

Of these reviews, eight were reconsiderations of drugs previously funded through the old CDF; the rest were new reviews. Only one drug evaluated in the reconsiderations received a negative decision. All the reconsiderations included confidential manufacturer discounts and all noted updated clinical data. End of life (EOL) criteria expanded the acceptable incremental cost-effectiveness ratio (ICER) range for some of the CDF reconsiderations.

### CONCLUSIONS:

All the reconsiderations included updated clinical data and analyses, though it does not appear that updated clinical data were sufficient to bring ICERs to acceptable levels. This is to be expected as the old CDF process served as an alternate funding source for many drugs that did not or were unlikely to fare well under NICE's evaluations. The updated clinical data may have at least increased NICE's confidence in the accuracy of the ICERs. All of the reconsiderations included confidential manufacturer discounts to reach acceptable ICER ranges. The results of this first round of reconsiderations suggest that manufacturers prefer offering their drugs at lower prices to potentially losing National Health Service (NHS) reimbursement entirely.

### REFERENCES:

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## OP04 Lessons Learnt When Implementing A Health Technology Assessment Institution In Costa Rica

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### INTRODUCTION:

Faced with increasing financial challenges to the single-payer social security system and constitutional challenges supporting all citizen's right to health, Costa Rica has endeavored to introduce Health Technology Assessment (HTA) to ensure sustainability and promote the timely introduction of technology innovations in the health system. The Ministry of Health initiated a process to establish an independent, external institution providing leadership in the process of HTA.

### METHODS:

Based on a survey developed by REDETSA/PAHO (HTA Network of the Americas/Pan American Health Organization), an inclusive method of stakeholders participation was used to analyze the strengths, weaknesses, opportunities and threats regarding the implementation of an HTA entity. This was combined with qualitative research methods, market access situation analysis and the review of coverage and provision processes to define the elements for the new HTA institution. The "in-depth" interviews extended to manufacturers, ministry representatives, services providers, purchasers, patients and citizens representatives, judiciary court, professional colleges, academia and non-governmental organizations (NGOs). Analysis of the professional competencies required for the HTA institution was carried out based on best practice analysis of international HTA institutions.

### RESULTS:

The implementation of an HTA unit in Costa Rica was identified by all the actors as crucial to ensuring the

health system's sustainability. Costa Rica's health system is based on all citizens right to health and all inputs required delivering health services, judicialization and access to health care have become a big issue. Two main issues were identified as essential to implement an HTA institution: the establishment of a clear framework to provide legal and financial support and the need to have sufficient independence from the Ministry and the Social Security, including maximum transparency and methodological robustness.

### CONCLUSIONS:

The business model for the new HTA institution should consider the participation of all the interested actors. The HTA institution should bridge the gap between technology regulation and health technology management and aim to improve both processes. It should also provide third party independent evidence to inform the constitutional court around health care claims.

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## OP06 Past Speculations Of Future Health Technologies: What Did They Predict?

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### INTRODUCTION:

Rapid technological innovation is leading to new health technologies and interventions becoming available to healthcare markets at increasing speed; these often cost more than current alternatives and significantly affect the cost of healthcare services and delivery (1). Identifying future technologies supports service preparedness, long-term planning, and strategic decision making. The aim of this study was to describe and classify health technologies predicted in fifteen forecasting studies according to their type, purpose and clinical use, and relate these to the original purpose and timing of the forecasting studies.

### METHODS:

This was a descriptive study of predicted healthcare technologies identified in fifteen forecasting studies included in a previously published systematic review (2). Outcomes related to (i) each forecast study including country, year, intent and forecasting methods used, and (ii) the predicted technology type, purpose, targeted clinical area and forecast timeframe.

### RESULTS:

We identified 896 predicted health-related topics, of which 685 were health technologies. Of these, 19.1 percent were diagnostic or imaging tests and 14.3 percent devices or biomaterials; 38.1 percent were intended to treat or manage disease and 21.6 percent to diagnose or monitor disease. The most frequent targeted clinical areas were infectious diseases followed by cancer, circulatory and nervous system disorders. The mean timeframe for technology forecast was 11.6 years (Standard Deviation, SD = 6.6). The forecasting timeframe significantly differed by technology type ( $p = .002$ ), the intent of the forecasting group ( $p < .0001$ ), and the methods used ( $p < .0001$ ).

### CONCLUSIONS:

Our description and classification of predicted health-related technologies from prior forecasting studies provides an overview of the technological and clinical frontiers of innovation in health and healthcare provision.

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