

PD52 The Role Of Public Consultation In CONITEC Recommendations Between 2012 And 2020: An Introductory Analysis

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Introduction. Public consultation is a strategy for patient and public involvement (PPI) assured by the National Committee for Health Technology Incorporation in Brazilian Public Health System (CONITEC)'s normative framework. It aims to obtain society's views on the matters under evaluation. It is made available after CONITEC issues an initial recommendation, which will be reviewed in light of society contributions. This paper examines the cases where the final recommendations differed from the initial ones in technology assessments carried out between 2012 and 2020, taking into account the arguments used by the CONITEC Plenary to support the modification. **Methods.** From a total of 361 public consultations referring to the assessment of health technologies carried out by CONITEC between 2012 and 2020, 40 final reports of health technology assessment (HTA) processes that had changes from the initial to the final recommendation were examined. Then, analytical categories were built so that justifications for the change were investigated and the interpretations produced. The empirical approach excluded public consultations regarding clinical protocols and therapeutic guidelines. **Results.** It was observed that, in 39 cases, the change occurred from an unfavorable position to a favorable position for the technology incorporation. The main reasons for changing the plenary's decision were proposals to renegotiate the prices of technologies (that generate changes in the results of economic evaluation and budget impact analysis), the receipt of new evidence and experience, and opinion arguments sent mainly by health professionals. **Conclusions.** The analyzed data has shown that the changes in recommendations are mostly based on the content of contributions which led to changes in the assessment of clinical evidence, economic evaluation and budget impact. Thus, it appears that public consultation has been consolidated as a relevant instrument to inform the deliberative process in HTA in Brazilian Public Health System.

PD53 Improving Patient Involvement In The National Institute For Health And Care Excellence's Appeals Process

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Introduction. Involving patients in the health technology assessment (HTA) lifecycle is a core principle at the National Institute for Health and Care Excellence (NICE) that helps build public confidence in healthcare decision-making. The last stage in this lifecycle is an appeal whereby stakeholders, including patient organizations, can appeal against the HTA committee's decision based on two specific grounds: (i) the committee has failed to act fairly or NICE has exceeded its powers; and (ii) the recommendation is unreasonable considering the evidence submitted to NICE. Improving patient involvement in the appeals process was identified as a key area from consultative work undertaken with patient organizations in 2019.

Methods. In September 2020, surveys were sent to patient organizations for their feedback. The organizations received a survey tailored to their circumstances in relation to the following four outcomes.

- (i) An appeal was lodged that: (a) resulted in an appeal hearing; or (b) did not result in an appeal hearing.
- (ii) An appeal was not lodged but the organization had received: (a) negative guidance; or (b) 'optimized' guidance.

Results. Sixteen responses were received across the four surveys. The key findings in priority order were as follows.

- (i) The legalist nature of appeal hearings is off-putting.
- (ii) The online appeals guide and template letter are not easy to use.
- (iii) Organizations would like more information on appeal hearings and timelines.
- (iv) Organizations would like patient-friendly materials and training on par with the support they receive for other HTA participation.

Conclusions. As a result of these findings, we are iteratively developing materials to support patient organizations, including:

- a glossary;
- a redesigned appeals web page with clearer timelines and a template letter;
- a 'Frequently Asked Questions' document specifically for patient organizations; and
- a video podcast from a lay appeals panel Chair explaining appeals in a patient-friendly way.

We are also including a section on appeals in our introductory training for all patient organizations participating in medicines HTAs.

PD54 Burden Of Disease And Risk Factors Among Children Under 5 Years In China From 1990 To 2019

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Introduction. According to the Healthy China 2030 Plan, children under 5 years is the main focus group to achieve universal health and sustainable development of China. To identify the major threats to

children's health, we analyzed and compared the burden of disease and risk factors among children under 5 years in China and other regions.

Methods. Indicators were gathered from the Global Burden of Disease 2019, which included the standardized rates and risk factors of mortality and DALYs of children under 5 years in China, Western Europe, North America and the world from 1990 to 2019. Paired t-test or Wilcoxon test were used to compare the rates based on gender. A joinpoint regression model was used to analyze the trend, and the Annual Percent of Change (APC) was calculated and statistically tested.

