paving the pathway for Health Technology Assessment (HTA) to play a significant role in provision of safe and effective healthcare. The National Department of Health (DoH) has a published framework and Health Technology Act and strategies since the 1990s to improve health outcomes, and service and delivery of care. The purpose of this study is to explore challenges faced in the implementation of the framework and policies.

METHODS:

The study will be based on review and analysis of health technology policies and legislations introduced in South Africa since the 1990s. These documents are available from the DoH archive. The review from this grey literature was supplemented by information collected from a self-completion questionnaire, which was distributed to key stakeholders. Respondents were identified by direct contact with ministries of health and professional bodies, and included health professionals from the public and private healthcare sector, for example, practitioners, experts from hospitals, and industry representatives. The questionnaire addressed issues pertaining to decision making regarding health service delivery and the status of HTA in the country.

RESULTS:

The framework lays out the strategy to facilitate appropriate utilization of health technologies and includes among others, an HTA section. Fragmented use of HTA or parts thereof has been observed in the public and private health care sector. Furthermore, the respondents pointed out that decisions on health technology can be political, institutional or professionally driven whereas they all agreed that a formal and institutional implementation of HTA would improve healthcare service.

CONCLUSIONS:

The goal to achieve universal health care provides an excellent window of opportunity for formal use of HTA in policy- and decision-making. However, (i) the inadequate number of trained professionals and education and training opportunities (ii) lack of awareness and understanding of the principles of HTA and its impact on the improvement of health care are among the many challenges faced by the system. It has also been observed that national and regional champions can act as change agents and would have a snowball effect.

OP93 Conditional Financing In Health Technology Assessment Practice: The Dutch Experience

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INTRODUCTION:

In 2007, the National Healthcare Institute (ZIN) initiated conditional financing (CF) of expensive hospital drugs as an example of conditional reimbursement schemes (CRS). CF is a 4-year procedure encompassing initial HTA assessment (T = 0) followed by additional data collection via outcomes research (separately assessing appropriate use & cost-effectiveness in routine practice) and re-assessment (T = 4). This study aims to review performance and experiences with CF in the Netherlands to date.

METHODS:

All dossiers for drugs that underwent the full CF procedure were reviewed. Using a standardized data abstraction form, two researchers independently extracted information on procedural, methodological and decision-making aspects (that is, related to implemented outcomes research, evidence assessment and appraisal). A scoring algorithm was used to assess all three aspects.

RESULTS:

Fourty-seven candidates were nominated for CF; fourty-four underwent T = 0 assessments and eleven T = 4 assessments. The procedure extended beyond 4 years for 10/11 candidates. For the eleven candidates,

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applicants clearly defined study designs and data collection methods for outcomes research proposals addressing 16/22 research questions posed in T = 0 reports. ZIN provided discussion points and recommendations regarding research proposals for 18/22 research questions. Applicants implemented recommendations fully in 8/22 cases and partially in 12/22. Sufficient data was available at T = 4 to answer 15/22 research questions posed at T = 0. However, discussion points remained regarding implemented outcomes research for all eleven candidates at T = 4. ZIN advised to continue reimbursement for nine candidates and to stop reimbursement for two. For six of the nine candidates, reimbursement was continued on the basis of conditions relating to additional evidence generation beyond T = 4.

CONCLUSIONS:

Theoretically, CF provides a valuable option for enabling quick but conditional access to medicines in the Netherlands. However, procedural, methodological and decision-making considerations related to scheme design and implementation may affect its value in decision-making practice.

OP94 Is The National Institute for Health And Care Excellence In The United Kingdom More Innovation-Friendly Than The German Institute For Quality And Efficiency in Health Care In Germany?

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INTRODUCTION:

Whereas Health Technology Assessments (HTAs) by the National Institute for Health and Care Excellence (NICE) rely heavily on cost utility analysis, HTAs by the German Institute for Quality and Efficiency in Health Care (IQWiG) and the Federal Joint Committee (GBA) focus on an assessment of comparative effectiveness, rejecting a cost per quality-adjusted life year benchmark. The present study aimed to explore the differential impact of methodological choices by NICE and IQWiG/GBA on HTA outcomes.

METHODS:

We extracted data from all GBA decisions between January 2011 (when early benefit assessments were implemented) and April 2015 (cut-off date for the present study), as well as all single technology appraisals (STAs) by NICE published during the same period. We compared early benefit assessment results by IQWiG/GBA and by NICE overall, and by additional criteria including therapeutic area, clinical and incremental cost effectiveness, and patient-relevant endpoints.

RESULTS:

During the study period, NICE issued guidance for 88 technologies (with 125 subgroups). GBA completed 105 appraisals (with 226 subgroups). We identified thirty-seven matched condition-intervention pairs; of these, twenty-four were evaluated differently by NICE and GBA. NICE recommended twenty-nine of thirty-seven interventions (78 percent), whereas GBA confirmed additional benefit for 21/37 only (57 percent; $p < .05$, two-tailed chi-square test). By therapeutic area, NICE was more likely to evaluate interventions for metabolic and cardiovascular disorders favorably, whereas IQWiG/GBA appraisals were more favorable for treatments of hematological and oncological diseases. Results including all HTAs were consistent with those for matched pairs.

CONCLUSIONS:

Our results suggest that, overall, NICE tends to evaluate new interventions more favorably than IQWiG/GBA. However, our analysis revealed conspicuous differences by therapeutic area. The results are consistent with the hypothesis that different methodological choices may lead to systematic differences in decision making. It

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