INTRODUCTION:

This session will share lessons learned from implementing a comprehensive patient and public engagement framework (developed by winners of the 2017 Egon Jonsson Award) in one government agency's health technology assessment (HTA) process. The presentation will share strategic and operational considerations for successful implementation, and the early effects of patient involvement activities on the agency's HTA recommendations.

METHODS:

This presentation used a case study approach to understand the application of the framework described above.

RESULTS:

The comprehensive framework by Abelson and colleagues describes many different public and patient engagement activities that could be conducted at each stage of an HTA process. Health Quality Ontario has chosen to focus on engaging patients to: prioritize topics; develop an additional evidence stream on patient preferences and values; serve on a committee that reviews the HTA, deliberates, and makes recommendations; and provide feedback on draft recommendations. Strategic considerations for these decisions include: aligning engagement activities to an evidence-focused organizational culture, and investing in engagement activities earlier in the HTA process to allow for sufficient consideration of the patient voice in developing recommendations. These activities have impacted the agency's organizational culture, and evidence suggests they have also influenced recommendations for what should be publicly funded. Patient engagement activities have also led to increased feedback from the public and patients for some HTAs and the associated draft recommendations.

CONCLUSIONS:

Public agencies must make strategic decisions about how and when to invest scarce resources in patient and public engagement. Investing in direct patient engagement as an additional stream of evidence and supporting the involvement of health system users in decision-making has had a significant impact on HTA deliberations and recommendations. For some HTAs, these activities have facilitated greater public engagement as well.

OP33 Adopting Health Technologies: NICE Approach For Evidence Into Action

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INTRODUCTION:

Evidence and guidance alone do not change practice. A multitude of factors are influential upon whether a particular health technology is adopted in practice. The adoption team at the National Institute for Health and Care Excellence (NICE) engages with healthcare professionals to develop specifically tailored support for the adoption of NICE health technology assessments (NICE medical technologies, diagnostics and technology appraisal guidance).

METHODS:

The NICE adoption team uses a structured process which involves engagement of healthcare professionals with experience or knowledge of the technology to identify the barriers to adoption. This information is used to populate the topic selection tool which presents the impact of adopting the technology under five headings: care pathway change; finance; difficulty to implement; education; and, patient acceptance. The result indicates which guidance would benefit from adoption support: plan and develop tailored solutions to address barriers to adoption which include a resource impact assessment and targeted communications; quality assure; and, publish tailored resources.

RESULTS:

Examples of tailored outputs include: adoption resources sharing real world experiences of sites that have adopted the technology; and, NICE pilot projects, where the adoption team work closely with sites to support adoption of the technology at a local level. The team then share learning and results from the project to facilitate: engagement with national planning groups to coordinate wider scale adoption; resource impact assessments which help local cost impact of adoption to be estimated; engagement with general and specialist media; and, influencing national tariff.

CONCLUSIONS:

NICE's processes have evolved to facilitate the development of a wider variety of more tailored

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resources, to support adoption of NICE health technology assessments guidance into practice. We will continue to engage with healthcare professionals and be responsive in our processes to ensure the packages of adoption support are tailored to need.

OP35 Integrated Knowledge Translation In Policy Development

AUTHORS:

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INTRODUCTION:

Immune globulin (IG) is a publicly funded blood product with high utilization rates and rapidly rising costs. Inappropriate use of IG, particularly in dose and treatment duration, is observed in about 10 percent of cases, and the national guidelines for IG treatment are outdated. To develop a utilization management policy for IG, the Alberta, Manitoba and Saskatchewan Ministries of Health collaborated with health technology assessment (HTA) researchers and clinicians to develop evidence-based guideline recommendations for IG treatment to inform an authorization policy for IG utilization in the provinces.

METHODS:

A multidisciplinary committee comprising HTA researchers and 22 physicians from seven medical specialties adapted recommendations from 43 "seed" guidelines into one locally contextualized IG guideline. HTA methods and rapid review products were used extensively to update gaps in the evidence base. The guideline recommendation document was used to develop a provincial IG utilization management policy. The challenges of achieving a methodologically rigorous guideline development process will be discussed.

RESULTS:

The guideline contained over 60 recommendations for IG use in different medical specialties. The health ministries used the guideline recommendations to develop an IG authorization policy. The clinician-sanctioned review criteria were used to construct a conditional reimbursement system for generating outcome data from controlled off-label IG use for conditions where evidence gaps existed, and were built into policies for benchmarking compliance.

CONCLUSIONS:

Three provinces successfully collaborated to develop an IG utilization management policy. The unique approach involved a credible and transparent process that incorporated key review elements for compliance benchmarking and reimbursement, promoted clinician buy-in, and created a cadre of clinical champions willing to assist in policy development and implementation. The proactive, rather than retroactive, incorporation of clinician-sanctioned benchmarking and review criteria into policy will help bridge the know-do gap and foster a stronger, more direct link between health policy and evidence.

OP37 Health Technology Assessment Impact Assessment: Barriers And Enablers Perceived By Members Of The International Network Of Agencies For Health Technology Assessment (INAHTA)

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INTRODUCTION:

Health technology assessment (HTA) agencies wish to ensure the impact of their HTAs. HTA impact assessment measures the influence of a HTA on decision-making and downstream to patient outcomes. Despite their potential to provide insights, the use of impact assessment frameworks by HTA agencies is limited. Understanding the underlying mechanisms of adopting HTA impact assessment frameworks is therefore important. Using a social cognitions lens, this study aims to provide insights into the enabling and hindering factors associated with the assessment of HTA impact by INAHTA members.

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