

included the process of innovation uptake at the hospital level and its specific flow-chart. In depth interviews and a devoted workshop were performed with personal in INASanté: two physicians (one involved in CPG elaboration and the second in accreditation), three pharmacists (HTA), one nutritionist (HTA), two librarians and other stakeholders, including the Directorate of Hospitals.

RESULTS:

The uptake of innovations in Tunisia does not follow a structured process. In fact, there is no central purchase of medical devices in Tunisia and most medical devices are purchased by hospitals within a tender process in accordance with the Tunisian public procurement law. The main pitfalls are: lack of awareness around innovations that could impact the system, non-structured process of information sharing among the different decision-makers that promotes inequity in access to technologies and services, and lack of explicit criteria that determine decisions around health technologies.

CONCLUSIONS:

Tunisia requires a structured and informed process on decisions around innovation uptake in the healthcare system. The principles that should govern this system are: anticipation of the impact of new health technologies, establishing priorities and criteria for decision making in all places of decision. The decisions should be recorded and publicly shared to avoid inequities in the access to technologies.

VP71 Health Technology Assessment In Japan: Current Issues And Challenges

AUTHORS:

Kaori Kido (1611005@gifu-pu.ac.jp), Naoki Matsumaru, Katsura Tsukamoto

INTRODUCTION:

Japan plans to introduce Health Technology Assessment (HTA) in 2018 after a two-year trial period. Japan currently requires HTA for certain innovative products which may have a large budget impact. Through this trial implementation, the government can examine the criteria of applicable products, the necessary infrastructure to conduct and evaluate HTA, the quality of data content, and localization to meet the current Japanese reimbursement and pricing scheme. However, the pharmaceutical industry in Japan is still puzzled by this introduction. The aim of this study is to visualize the issues and implementation challenges of HTA in Japan through a survey of the pharmaceutical industry.

METHODS:

A semi-structured nineteen-item questionnaire was designed and the survey was conducted through face-to face or phone interviews. Answers were summarized after the interview and confirmed with the respondents via e-mail. The survey focused on pharmaceutical companies which develop new innovative products.

RESULTS:

The differences between Japanese and non-Japanese pharmaceutical companies were observed in terms of HTA staff expertise and experience, the source of HTA data, and relationships with external vendors. Many respondents stated that a sufficient number of HTA professionals in Japan is critical to implement HTA, and raised a concern that the same public experts who are involved in HTA preparation may also review HTA submissions. Although companies are generally pessimistic about HTA for pharmaceutical pricing, they also have some positive views that HTA may be used as an indicator to enable stakeholders to understand product value. Many are unsure about the link between HTA and pharmaceutical prices.

CONCLUSIONS:

If HTA is implemented for an extended number of products, a shortage of experts may cause delays of HTA review and appraisal processes. Consequently, product launch and patient access will be delayed. Practical

timing of HTA review and appraisal after product launch could affect the results of re-pricing.

VP72 Development Trend Analysis On New Health Technology: Based On Euroscan

AUTHORS:

Chongyang Jiang (15211020048@fudan.edu.cn), Ping Zhou, Zhiyuan Xia

INTRODUCTION:

Emerging health technologies (EHT) are important to meet the challenges faced by healthcare systems but a major pressure on health systems as well (1). The International Information Network on New and Emerging Health Technologies (EUROSCAN) is a collaborative network to manage the introduction of EHT and share information on the results of early identification and assessment of EHT (2). This article analyzed the early assessment reports of EHT during 2000–2016 published in the EUROSCAN database (3), in order to reflect the 21st century development trend of the EHT.

METHODS:

The EHT report data was downloaded by researchers from the official website of the EUROSCAN and arranged using Excel 2007. A descriptive analysis on the number and growth rate of EHT, distribution of technology type and specialties, developmental trend of the integrated technologies were conducted with SAS 9.3.

RESULTS:

Health technology early assessment reports (3,151) have been published in the past 17 years, of which drugs had the highest proportion (54.3 percent). Most of new and emerging health technologies were adopted in oncology and radiotherapy (32.2 percent). The average growth rate every 4 years of EHT from 2001 to 2016 was 34.6 percent, the fastest-growing period was between 2005 and 2008 (63.8 percent). Rehabilitation & disability

was the fastest-growing EHT specialty (184.4 percent) and the integrated technologies was the fastest-growing EHT type (64.6 percent).

CONCLUSIONS:

With the objective needs of effective technologies to deal with cancer and chronic disease, as well as the revolution of science, EHT were in the process of vigorous development, especially oncology & radiotherapy technologies. The integrated technologies and the ones applied in multidisciplinary areas have become a new spotlight. Early identification and timely assessment of new and emerging health technologies has aroused wide public concern. It is suggested to establish an Early Awareness and Alert System in China.

REFERENCES:

1. Banta HD, Gelijns AC. The future and health care technology: implications of a system for early identification. *World health statistics quarterly Rapport trimestriel de statistiques sanitaires mondiales* 1994;47(3-4):140-148.
2. Robert G, Stevens A, Gabbay J. Identifying and filling gaps in the evidence. In: *The advanced handbook of methods in evidence based health care*. Editors: Stevens A, Abrams K, Brazier J, et al. London: Sage Publications;2001.
3. EUROSCAN international network[OL]. <http://euroscan.org.uk>

VP74 Russian System Of Medicines Provision: Status And Future Aspects

AUTHORS:

Vladimir Babiy, Roza Yagudina (yagudina@inbox.ru), Andrey Kulikov

INTRODUCTION:

Russian system of medicines provision is one of the biggest in the world. It covers 85 regions, around 17.1