CONCLUSIONS:

Early engagement and co-production are crucial in developing an approach to deprescribing in care homes. The combination of stakeholder involvement and qualitative research is important for developing an effective, contextually relevant intervention as the balance between interests can be incorporated into the approach. Leveraging the experience in other countries is a novel and valuable step.

PP103 Early Decision Support In Innovative Procurement

AUTHORS:

Linn Nathalie Stome (linast@ous-hf.no), Kari Hengebol, Kristian Kidholm, Kari Kvaerner

INTRODUCTION:

Procurement is one tool for the public sector to acquire need-based, innovative and effective solutions. To succeed in purchasing services that succeed in improving patients' outcomes and optimize cost of care, the process must be accompanied with tools for early decisional support. Documenting the effects of healthcare innovation is therefore fundamental when dealing with prioritizing adequate technology. The aim of the present study was to review the literature to identify early assessment methodology applicable to innovative procurement processes.

METHODS:

A scoping review was performed in January and February 2017 with the objective of selecting literature reporting on early assessment of health innovation. Methods for early assessment of health innovation were identified with the aim of investigating whether the methods change depending on where in the innovation process (development, introduction, and early diffusion) they are applied, and if the literature pointed to dominant methods. Next, critical elements of the innovative procurement process were identified, and methods relevant to the need-based phase of procurement were assessed.

RESULTS:

In total 1064 articles met the search strategy. Based on predefined inclusion and exclusion criteria, thirty-nine articles were included in the study. When viewed in the light of innovative procurement, stakeholder insight was an important source of data in early assessment of potential benefits of health innovation. Such data can be applied in scenario analyses to provide necessary outcome overviews and to direct and accelerate the procurement process. Further, various simulation and analysis methods may be used in new ways to increase the impact of the scarce availability of data in early innovation phase.

CONCLUSIONS:

The present review identified tools for early decisional support that address risks and step-wise healthcare management support. Information based on the present review will also be addressed in Panel 26 "Accelerating Value Based Health Care with Innovative Procurement and Early Decisional Support"

PP105 Applying Horizon Scanning To Decision Making: The Case of Tafamidis

AUTHORS:

Pollyanna Teresa Cirilo Gomes (pollyanna.gomes@saude.gov.br), Andrea Brígida de Souza, Artur Felipe de Brito

INTRODUCTION:

Horizon scanning (HS) is an important tool for guiding health policy formulation and the decision-making process in Brazil. In 2016, the Ministry of Health started to draft Brazilian clinical practice guidelines for transthyretin familial amyloid polyneuropathy (TTR-FAP), which is a rare disease caused by a mutation of the transthyretin gene. An initial HS report was conducted that provided information about new and emerging technologies for TTR-FAP. The HS identified five drugs that were based on two mechanisms of action: transthyretin stabilization (diflunisal, tafamidis, and tolcapone) and gene silencing (ALN-TTR02 and ISIS-TTR-Rx). At that time in Brazil there were no drugs registered for the treatment of TTR-FAP. However, a few months later tafamidis was licensed in Brazil. In early 2017 the manufacturer submitted an application to the National Committee for Health Technology Incorporation (CONITEC), with the aim of incorporating tafamidis into the Brazilian health system. As a result the HS report was updated to support the

https://doi.org/10.1017/S0266462318002465 Published online by Cambridge University Press

assessment by CONITEC. This study aims to show how HS is being used to support CONITEC in this issue.

METHODS:

As per the EuroScan toolkit, we performed a reassessment of the technologies included in the initial HS report. We searched clinical trial registers, the websites of pharmaceutical companies, conference proceedings, scientific journals, HS databases, and regulatory websites for further information. The data were synthesized and a reformulated landscape of the technological environment for TTR-FAP therapy was presented to the CONITEC Plenary.

RESULTS:

The main difference between the initial and final HS output was that tafamidis was approved for use in Brazil, making it the only registered drug for TTR-FAP. Another difference was related to the start of a new clinical trial with diflunisal for TTR-FAP, indicating that this drug could be a potential competitor for tafamidis. It was also possible to add published positive results from a clinical trial with ISIS-TTR-Rx, which were unavailable when the first report was written. Beyond that, it appears that there are two promising gene silencers on the horizon that could represent potential competitors for tafamidis.

CONCLUSIONS:

The analysis of tafamidis for incorporation into the Brazilian health system is ongoing, but HS was able to deliver strategic information that could affect the final recommendation of CONITEC.

PP108 Novel Approaches For Fair And Reasonable Value-Based Recommendations

AUTHORS:

Geneviève Plamondon (genevieve.plamondon@inesss.qc.ca), Yannick Auclair, Michèle de Guise, Sara Beha, Sylvie Arbour, Mireille Goetghebeur, Nathalie Jobin, Julie Nieminen

INTRODUCTION:

Stakeholders from the innovation field in Québec (Canada) have collectively stressed the need to formalize the process for evaluating innovative technologies in the province. In the context of innovation, and more so for non-pharmaceutical technologies where the pace of development is rapid and the lifecycle short, evidence supporting the added value can be limited and uncertainties are common. Therefore, pragmatic approaches are needed to guide recommendations and to assure that the process is rigorous, transparent and fair.

METHODS:

Inspired by international experiences, the Institut national d'excellence en santé et services sociaux (INESSS) has developed a novel framework, where four types of recommendations are possible (introduction, refusal, limited or conditional introduction). The starting point is an evaluation of the technology's added value, for the patient, the population and the healthcare system, and the identification of uncertainties. The value of addressing uncertainty with further research is assessed, based on the value-of-information theory, and the distinct characteristics of medical devices are taken into account (e.g. learning curve effect, irrecoverable costs and incremental innovation). Those elements interact to support the formulation of recommendations by INESSS' advisory committee.

RESULTS:

The development of the framework was an iterative process supported by the use of the preliminary framework for the assessment of several innovative technologies. Challenges with its use were identified, and led to methodological and operational improvements. So far, the experience with the framework is positive and stakeholders confirm its relevance to support fair and reasonable recommendations for innovations.

CONCLUSIONS:

In the rapidly changing landscape of innovation, HTA has to adapt to the challenges of assessing technologies in a context of promise and uncertainties. The framework developed by INESSS is a tool for supporting timely and fair value-based decision-making, which will benefit the healthcare system, and the patients and population it serves.

https://doi.org/10.1017/S0266462318002465 Published online by Cambridge University Press