in several databases and grey literature to search data on REA including Mini-HTA and rapid reviews methodologies through March 2017. Data selection, extraction and quality assessment were performed by two independent researchers. Outcomes were about REA's methodology including question, search strategy, inclusion criteria, study selection, data extraction, quality assessment, critical appraisal and impacts on decision making.

RESULTS:

Twelve publications on REA have been included. More similarities were found in the methodology between rapid review and SR than with Mini-HTA. Shortcuts in performing rapid reviews included evaluation scope, number of databases, gray literature websites, studies design mainly SR, reviewers number, critical appraisal and production time (3 to 6 months). Study selection and data extraction by two independent reviewers in rapid reviews were seen in thirty-four percent to thirty-eight percent and ten percent to twenty-two percent, respectively. Furthermore, assessment quality was optional. Although it is performed within a short timeframe (2 months), methodology to conduct Mini-HTA is not well defined in the literature. The scope is mainly to support decision making in the introduction of new medical devices. Impacts of REA on local health decision making process are not well documented.

CONCLUSIONS:

Methodology to conduct REA is quite diverse. According to the data available, rapid review is a more robust methodology for HB-HTA producers than Mini-HTA. Although impacts were not well reported, rapid reviews could be more useful to support health decision making in local context.

PP102 Developing A Contextually-Informed Deprescribing Intervention

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INTRODUCTION:

Deprescribing – a process for reducing or stopping drugs when the balance of benefits and harms may no longer be in a person's interests – is a key aspect of managing multimorbidity and polypharmcacy in older people. Several deprescribing interventions have been developed (e.g. in Australia and Canada), although significant challenges for successful implementation remain. Through key stakeholder consultation in the care home setting in South West England, we take the initial steps to develop a context-informed deprescribing approach. Engaging stakeholders from the outset gains insight into acceptability, feasibility, and relevance of deprescribing interventions developed elsewhere informing co-production of an effective, implementable approach.

METHODS:

Consultation workshops were held with two groups of stakeholders: (i) care home residents and their families; (ii) care home staff and health care professionals (general practitioners, medical specialists, pharmacists, nurses, allied health professionals). Focus groups were held with each group separately to understand perspectives on: deprescribing in general; contextual considerations; and, perspectives on deprescribing interventions developed in other countries. A combined focus group then considered components of a deprescribing intervention for care homes. Qualitative data were audio recorded, transcribed, and thematically coded.

RESULTS:

Participants described the nature of local relationships, dynamics, structures, and resources, as important considerations in the development of a deprescribing approach in care homes. Perspectives and concerns around deprescribing among the stakeholder groups varied, although the importance of eliciting local stakeholder feedback in the early stages of developing a deprescribing intervention was a common thread.

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CONCLUSIONS:

Early engagement and co-production are crucial in developing an approach to deprescribing in care homes. The combination of stakeholder involvement and qualitative research is important for developing an effective, contextually relevant intervention as the balance between interests can be incorporated into the approach. Leveraging the experience in other countries is a novel and valuable step.

PP103 Early Decision Support In Innovative Procurement

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INTRODUCTION:

Procurement is one tool for the public sector to acquire need-based, innovative and effective solutions. To succeed in purchasing services that succeed in improving patients' outcomes and optimize cost of care, the process must be accompanied with tools for early decisional support. Documenting the effects of healthcare innovation is therefore fundamental when dealing with prioritizing adequate technology. The aim of the present study was to review the literature to identify early assessment methodology applicable to innovative procurement processes.

METHODS:

A scoping review was performed in January and February 2017 with the objective of selecting literature reporting on early assessment of health innovation. Methods for early assessment of health innovation were identified with the aim of investigating whether the methods change depending on where in the innovation process (development, introduction, and early diffusion) they are applied, and if the literature pointed to dominant methods. Next, critical elements of the innovative procurement process were identified, and methods relevant to the need-based phase of procurement were assessed.

RESULTS:

In total 1064 articles met the search strategy. Based on predefined inclusion and exclusion criteria, thirty-nine articles were included in the study. When viewed in the light of innovative procurement, stakeholder insight was an important source of data in early assessment of potential benefits of health innovation. Such data can be applied in scenario analyses to provide necessary outcome overviews and to direct and accelerate the procurement process. Further, various simulation and analysis methods may be used in new ways to increase the impact of the scarce availability of data in early innovation phase.

CONCLUSIONS:

The present review identified tools for early decisional support that address risks and step-wise healthcare management support. Information based on the present review will also be addressed in Panel 26 "Accelerating Value Based Health Care with Innovative Procurement and Early Decisional Support"

PP105 Applying Horizon Scanning To Decision Making: The Case of Tafamidis

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INTRODUCTION:

Horizon scanning (HS) is an important tool for guiding health policy formulation and the decision-making process in Brazil. In 2016, the Ministry of Health started to draft Brazilian clinical practice guidelines for transthyretin familial amyloid polyneuropathy (TTR-FAP), which is a rare disease caused by a mutation of the transthyretin gene. An initial HS report was conducted that provided information about new and emerging technologies for TTR-FAP. The HS identified five drugs that were based on two mechanisms of action: transthyretin stabilization (diflunisal, tafamidis, and tolcapone) and gene silencing (ALN-TTR02 and ISIS-TTR-Rx). At that time in Brazil there were no drugs registered for the treatment of TTR-FAP. However, a few months later tafamidis was licensed in Brazil. In early 2017 the manufacturer submitted an application to the National Committee for Health Technology Incorporation (CONITEC), with the aim of incorporating tafamidis into the Brazilian health system. As a result the HS report was updated to support the

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