

involvement procedure, as some important POs were not initially represented by the umbrella organization.

---

## OP83 Value Assessment Framework: Evidence-Informed Deliberative Processes

### AUTHORS:

Marcia Tummers ([Marcia.Tummers@radboudumc.nl](mailto:Marcia.Tummers@radboudumc.nl)), Rob Baltussen, Maarten Jansen, Leon Bijlmakers, Janneke Grutters, Anouck Kluytmans, Rob Reuzel, Gert Jan van der Wilt

### INTRODUCTION:

Priority setting in health care has been long recognized as an intrinsically complex and value-laden process. Yet, Health Technology Assessment (HTA) agencies presently employ value assessment frameworks that are ill-fitted to capture the range and diversity of stakeholder values, and thereby risk to compromise the legitimacy of their recommendations. We propose 'evidence-informed deliberative processes' as an alternative framework with the aim to enhance this legitimacy.

### METHODS:

The framework is based on an integration of two increasingly popular and complementary frameworks for priority setting: multi-criteria decision analysis (MCDA) and accountability for reasonableness (A4R). Evidence-informed deliberative processes are, on the one hand, based on early, continued stakeholder deliberation to learn about the importance of relevant social values. On the other hand, they are based on rational decision-making – through evidence-informed evaluation of the identified values.

### RESULTS:

The framework has important implications for how HTA agencies should ideally organize their processes. Firstly, HTA agencies should take the responsibility to organize stakeholder involvement. Second, agencies are advised to integrate their assessment and appraisal phase,

allowing for the timely collection of evidence on values that are considered relevant. Third, HTA agencies should subject their specification of decision-making criteria to public scrutiny. Fourth, agencies are advised to use a checklist of potentially relevant criteria, and to provide argumentation how each criterion affected the recommendation. Fifth, HTA agencies must publish their argumentation and install options for appeal.

### CONCLUSIONS:

Adopting 'evidence-informed deliberative processes' as a value assessment framework could be an important step forward for HTA agencies to optimize the legitimacy of their priority setting decisions. Agencies can incorporate elements according to their needs and affordances.

---

## OP85 Value To Society Of A Nationwide Patient Blood Management Program

### AUTHORS:

Dialina Brillhante, António Robalo Nunes, Cândida Fonseca, João Mairos, Jorge Félix ([jorge.felix@exigoconsultores.com](mailto:jorge.felix@exigoconsultores.com)), Mafalda Gonçalves, Melina Mota, Diana Ferreira, César Ferreira, Valeska Andreozzi, Björn Vandewalle, Sara Rabiais

### INTRODUCTION:

Patient Blood Management (PBM) describes a multidisciplinary approach that strives to optimize patients own blood and has been reported to reduce blood components utilization while achieving improved patient outcomes and reduced healthcare costs. The aim of this study was to evaluate the public health and economic impact related to the implementation of a nationwide PBM program in Portugal.

### METHODS:

A decision-model comparing two scenarios ("current clinical practice" and "with PBM implementation") was used to estimate the PBM impact including

hospital-assisted patients from the following therapeutic areas: surgery (orthopaedic, cardiac and urologic), cardiology, oncology, gastrointestinal bleeding, abnormal uterine bleeding, hemodialysis, inflammatory bowel disease and pregnancy. Model inputs were obtained from Portuguese national health databases and literature review. The public health impact was measured in life years (LY) gained, disability-adjusted life years (DALY) reduction, hospital length of stay (LOS) and 30-day readmission rate reduction. The economic value was expressed in total and hospitalization costs savings.

### RESULTS:

A total of 384,704 patients were eligible for PBM strategies. We estimated that a one year nationwide PBM implementation could avoid 594 premature deaths, representing a gain of 1,481 LY and a reduction of 3,660 DALYs relative to the current paradigm. An 8.4 percent and 37.3 percent reduction in length of stay and 30-day readmission rate are expected, respectively. This corresponds to EUR70.4 million savings in hospitalization costs. Although PBM closer monitoring would imply additional physician visits and medicines use, leading to EUR24.1 million in additional expenditure, in this population the overall PBM implementation can generate net savings of more than EUR67.7 million per year (6.3 percent reduction of public expenditure).

### CONCLUSIONS:

The implementation of a nationwide PBM in Portugal may represent a great public health impact, especially in decreased mortality and disability, with substantial public expenditure reduction.

.....

## OP86 Identifying Surgical Procedures Of Low Or No-Added Value In Spain

### AUTHORS:

Nora Ibarгойen-Roteta, Leonor Varela-Lema, Iñaki Gutiérrez-Ibarluzea ([osteba7-san@euskadi.eus](mailto:osteba7-san@euskadi.eus)), Gaizka Benguria-Arrate, Elena Baños, Gerardo Atienza-Merino, Iñaki Martin, Beatriz Valentin, Patricia Gavin, Anna Kotzeva, Sandra Garcia-Armesto

### INTRODUCTION:

There is an increasing interest in divesting activities, giving rise to several initiatives both academic and governmental to identify and address one of the problems of health systems. In 2013 the Spanish Atlas of Variability in Clinical Practice (VPM) in collaboration with the Spanish Network of Health Technology Assessment (HTA) Agencies started a project with the purpose of providing elements to support a national strategy aimed at minimizing the use of doubtful procedures in the Spanish National Health System (1).

### METHODS:

The identification, selection and definition of low added value procedures and the determination of the most cost-effective alternatives were carried out jointly between the AtlasVPM group and the HTA agencies of Andalusia (AETSA), Catalonia (AQUAS), Galicia (Avalia-t), Basque Country (Osteba), Madrid (UETS) and Aragon (IACS). The process consisted of the following phases: (i) Literature review; (ii) Preliminary list of procedures of dubious value; (iii) Analysis of feasibility and construction of the indicators (variability); and (iv) Empirical validation of the defined indicators. Different lists and sources of evidence were used to identify the procedures and evidence that support their low-value.

### RESULTS:

The synthesis of the evidence gave rise to an initial list of fifty-nine procedures of doubtful value that could be classified as: obsolete or outdated procedures in comparison to more effective / cost-effective alternatives (n = 31), procedures of doubtful value