

OD45 Evaluating Quality In Health Economics: Quality Appraisal Checklist For Systematic Reviews Of Studies Eliciting Health State Utility Values

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Introduction: The reliability of cost–utility analyses depends on the quality of health state utility values (HSUVs). Given the increasing number of studies eliciting HSUVs, systematic reviews (SRs) are vital to economic evaluations. Nevertheless, a universally acceptable quality appraisal (QA) tool specific to the SRs of HSUV studies is lacking—this study aimed to develop one and fill this gap.

Methods: We employed a mixed-method approach, starting with a rapid review to identify QA dimensions, QA items, and terminology in the SRs of HSUV-eliciting studies. This informed a modified Delphi process with a seven-member international expert panel, aiming to define key terms, refine the QA tool dimensions, and establish relevant signaling questions. The experts participated in two anonymous online survey rounds interspersed with structured feedback, enabling iterative refinement of their views. Following these surveys, a virtual face-to-face meeting was held to resolve outstanding issues. Consensus was defined a priori at all stages of the modified Delphi process.

Results: The rapid review identified three QA dimensions and 16 initial items, noting the diverse terminologies in defining QA. Response rates to the first- and second-round questionnaires and the virtual consensus meeting were 100, 86, and 71 percent, leading to a consensus on the definitions of scientific quality, QA, the three QA dimensions (reporting, methodological limitation, and risk of bias and relevance), and scope of the QA tool. The number of QA items was refined to 14: all relevant to reporting, six to relevance, and 11 to methodological limitations and bias risk dimensions. The QA tool underscores distinct evaluations for each dimension.

Conclusions: We present the first version of a QA checklist designed to provide SR authors with a tool to appraise the quality of HSUV-eliciting studies comprehensively. The QA tool aims to (i) facilitate QA in SRs of HSUV elicitation studies, (ii) promote consistency in the appraisal process, and (iii) emphasize the importance of differentiating between reporting quality, methodology, and relevance.

OD46 Inequalities In Dementia: Identifying Instruments For Measurement

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Introduction: Despite dementia being the seventh leading cause of death globally, there is relatively little discussion of the presence and impact of inequalities in this context. We explore ways to quantify the magnitude and variation over time of inequalities related to people living with dementia (PLWD) and their informal carers.

Methods: We conducted a targeted literature review to identify inequalities faced by PLWD and their informal carers regarding their access to and experience of health and social care in England, Wales, and Northern Ireland. We selected four of the identified inequalities as case studies (CS) to explore data and methods that can be used to measure and monitor progress to tackle them. The CS considered were: (CS1) timely diagnosis in rural areas; (CS2) financial pressures for informal carers; (CS3) timely diagnosis in deprived areas; and (CS4) diagnosis rates for ethnic minority groups. We use data from 2018 to 2023 in England.

Results: We identified 110 inequalities for PLWD and 28 inequalities for carers. For CS1, we proposed two measures: the “rurality gap” (gap in diagnosis rates between the most and least rural areas) and the “concentration index” (the extent to which diagnosis rates are distributed disproportionately between less or more rural areas). The rurality gap suggests that diagnosis rates are five to eight percent lower in rural areas in England. The concentration index supports this finding. CS2 shows that 41 percent of informal carers experience financial difficulties. Due to insufficient data, it was not possible to construct robust measures for CS3 and CS4.

Conclusions: Many inequalities for PLWD and their informal carers are reported in the literature. Our CS highlight the need to improve methods and data to measure a set of inequalities, including those to calculate dementia prevalence and measure timely diagnosis. Better data is crucial now to inform value assessment of the upcoming Alzheimer’s disease treatments and avoid exacerbating existing inequalities.

OD48 Improving Public Understanding Of Health Technology Assessment Decisions

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Introduction: Since 2018, the Scottish Medicines Consortium (SMC) has published a plain English summary for each health technology