

## PP114 The Influence Of Implicit Factors On The Health Technology Assessment Deliberative Process: A Survey In Five European Countries

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**Introduction.** Implicit factors can be defined as any criteria that play a role in the health technology assessment (HTA) deliberative process but are not part of the HTA framework. To date, very few studies have explored the influence of implicit factors on this process. This survey of HTA experts in five European countries aimed to analyze the influence of implicit factors on the HTA deliberative process.

**Methods.** Semi-structured interviews with 20 HTA experts from five European countries (France, Germany, Italy, Spain, and the United Kingdom) were conducted from February to May 2021. The main topics of the interviews were: the HTA deliberative process; the degree of influence on the HTA deliberative process of a set of factors previously identified in a systematic literature review performed by the authors; and recommendations for improving the deliberative process.

**Results.** All but two of the experts concurred that implicit factors played a role in the deliberative process. German experts considered that the factors explored had a low influence on the process. Burden of disease and unmet need scored highest, followed by the professional experience of the people involved in the HTA deliberative process. To improve the deliberative process, experts suggested expanding the external stakeholder perspective (i.e., including patients, the pharmaceutical industry, and the public), increasing transparency when revealing implicit factors, and implementing a methodology to mitigate the influence of implicit factors.

**Conclusions.** Our survey indicates a need to increase external involvement in the process and to develop a methodology for unmasking the implicit factors in the deliberative process. This may be achieved by either updating the current frameworks to include these implicit factors or by developing new methods to address them. Further research may explore approaches to acknowledge the implicit factors in the HTA deliberative process in a systematic manner.

## PP115 Analysis Of Previous Joint Clinical Assessment And Potential Transferability To Four European Countries: Case Study And Conceptual Approach

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**Introduction.** The European Network for Health Technology Assessment (EUnetHTA) has led together, with member states, several joint actions, including Joint Clinical Assessments (JCA), under the form of project-based voluntary cooperation, which outputs and transferability of those projects in other European countries remains somehow limited. In June 2021, the European Council has reached an agreement on the European Health Technology Assessment (HTA) regulation, which is entering into force gradually. Initially limited to oncology products, then extended to orphan/advanced therapy, and after a five to eight-year additional period, it will apply to all centrally approved products. The JCA will consist of a focused scientific analysis on relative effectiveness assessment, including the health condition, technology description, clinical effectiveness, and safety. These analyses will also include information relating to the degree of certainty. We consider that the evidence appraisal might have limitations, and transferability would not be generalizable. We aim to determine the potential drivers and barriers for HTA transferability in EU4, employing the analysis of a case example where JCA was conducted.

**Methods.** Employing an oncology JCA, we will compare an HTA analysis conducted in EU4 countries (Germany, France, Italy, and Spain). Overview and background information on countries involved in the JCA, and EU4 HTA system will be provided, followed by HTA outcome and main evidence requirements, reimbursement outcome, and pricing agreements.

**Results.** Study results supporting HTA outcomes may focus on the population assessed, the comparator considered, and uncertainty management. A conceptual adaptation about the scope of the EU JCA regulation will be discussed, to understand its potential advantages to individual HTAs in Europe and remaining gaps to effectively inform HTA or decision-making process.

**Conclusions.** The analysis of pricing and reimbursement outcomes can further help understand potential barriers and drivers for JCA transferability and potential areas of evidence generation requirements.

## PP117 Larger Impact Of An Appropriate Care Program By Involving Healthcare Professionals: A Case Report On Cervical Pre-malignancy

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**Introduction.** Appropriate care programs differ in the way and the extent to which they involve or collaborate with stakeholders. Here we describe the collaboration of two national appropriate care programs with gynecologists to improve the curative care of women with cervical intraepithelial neoplasia (CIN), a cervical pre-malignancy.

