

integrating community is challenging, the engagement of patients/public in the processes of HTA has garnered support and endorsement from international network agencies. Dissemination of information, educational empowerment, and training are vital to give individuals capacity to partake in the intricate web of processes actively.

Methods: This review considered studies addressing educative strategies to train laypeople on HTA, additionally mapping and summarizing relevant methodological papers from any international HTA agency. Four databases were searched for qualitative, quantitative, and mixed methods study designs. The grey literature search included policy and practice documents from HTA and health organization websites. Two reviewers independently completed title and abstract screening before the full-text review and data extraction.

Results: The main contributors to the production of knowledge about educating laypeople in HTA were the United Kingdom (40%), Spain (20%), and Canada (13%). Most studies included were conducted in the context of the United Kingdom (27%), followed by Spain (20%), and international networks context (20%). The main strategies included conference-like events (21%), the production of educational materials (18%), training (11%), and the use of plain language (8%). Furthermore, international HTA and health agencies have offered courses, and online training produced and made available online guidance materials for increasing laypeople's participation in the HTA process.

Conclusions: Despite the global efforts to educate laypeople on HTA, jurisdictional variations underscore the need for a more inclusive approach. Strategies like events, educational material production, training, and clear-language use offer diverse avenues for public engagement. International agencies' commitment to courses, online training, and guidance reflects a collective effort to enhance public involvement.

OP52 How Will European Joint Clinical Assessment Impact National Decision-Making?

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Introduction: In 2025, oncology drugs with new active substances and advanced therapy medicinal products will undergo joint clinical assessment (JCA). The comparative analysis of the clinical evidence as defined in the Regulation (EU) 2021/2282 on health technology assessment (HTAR) will save national/regional submissions of the same evidence. JCA will be available early supporting appraisal and decision-making, which remains within the responsibility of member states (MS).

Methods: Targeted searches on JCA and statements from stakeholders were performed and analyzed. We conducted interviews with current and former national payers, as well as members of HTA agencies, across Germany, France, Italy, and Eastern Europe to explore their perspectives on the anticipated implications of JCA on decision-making processes and reimbursement strategies in Europe. Focus was on reduced/additional effort for authorities and health

technology developers (HTDs), required national amendments, and potential discrepancies between JCA outcome and MS benefit evaluations.

Results: Stakeholders appreciate the standardized methodology and guidance on HTA, which, especially in countries without an established HTA system, could enhance patients' access to new treatments by considering JCA in decision-making. The comprehensive evidence compilation may also save resources in pursuing national/regional submissions. On the other hand, country-based appraisals within the MS could lead to diverse conclusions, and there is uncertainty as to which extent national authorities will adopt JCA and how its integration into decision-making will be handled. Some stakeholders challenge an impact on local patients' access as reimbursement and pricing processes remain within MS responsibility.

Conclusions: JCA is a long-desired achievement and will set the groundwork for timely access of new treatments in the MS. However, presently there are several uncertainties on how JCA will impact decision-making and whether MS appraisal could lead to contradictory value conclusions for a given treatment. Future adjustments to national/regional procedures and refinement of the JCA framework are expected.

OP53 An Actionable And Legible Toolbox For The Appraisal Of Healthcare Innovations Developed Through Nationwide Stakeholder Collaboration

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Introduction: In Québec, Canada, decisions about implementing innovations are taken both centrally for province-wide access and locally by healthcare institutions. There is no systematic evaluation process and various stakeholders are involved, notably within a new nationwide governance structure. There was a wish to increase consistency and clarity with the principles and methods used by various bodies across the innovation lifecycle.

Methods: The starting point was the Institut national d'excellence en santé et services sociaux (INESSS) multidimensional framework, which focuses on the population-level, clinical, economic, organizational, and sociocultural value of drugs, technologies, and interventions. The framework, already under evolution drawing on Responsible Innovation in Health (RIH), evolved through collaborative work between INESSS' methodological and scientific teams, but also and foremost with diverse groups and institutions within the provincial innovation ecosystem (e.g., university-based incubators, regional hospitals). The first steps were to capture current concepts and practices from different stakeholders, as well as their operational needs in terms of assessment tools.

Results: This multistakeholder taskforce resulted in the development of an operational toolbox meant to guide the value appraisal of innovations through a lifecycle approach. First aimed at stakeholders involved locally in healthcare institutions, the work conducted was equally beneficial to INESSS by enabling its evaluation teams to contribute to the operational tools needed to enhance clarity and legibility of the agency's processes and methods. The level of collaboration with stakeholders across the province was also unique and has strengthened the understandability and actionability of the toolbox developed. Some challenges were faced, and related actions will be discussed.

