

a patient-oriented group, two experts in HTA, and two physicians. Interviews were held online by mobile phone or Zoom for 25–30 minutes. Question structures were formed based on the report ‘Patient Involvement in Health Technology Assessment in Europe 2010’. Seven stages were considered.

**Results.** All participants partially or completely agreed with the involvement of patients at the HTA stages of identification and prioritization. One or two did not agree with their involvement at the HTA assessment, information production, internal and external review, and diffusion and dissemination stages. Challenges for patient involvement in HTA can be related to other commitments for patients and their carers, lack of financial affordability, conflict of interest, and lack of capacity of the HTA agency to involve them. Five participants agreed on challenges for patients to being meaningfully involved in decision-making on health technologies. These included understanding which institution makes the decisions, finding an interlocutor within the decision-making body, and understanding the decision-making process. Other issues were technical and language difficulties, lack of commitment from decision-makers and the legal or policy framework for patient involvement in HTA decision-making.

**Conclusions.** Patients can participate in HTA, but the HTA agency must first prepare and agree on the level of patient participation, and develop measures to reduce barriers such as language difficulties, and patient obligations.

## OP83 Joining Efforts To Improve Patient Involvement In Health Technology Assessment: The Case Of The RedETS Patient Interest Group

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**Introduction.** Patient involvement (PI) has become a key priority to the Spanish Network of Agencies for Assessing National Health System Technologies and Performance (RedETS). As part of the national strategy to promote PI, an interest group was created in 2017 to share knowledge, develop methodologies and standardize PI processes. The aim of this work is to analyze the main activities of the Patient Interest Group 5 years after its launch and to reflect on possible needs and challenges.

**Methods.** Narrative description and an in-depth analysis of the main activities of the Interest Group from 2017 to the present.

**Results.** The group is composed of HTA researchers from the 8 regional agencies in Spain and is supported by the Ministry of Health and the RedETS council. It currently has the participation of 26 researchers, organized into different working subgroups. The

initial lines of work were the analysis of the situation, the development of procedures, and the initiation of training materials for patients on HTA. At present, the main projects are the development of metrics for evaluating the impact of patient participation, the development of procedural materials to promote methodological process standardization (e.g., a flowchart with the main process steps, checklists, templates), and the design and piloting of virtual training for patients in HTA. New lines include the analysis of the ethical challenges of PI and the feasibility of setting up an HTA patient registration system and a patient forum to facilitate participation. In addition, the interest group has promoted the exchange of relevant information for PI and the organization of capacity building activities.

**Conclusions.** The RedETS Patient Interest Group is encouraging the development of activities, reflection on collective experiences, and tools that facilitate PI in Spain. Among the main challenges are the need to ensure the quality and applicability of PI and to analyze the views of patients who have actively participated in HTAs.

## OP84 Cost Consequence Analysis: A Potential Framework To Incorporate Patient Preferences Into Health Technology Assessment And Reimbursement Decisions

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**Introduction.** Patient preferences (PPs) are an important source of evidence in health technology assessment (HTA). However, a methodological framework to achieve their integration in decision-making is lacking. We aim to investigate the potential role of evaluative frameworks to integrate PP evidence into HTA and decision-making.

**Methods.** We undertook a scoping review to identify potential methodological frameworks to consider PP evidence in HTA and evidence of the acceptability of these frameworks for decision-makers. We searched PubMed, Cochrane, and the grey literature to identify relevant studies, reports, or guidance documents. We restricted our search to the use of PP rather than patient experience data and excluded articles solely relating to deliberative approaches.

**Results.** Frameworks identified as having the potential to integrate PP evidence included cost-utility analysis, cost-consequence analysis (CCA), the efficiency-frontier approach, and multi-criteria decision analysis. All have been used in various HTA contexts, but not necessarily for inclusion of PP evidence. Distinct benefits and challenges of integrating PP data were identified for each framework. These included the theoretical basis of the frameworks, their ability to consider non-health as well as health outcomes, and their ability to separate outcomes based on PPs from outcomes based on population preferences. There is limited evidence and no consensus on the application of these frameworks to consider PPs in HTA or on their acceptability for decision-makers. However, CCA has the advantage