OP56 Hospital-Based Health Technology Assessment: Barriers And Facilitators In France, Hungary, Italy, Kazakhstan, Poland, Switzerland, And Ukraine

Rossella Di Bidino (rossella.dibidino@policlinicogemelli.it), Iga Lipska, Monika Kukla, Bertalan Nemeth and Rok Hren

Introduction: The adoption and development of health technology assessment (HTA) in the hospital setting (HB-HTA) differs among countries, but in all cases, it encounters barriers and facilitators. An analysis was conducted to promote international cooperation to develop strategies both to enforce common facilitators and overcome common barriers. HTA specialists from seven countries (at least two per country) contribute to the study.
Methods: HTA experts from countries in Western Europe (three), Central and Eastern Europe (three), and Central Asia (one) voluntarily participated in the project. They provided a description of the scenario that HB-HTA faces in their country, then a two-round Delphi study was conducted. The survey was based on twelve statements that were categorized into external and internal barriers and external and internal facilitators. Next, panel experts ranked statements on a seven-point Likert scale with a median agreement score greater than or equal to six and an interquartile range (IQR) greater than or equal to one accepted as reaching consensus. The goal was to identify similarities and differences in the HB-HTA scenarios among countries.
Results: Fifteen experts from France, Hungary, Italy, Kazakhstan, Poland, Switzerland, and Ukraine contributed to the analysis. Among the twelve statements, six were ranked as reaching consensus (two barriers, four facilitators). One external and one internal barrier, which reached consensus, were (i) lack of formal recognition of the role of HB-HTA in national/regional legislations and (ii) limited human resources. Two external facilitators were (iii) creation of a network among hospitals performing HB-HTA and (iv) dissemination of HB-HTA methods and activities, while two internal facilitators were (v) top hospital management support in evidence-based decision-making and (vi) training initiatives dedicated to HB-HTA.
Conclusions: The analysis showed a consensus on the barriers and facilitators for HB-HTA. This creates the opportunity for internationally developed strategies to enforce facilitators and support the adoption and sustainability of HB-HTA. Future research should extend the analysis to other countries and include the results of the HB-HTA survey conducted in 2023 by the HB-HTA Interest Group.

OP57 Comparing Institute For Clinical And Economic Review Comparative Effectiveness Assessments And Federal Joint Committee Added Benefit Assessments

Michael J. DiStefano (michael.j.distefano@cuanschutz.edu), Steven D. Pearson, David M. Rind and Antal Zemplenyi

Introduction: We compared the Institute for Clinical and Economic Review's (ICER) ratings of comparative clinical effectiveness with the German Federal Joint Committee's (G-BA) added benefit ratings, and explored what factors, including the evidence base, may explain disagreement between the two organizations.
Methods: Drugs were included if they were assessed by ICER under its 2020–2023 Value Assessment Framework and had a corresponding assessment by G-BA as of March 2023 for the same indication, patient population, and comparator drug. To compare assessments, we modified ICER's proposed crosswalk between G-BA and ICER benefit ratings to account for G-BA's extent and certainty ratings. We also determined whether each assessment pair was based on similar or dissimilar evidence. Assessment pairs exhibiting disagreement based on the modified crosswalk despite a similar evidence base were qualitatively analyzed to identify reasons for disagreement.
Results: We identified 15 assessment pairs and seven out of fifteen were based on similar evidence. G-BA and ICER assessments disagreed for each of these drugs. For 4/7 drugs, G-BA (but not ICER) determined the evidence was unsuitable for assessment: for 2/4 drugs, G-BA concluded the key trials did not appropriately assess the comparator therapy; for 1/4, G-BA did not accept results of a before-and-after study due to non-comparable study settings; for 1/4, G-BA determined follow-up in the key trial was too short. Among assessment pairs where both organizations assessed the evidence, reasons for disagreement included concerns about long-term safety, generalizability, and study design.
Conclusions: This study underscores the role of value judgments within assessments of clinical effectiveness. These judgments are not always transparently presented in assessment summaries. The lack of clarity regarding these value-based decisions underscores the need for improvements in transparency and communication, which are essential for promoting a more robust health technology assessment process and supporting transferability of assessments across jurisdictions.

https://doi.org/10.1017/S0266462324001181