RESULTS:

A total number of 161 questionnaires from 39 countries on 6 continents were received representing a 41.7 percent response rate. Based on analysis of the results, a complex systematic framework for value assessment was designed. Five major features define the framework that can fully measure the common and support the evaluation of more complex health technologies: (i) implementation of higher-order evaluation approaches that support complex multi-criteria assessment, rather than emphasizing only the use of basic evaluation procedures; (ii) precise evaluation of critical criteria, that measure technologies directly as they will be used in actual practical settings; (iii) assessment approaches, based on international best HTA practices that are accurate, in terms of the content and context of the evaluated technology, as well as the expected performance; (iv) high-fidelity priority-setting elements that are evaluation sensitive; and (v) assessments that are sound, unbiased, and transparent – in order to be truly valid for a wide range of technologies, assessments should evaluate them accurately and do so reliably across technology content and context. They should be unbiased and accessible and used in ways that support superior outcomes and higher quality for healthcare systems.

CONCLUSIONS:

The healthcare systems that decide to use this framework should evaluate the set of assessments they select and develop them against the standards required, and should use them in ways for which they have been appropriately validated and in contexts that ensure a transparent evaluation process (3).

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VP95 The Monetary Value Of A Statistical Life Year: A Systematic Review

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INTRODUCTION:

Among economists, there is widespread agreement that the monetary valuation of health gains should reflect the preferences of those who will be affected by resource allocation decisions. In the context of Health Technology Assessments (HTAs), this view implies a need for reliable empirical estimates of the value of statistical life year (VSLY), which should provide a useful point of reference for cost benefit analyses.

METHODS:

We conducted a systematic review of the literature on the economic value of a statistical life (VSL). We searched in the EconBiz and EconLit databases for studies, which reported VSL estimates based on original research and were published between 1995 and 2015. We classified studies by methodology, that is, revealed preference (RP) or stated preference (SP; that is, CV, contingent valuation, or DCE (discrete choice experiment) approach, and by regional origin of data. We transformed VSL estimates into VSLY expressed in year 2014 Euros, using life expectancy tables for the populations studied, a real discount rate of 3 percent, national Consumer Price Indices for inflating, and purchasing power parities for currency conversion. In addition, we calculated ratios of VSLY to gross domestic product (GDP) per capita.

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RESULTS:

Our search yielded 120 studies appropriate for inclusion. From these, we extracted a total of 132 VSL estimates (RP, n = 60; SP, n = 72). The median VSLY was 6.4 times GDP/capita. Transformed into Euro (2014), the median VSLY was EUR165,000 (mean, EUR217,000). We found significant differences by regional source of data (North American, median EUR272,000; European, EUR158,000) and by method (RP, EUR241,000; SP: CV, EUR117,000; DCE, EUR187,000). VSLY estimates were sensitive to discount rate.

CONCLUSIONS:

Our data indicate that VSLY estimates based on empirical data exceed benchmarks commonly used in the context of HTAs. However, inter-study variability, methodological limitations, and normative considerations, all suggest to exercise caution before translating this observation into actual policy.

VP96 Information Flow As Base For Planning Biomedical Technologies In Italy

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INTRODUCTION:

An effective installed medical equipment base management requires an information flow of Biomedical Technologies (BT) providing a common and standardized methodology for data collection and inventories management, representing the knowledge base for the BT assessment and procurement planning.

METHODS:

In a North Region of Italy a standardized methodology for BT regional codification has been defined to univocally identify BT, by classifying health fields and specialities, technological classes, models and manufacturers. Since 2012, an information flow of BT, named FITeB, allows to monitor and follow-up large medical equipment (LME), innovative equipment (IE) and widespread technologies (WT) set up in public settings, through biannual equipment census (1,2). Data about classification, identification, location, age, operating status, way of acquisition, economic value and maintenance have been analytically collected for LME and IE. LME data have been integrated with the information flow for public funding management allocated to regional healthcare buildings through other procedure. The number and economic value of WT have been collected. FITeB data have been used for the Regional planning procedure for medical equipment procurement (3).

RESULTS:

The distribution of BT, their age profile, technological burden and innovative components as well as the overall economic value, have been estimated with FITeB. In 2016, information about 341 LME was collected; LME mean age was 7.4 years with a value of EUR248,353,000. The 293 IE were set up with mean age of 5.9 years and an overall economic value of EUR20,167,000. The WT amounted to 45,263 equipment with a value of EUR843,353,000. Over the years 2014 and 2015, the Public Hospitals and Local Health Authorities (ASRs) submitted 491 BT requests, of which 87 percent were replacement/new acquisition/upgrade, 9 percent innovative acquisition and 4 percent donations.

CONCLUSIONS:

Critical issues can be identified from FITeB indicators representing the basis for BT procurements assessment and definition of strategies of replacement, introduction or relocation of medical equipments in the Region. An integrated information flow, as the case of FITeB, is an useful knowledge tool for appropriate governance, planning and management of BT.

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