

CONCLUSIONS:

Broader consultation with clinicians, patients and the public in the development and consideration of draft reports and recommendations can increase the transparency of the disinvestment process. Consultation is an important means of obtaining buy in. Feedback needs to be seen as taken seriously, and explanations given for any changes made or not made to the report and its recommendations.

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OP107 The Stakeholder Involvement Strategy For Horizon Scanning In Korea

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INTRODUCTION:

As science advances the number of newly developed health technologies increases, but the lifecycles of health technologies becomes shorter. Thus, the importance of horizon scanning systems for identifying promising new health technologies and evaluating their potential impact is increasing. Engaging and collecting opinions from various stakeholders in this search process is very important. The purpose of this study was to develop a strategy for involving various stakeholders in all steps of the horizon scanning system in Korea.

METHODS:

The horizon scanning system consists of five steps: identification, filtration, prioritization, assessment, and dissemination. We identified the stakeholders to be considered at each stage, and examined who would be involved and how. In addition, we planned how to synthesize and apply stakeholder opinions and to test the feasibility of these methods by using them in a horizon scanning system.

RESULTS:

In the identification stage, developers, health professionals, and consumers suggested new and emerging health technologies to investigate. In the filtration stage, the person in charge of licensing judged the technologies based on appropriateness, innovativeness, and potential of market entry. In the prioritization phase, experts from eight to ten related

fields (clinical, health technology and drugs, policy, methodology, patient organizations, etc.) participated and judged the technologies according to seven criteria (burden of disease, clinical impact, innovativeness, economic impact, acceptability, social impact, and evidence). In the assessment stage, between one and four clinical and methodological experts assessed the potential impact of the selected promising health technologies using seven evaluation items (unmet needs, improved patient health, health equity, change in medical behaviors, acceptability with respect to the patient and clinical condition, change in medical costs, and social, ethical, political, and cultural aspects). Before its dissemination, the final report was delivered to relevant industries for feedback (with particular emphasis on accuracy of data on the technology).

CONCLUSIONS:

There are many stakeholders in the horizon scanning system for new and emerging health technologies, depending on the healthcare system, policy, environment, etc. This study confirmed that stakeholder opinions on new technologies can vary. In addition, standards of social value judgment may change over time. It is therefore very important for horizon scanning systems to engage various stakeholders, collect their opinions, and make rational scientific decisions.

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OP108 From Essential Medicines List To Health Technology Assessment, And From Reimbursement To Pricing Decision-Making

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INTRODUCTION:

All health systems are challenged by finite resources to address unlimited demand for services. In many countries priority-setting and resource-allocation decision-making has been inconsistent and unstructured. In these cases, the lack of coherence between limitless promise and limited resources leads to implicit and covert rationing through waiting lines, low quality, inequities, and other mechanisms. Over the past decades, different countries have established

specialized health technology assessment (HTA) organizations aimed at better informing health care policies and clinical practice. Although the first technology assessment institution, although not exclusively health related, was the Office for Technology Assessment (OTA) in the U.S. in the 1970s, HTA is not yet current nationwide practice. Nevertheless, there are more than fifty agencies in operation in over thirty countries to assist systematic priority setting, especially in high income countries. The cases of Ukraine, Colombia and U.S. represent different features of the need for systematic priority setting. Ukraine is moving from National essential medicines lists (EML) to more dynamic HTA use to update its publicly funded benefits package; Colombia established a few years ago nationwide HTA, but is currently attempting to use HTA for Pricing and Reimbursement since healthcare coverage is so heavily contested by judicialization. Nevertheless, even in countries where formal HTA activities are ongoing, and in most low and middle income countries, rationing still occurs as an ad hoc, haphazard series of non-transparent choices that reflect the competing interests of governments, payers and other stakeholders. Henceforth, there is the opportunity to closely review why the state of development for HTA varies so much according to setting.

METHODS:

Retrospective policy analysis considering common motivators for the implementation of HTA; the agenda setting model of the three streams (problems, policy and politics) for policy action ; and qualitative approaches for the inception of HTA are being used in these three cases.

RESULTS:

Through a qualitative approach, ten “drivers” previously emerged with the ability to help or hinder HTA development in Colombia were used to assess the difference of HTA development in the USA and Ukraine (i.e. availability and quality of data, implementation strategy, cultural aspects, local capacity, financial support, policy/ political support, globalization, stakeholder pressure, health system context, and usefulness perception). Policy/ political and financial support, stakeholder pressure, cultural aspects and health system context were the most prominent drivers to induce or prevent institutional development of HTA in different countries.

CONCLUSIONS:

Common motivators, similar drivers and context specific characteristics are all influential for the implementation

of HTA at the national level. Policy/political and financial support, stakeholder pressure, cultural aspects and health system context preliminarily seemed the most prominent drivers to induce or prevent institutional development of HTA in different countries. Henceforth, methods and processes matter, as well as the political economy for HTA. Further research is needed to test these preliminary findings.

OP109 Comparison Of The Health System Establishment Periods In Eighty-Eight Countries

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INTRODUCTION:

Health system reform is considered a tough issue worldwide. Great efforts have been made toward health system building and strengthening. However, it is still unclear which health system is appropriate for different countries. This study aimed to systematically compare the characteristics of the establishment periods between eighty-eight counties of National Health Service (NHS) and Social Health Insurance (SHI).

METHODS:

Forty-eight NHS countries and forty SHI countries with data availability were selected. The establishment years of current health systems and other eighteen indicators in economics, society, population and health during establishment periods were collected. Comparison between NHS and SHI was conducted by descriptive analysis of every indicator.

RESULTS:

Most NHS countries were established during the cold war, while SHI had been set up since the cold war ended. The median of gross domestic product (GDP) per capita, urbanization rate and aging rate of SHI were USD 1535 in current dollars, 58.2 percent and 9.8 percent, respectively; compared with USD 1387, 41.2 percent and 4.7 percent, respectively of NHS. NHS countries had a smaller total population, lower mortality rate and