

outcomes and organization of care, benefiting patients and clinicians. Applying health technology assessment methods to such innovative projects can help prove the value of organizational innovations.

PD65 How Methods Innovation In Health Technology Assessment Missed The Opportunity To Include Health Equity In The Value Puzzle

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Introduction: Reconstructing the value puzzle in health technology assessment (HTA) of new technologies is an ongoing discussion among different stakeholders. Little progress has been made toward consistently and transparently incorporating additional value elements, such as health equity, or moving the focus beyond the traditional value elements of clinical benefit and economic cost associated with the introduction of new technologies.

Methods: The objective was to conduct a series of pragmatic reviews of recent HTA guidance documents, international organizations, and previous systematic reviews to answer the following research questions.

- Would increased familiarity with real-world evidence, advanced analytics, and expanded forms of economic modeling create the forum for HTA bodies to reconsider their processes and include health equity when assessing new products?
- Which methods innovations would facilitate changes in HTA methods and processes to consistently and transparently assess health equity value elements?

Results were documented and qualitatively synthesized by outlining missed opportunities and highlighting potential barriers to integrating equity-informed HTA processes.

Results: Our findings were grouped into three main parts: HTA guidance summaries, trends summarized by key organizations (HTAi, ISPOR, and others), and peer reviewed publications. HTA bodies have increasingly emphasized health equity concerns and the importance of standardizing methods to support health equity considerations but have not recommended explicit quantitative methods. Our database search found previous systematic literature reviews explicitly referring to methods of integrating real-world evidence into comparative effectiveness assessments, whereas modeling techniques such as distributional, augmented, or cost-effectiveness analyses, and multicriteria decision-making can integrate health equity effects for both patients and healthcare systems.

Conclusions: Our research showcases the gap between recognizing health equity as a missing element in HTA and incorporating

methods to implement such considerations into real-life decision-making. Greater familiarity with health equity methods may move the discussion from “whether” to “how” additional value elements such as health equity can inform decision-making.

PD66 Scalability Of Integral, Transversal, And Multidisciplinary Management Of Aortic Stenosis In Catalan Hospitals

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Introduction: A program for integral, transversal, and multidisciplinary management of aortic stenosis (MITMEVA) was implemented at the Clinic Barcelona University Hospital to provide adequate and personalized treatment for patients with aortic stenosis (AS). MITMEVA includes 11 actions in the AS care pathway. This study aimed to test the scalability of MITMEVA by gathering the perspectives of relevant stakeholders in two other Catalan hospitals.

Methods: A mixed method study design was used to collect and analyze the views of relevant stakeholders on the scalability of the MITMEVA project. Qualitative and quantitative methods were used to answer the research question. All participants were interviewed individually using a semi-structured interview guide. The interviews were transcribed and analyzed by performing a content analysis with Atlas.ti software. Quantitative data were gathered and analyzed by adjusting the Intervention Scalability Assessment Tool (ISAT).

Results: Nine participants were interviewed from two tertiary hospitals in Catalonia and eight ISAT questionnaires were completed. From the content analysis, 11 of the 15 themes identified related to actions implemented in the MITMEVA program. The results pointed toward a positive view of implementation of the MITMEVA program in general, showing a good scalability for all the ISAT domains. On a scale of zero to three, most domains were scored two or above.

Conclusions: The qualitative and quantitative results indicated that the MITMEVA program has potential for scaling up to other Catalan hospitals to improve the management of AS. Generally, stakeholders from the two participating hospitals were positive about the project. However, small adjustments will be needed to account for the culture and organizational characteristics of the hospitals when scaling up the MITMEVA program.