RESULTS:

Fourteen responses from 10 countries (including Belgium, England, France, Japan and Mexico, among others) demonstrated that "unmet clinical need" was paramount for EAS designation across all countries and types of schemes. The next most important factors were "phase-III trials underway" and "serious condition" for Compassionate Use Programme (CUP) and Named Patient Programme (NPP) inclusion (21 percent and 20 percent of respondents, respectively). "Measures in place to monitor risk" was key for CUP and NPP designation (43 percent and 27 percent of respondents, respectively), followed by "innovative product designation" for CUP and "scientific opinion" for NPP eligibility (14 percent and 23 percent of respondents, respectively). "No specific monitoring requirements" exist in Germany and Austria, whereas "reporting of adverse events" is crucial in France, England, Japan and Spain. NPP eligible products are mainly funded at a negotiated price and CUP designated products are largely provided by manufacturers free-of-charge (i.e. England, Scotland, Germany).

CONCLUSIONS:

Eligibility criteria/requirements and funding arrangements for early access vary considerably across settings and their respective EAS. Information from a larger sample of countries is required for an all-encompassing mapping of the early access products' characteristics.

OP174 Development Of A Formal Priority-Setting For The Philippine Government

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INTRODUCTION:

The lack of institutional mechanisms in the Philippine Health Insurance Corporation (PhilHealth) for rationalizing spending has led to a less than optimal allocation of financial resources. The study's objective is an explicit and systematic priority setting process of selecting new interventions for PhilHealth through identification of relevant literature evidence on the themes under study, then subjecting these to stakeholder and expert consultations.

METHODS:

The qualitative study followed a problem solving approach to policy analysis. Bardach's Eightfold Path, supplemented by a World Health Organization (WHO) guideline on policy analysis, provided the framework. Eightfold path recommends that the analysis proceed by (i) defining the problem, (ii) assembling the evidence, (iii) constructing the alternatives, (iv) selecting the criteria for identifying the best alternative, (v) projecting the outcomes, (vi) confronting the tradeoffs, (vii) making the decision, and (viii) disseminating the results.

RESULTS:

A six-step priority setting process to facilitate the assessment of new interventions for PhilHealth coverage was developed. The process is governed by seven accountability-based principles and four explicit criteria to evaluate interventions. Additionally, the study provided proof-of-concept for conducting local cost-effectiveness and budget impact analyses as key inputs to a national systematic priority-setting process.

CONCLUSIONS:

This study recommended four criteria and a seven-step process for priority setting to be adopted and an overarching set of principles that will guide the conduct of such activities. The proposed priority-setting process was approved by the PhilHealth. The same process was adopted by the Department of Health in the draft administrative order for health technology assessment. This study stimulated research projects for economic evaluations of health interventions.

OP175 A National Perspective On Criteria And Methods For Resource Allocation

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INTRODUCTION:

Decisions about which health and social services to include in the publicly funded services basket are complex. Several criteria need to be taken into account in decision-making (DM), as well as ethical, economic and organizational issues. Nowadays a global consensus supports the view that citizens' values and preferences must guide DM. To elicit these values and concerns regarding publicly funded services, the Quebec Health and Welfare Commissioner recently conducted a vast public consultation on the population viewpoints. Parts of this consultation targeted criteria for DM, approaches to assess new or current services and perspectives on appropriateness of care.

METHODS:

Various consultation methods were used in complementary steps: a representative population survey (n=1850), six regional focus groups (n=62), a call for briefs (n=52) for groups that wished to share their views, consultation meetings (n=35) with diverse stakeholders and a call for personal accounts (n=2633). It also held five deliberation sessions (18 citizens and 9 experts) over the course of the project on major related issues.

RESULTS:

The need to ensure the appropriateness of covered services was one of the strongest themes emerging from the consultation. Citizens want that the appropriateness evaluation be carried out under certain conditions: transparently, in explicit DM processes, using criteria that are clear and adaptable according to the disease or problem. The whole evaluation process needs to be well documented, showing clearly the data used and rejected, so that they can understand the decision and see on what basis it is supported. Among the usual criteria for DM, those related to cost are less valued whereas others are considered incomplete.

CONCLUSIONS:

Citizens have clear viewpoints and expectations regarding DM criteria and processes for resource allocation. Decision-makers must take them into account to ensure that the basket of insured services is representative of social values and preferences.

OP177 Identification Of Technologies Of No Or Low Added Value

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INTRODUCTION:

Health technology has no or low added value when it is harmful and/or is deemed to deliver limited health gain relative to its cost, representing inefficient health resource allocation. A joint effort by the Health Technology Assessment International (HTAi) interest group (IG) on disinvestment and early awareness, the IG on ethics, the EuroScan network and the International Network of Agencies for Health Technology Assessment (INAHTA) is aiming to design a toolkit that could aid organizations and individuals considering disinvestment activities. We synthesized state of the art methods for identifying candidate technologies for disinvestment, and propose a framework for executing this task.

METHODS:

We searched systematic reviews on disinvestment and compared the methods used for identifying potential candidates. A descriptive analysis was performed including sources of evidence used and methods for selection / filtration.

RESULTS:

Ten systematic reviews were retrieved, and the methods of 29 disinvestment initiatives were compared. A new framework for identifying potential candidates was proposed which comprises seven basic approaches based on the wide definition of evidence provided by Lomas et al.; 11 triggers for disinvestment were adapted from Elshaug's proposal, and 13 methods for applying these triggers that were grouped in embedded and ad-hoc methods.

CONCLUSIONS:

Identification methods have been described in the literature, and have been tested in different contexts. Context is crucial in determining the 'not to do' practices as they are described in different sources.

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