Conclusions: Both the taskforce process and its output contributed to improving consistency in the assessment of innovations across the province. They made more explicit what may sometimes be perceived as the HTA "black box." The INESSS value appraisal framework also evolved considering key elements of responsibility from RIH and through this collaboration with stakeholders, and its applicability in different contexts was reinforced.

OP54 Different Perceptions Of Additional Benefit By Payers And Providers: Discrepant Voting Within G-BA's Benefit Appraisals

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Introduction: Appraisal decisions on additional benefit of new medicines within the German health technology assessment (HTA) body Gemeinsamer Bundesausschuss (G-BA) are made by voting among the member of the G-BA plenary. We identified and analyzed key characteristics of decisions that were not reached by consensus.

Methods: G-BA's homepage was used to identify AMNOG (German Medicines Market Reorganization Act) procedures that started after January 2011 and were finalized before November 2023. Appraisal voting is conducted publicly, and results are documented in the data source of the German Association of Research-Based Pharmaceutical Companies (vfa). Both the payer (National Association of Statutory Health Insurance [GKV-SV]) and provider (National Association of Statutory Health Insurance Physicians, Dentists and the German Hospital Federation) "benches" have an equal number of votes with the independent chair of the G-BA acting as swing vote in case of discrepant decisions. Discrepant voting instances were extracted and analyzed.

Results: From January 2011 to November 2023, G-BA conducted 908 appraisals of medicines. In 66 appraisals, (7.3%) decisions were not reached by consensus. Discrepant voting was related to oncological (n=28), metabolic (n=15), infectious (n=12), neurologic (n=3), cardiovascular (n=2), psychiatric (n=2), dermatologic (n=2), musculoskeletal (n=1) and urogenital conditions (n=1) conditions. Fourteen discrepant voting instances related to orphan medicines. The best benefit category reached in the 66 discrepant decisions were: major (n=2), considerable (n=16), minor (n=19), non-quantifiable

(n=13), and no benefit (n=16). In all discrepant voting decisions, the provider bench favored a better scoring versus the payer bench.

Conclusions: Appraisal decisions within G-BA are reached by voting. The appraisals are a key element within the subsequent price negotiations. In all discrepant decisions, the payer bench suggests less benefit (strength of benefit, respectively) versus the provider bench, indicating a procedural challenge with the GKV-SV being involved in both the voting on the additional benefit and the negotiation of price.

OP55 Transferability Of Economic Models Within Health Technology Assessment In Central And Eastern Europe: Bridging The Gap

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Introduction: Health technology assessment (HTA) plays a pivotal role in healthcare decision-making, evaluating the cost-effectiveness of emerging technologies. Central and Eastern Europe (CEE) presents a unique context for HTA, marked by diverse healthcare systems, economic variations, and regulatory frameworks. This study addresses the critical issue of transferability of economic models within HTA in CEE, aiming to bridge existing gaps and enhance the region's capacity for informed decision-making.

Methods: A comprehensive and systematic approach was employed to assess the transferability of economic models in the context of HTA across CEE. We conducted an extensive literature review, analyzed HTA reports, and engaged in expert consultations to understand the nuances of the healthcare systems in the region. Key factors influencing the transferability of economic models, such as healthcare infrastructure, economic disparities, and regulatory landscapes, were systematically evaluated. The study focused on a range of economic models commonly used in HTA, including cost-effectiveness analysis, budget impact analysis, and multiple-criteria decision analysis.

Results: Our findings highlight the intricate dynamics influencing the transferability of economic models within HTA in CEE. While certain economic models exhibit a degree of generalizability across the region, there are notable variations based on specific contextual factors. Economic models designed for Western healthcare systems may not seamlessly translate to the CEE context due to differences in healthcare delivery, patient populations, and policy frameworks. The study identifies critical determinants of transferability, including the level of healthcare infrastructure development, economic disparities among CEE countries, and the diversity in regulatory approaches.

Conclusions: In conclusion, this study emphasizes the need for a nuanced and context-specific approach to the transferability of economic models within HTA in CEE. Bridging the gap in transferability enhances the region's capacity for evidence-based healthcare resource allocation and contributes to the overall efficiency and sustainability of healthcare systems in CEE.