**Methods.** The present case report describes the collaboration based on project documentation.

**Results.** The Appropriate Care program from the Dutch National Health Care Institute performs a systematic cyclic health technology

assessment to examine the degree to which care in the insured package is provided to patients. The full cycle consists of four phases: screening, in-depth analysis, implementation, and evaluation. The results of the in-depth analysis are discussed with the stakeholders. This is followed by written agreements on multiple actions to improve healthcare from the patient perspective. For CIN these actions encompass improvements in a top-down fashion; for example, by updating guidelines to eliminate unwanted practice variation and creating tools for shared decision-making. These actions were supplemented by the development of audit and feedback information on a national and local level. The development was supported by a second national appropriate care program, Healthcare Evaluation and Appropriate Use. The results of the first production run of the audit and feedback information were disseminated by the Dutch Society of Obstetrics and Gynaecology and more than 50 healthcare institutions. This information was used to prioritize modular guideline updates and helped pinpoint the main areas of improvement of individual healthcare institutions. A future production run of audit and feedback information will facilitate the Plan-Do-Check-Act cycle on a local and national level.

**Conclusions.** In the case we present, the collaboration between appropriate care programs and healthcare professionals led to a synergy between top-down (updating and disseminating guidelines and tools for shared decision-making) and bottom-up (learning from audit and feedback information) activities to improve curative care for women with CIN.

## PP118 Cyclic Mental Health Technology Assessment with Priority Setting And Involving Stakeholders - A Case Report From The Netherlands

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**Introduction.** For almost ten years a cyclic appropriate care program has been in place in The Netherlands, known as Zinnige Zorg. The program spanned the full International Classification of Diseases (10<sup>th</sup> Edition). In 2016 a project on mental health was started. A full cycle consisted of four phases: screening (including priority setting), in-depth analysis, implementation and evaluation. During the in-depth analysis phase, the mental health practice as it was provided was compared to the advice in the guidelines. The mental health project is now in the implementation phase. Professionals, mental healthcare institutions, health insurers and patients are now collaborating to reach the goals that have been set at the closure of the analysis phase.

**Methods.** Project documentation was analysed to describe the way stakeholders were involved in priority setting as well as their subsequent involvement in implementation of appropriate care actions.

**Results.** The present case report describes two factors that are important in engaging stakeholders:

(i) Priority setting started with interviews with different stakeholders. This led to a selection of 9 themes for investigating appropriate care.

(ii) For these themes stakeholders formulated 45 issues, together with their consequences for mental health patients, without formulating solutions. If necessary they were reformulated as: [group of patients x] experiences [bottleneck y in mental healthcare], this leads to the patients [negative consequence z]. Next, 9 issues were prioritized and 4 selected, with input from the stakeholders.

Finally, two diseases were selected for which the issues were investigated in depth. This focus enables development of specific implementation steps and evaluation of their effects.

**Conclusions.** Currently, stakeholders are collaborating in a constructive manner in the implementation phase of this cyclic appropriate care program to improve mental health care for patients experiencing psychosis or post-traumatic stress disorder. Important characteristic of the process that might have supported the present collaborative effort in implementation were (i) early involvement of the stakeholders and (ii) an orientation on problems experienced by patients in the priority setting phase.

## PP119 Results And Lessons Learned From The Cyclic Appropriate Care Program From National Health Care Institute Of The Netherlands

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**Introduction.** Since 2013, the National Health Care Institute in the Netherlands has systematically analyzed the appropriateness of care provided under public health insurance. Here we present the method used, the results up to now, and what we have learned from it.

**Methods.** The appropriate care program consists of four phases: screening, in-depth analysis, implementation, and evaluation. Stakeholder involvement is a central part of the process. For every ICD-10 area, a screening took place to select care trajectories for in-depth analysis with a potential for wiser choices and more appropriate care. The in-depth analysis indicates which improvements can be made to reach more appropriate care, by assessing guideline adherence. During the implementation phase, which is primarily carried out by clinicians, patients and health insurers, actions are taken to improve care on the identified points. In the evaluation phase, we examine to what extent improvements have been achieved.

**Results.** Currently, all ICD-10 areas have been screened and 29 selected care trajectories have been subjected to in-depth analyses. The analyses resulted in the identification of more than a hundred areas for potential improvement of the appropriateness of care. For most topics implementation of changes is currently taking place. The four most important impact-enhancing lessons learned by applying the working method are: (i) ICD-10 areas as a starting point for screening are not the most efficient method to reach the biggest impact. (ii) The screening should take a societal perspective. (iii) All public and private parties involved should fulfill their role