Results. From 1990 to 2019, the all-cause mortality and DALYs of children under 5 years in China decreased from 1 153.81/100 000 to 160.39/100 000 and 104 426.40/100 000 to 16 479.01/100 000, respectively. The top 3 causes of both death and DALYs were neonatal preterm birth, congenital heart anomalies, lower respiratory infections. The top 3 risk factors of both death and DALYs were low birth weight, short gestation, child wasting. Unintentional injuries, behavioral and environmental risks posed greater threats to children compared with other regions. The rates of mortality and DALYs of the top 15 diseases and injuries in boys and girls showed a downward trend ($p < 0.05$), and most of them were higher in boys than girls ($p < 0.05$).

Conclusions. The burden of diseases among children under 5 years in China has decreased significantly from 1990 to 2019. Compared to other regions, it remains to strengthen the prevention and control of preterm birth, birth defects and unintentional injuries, and to adopt targeted gender-specific interventions. Promoting the parenting behavior and multiple social security may also affects children's health status.

PD55 Evidence-Based Practices To Support Well-Being And School Success Of Children And Youth In Out-Of-Home Care

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Introduction. Children and youth in out-of-home care face many challenges regarding their development and general well-being. It is necessary to put in place best practices to support them where they are most vulnerable. Providing recommendations to health and social services for best practices regarding social and academic success interventions, this study puts forward a synthesis method that combines empirical data and the expertise of key practitioners in the context of Quebec social services.

Methods. A systematic review was first undertaken to identify the most effective interventions. Included studies ($n = 31$) were analyzed according to their methodological quality, collaboration processes, and type of care (foster home vs. residential care). To ensure the applicability of the recommendations made in the context of Quebec social services, contextual data, and clinical expertise were collected. Contextual data was gathered through local research reports, administrative data, and government documents. The expertise of multiple

stakeholders was obtained in follow-up committees and semi-structured interviews ($n = 4$). In addition, to ensure their relevance and scope, recommended guidelines were debated in a deliberation committee.

Results. The analysis between expert, contextual and empirical data led to several recommended evidence-based practices. In accordance with expert opinions, experimental and quasi-experimental studies show that various types of collaboration are beneficial for children and youth in out-of-home care. Notably, intersectoral collaborations were warranted in more complex situations (i.e., youth in residential centers), while partnership agreement was sufficient in less complex situations (i.e., children in foster homes). However, even if effective, some interventions are difficult to apply in real life and certain considerations must be taken into account (e.g. confidentiality issues, availability of resources).

Conclusions. Utilizing three sets of data, guidelines have been proposed to help health and social services to identify best practices and promote the academic development of out-of-home care children and youth.

PD56 Conceptual Issues In The Valuation Of Health States In Children

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Introduction. Assessing the cost utility of health technologies for pediatric patients requires robust utility values for child health states, but the methods for valuing these pediatric health states are much less established than those for valuing adult health states. This is partly because the elicitation of preferences for child health states poses many normative, ethical, and practical challenges.

Methods. This presentation examines the conceptual issues in the valuation of health states in children by addressing the following questions.

- (i) Normative theories of health state values: What are we attempting to elicit?
- (ii) Sources of preferences: Whose preferences should we elicit, and from which perspective?
- (iii) Valuation methodologies: How should we elicit preferences?
- (iv) Attaching different values to child and adult health: Is a lack of consistency problematic?

To answer these questions, we used desk research (non-systematic literature reviews) and findings from a two-part workshop held in April 2021. The workshop included 25 participants with expertise in health economics, health state valuation, child health, health technology assessment (HTA) decision-making, and ethics.

Results. We identified a lack of consensus on what is being elicited for both adults and children. Many HTA agencies recommend that the public be involved in utility generation exercises, but some criteria for defining who constitutes a member of the public exclude children. Of the many candidate sample types, perspectives, and methodologies,