Conclusions. HTA can play a pivotal role in equipping policy makers and public health payers to make appropriate decisions for healthcare budget allocations when mapped with the true disease burden of the population. It is important to highlight negative results and to create a national repository of HTA studies to facilitate faster adoption of best practices in India.

OP145 Review Of eHealth Interventions For Improving Primary Healthcare In Low-Middle Income Countries

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Introduction. Web-based and mobile health interventions, also called eHealth, have significant potential to deliver cost effective, quality health care. The present review maps common eHealth technology solutions for primary healthcare by evaluating their safety, efficacy, and effectiveness, and the challenges associated with their implementation in low-middle income countries (LMIC) in the last ten years.

Methods. A search of various electronic database was conducted, including PubMed, Scopus, and PsycINFO, to identify articles published between 2009 and 2019 that focused on the implementation of eHealth in the primary healthcare setting across LMICs. A total of 450 articles were screened and thirty-nine relevant articles were selected for review.

Results. The thirty-nine included studies were classified into the following four categories: (i) assessment of intervention effects (n = 26); (ii) cost-benefit analysis (n = 4); (iii) systematic review (n = 5); and (iv) conceptual exploration of eHealth interventions (n = 4). The eHealth studies covered three domains: (i) non-communicable diseases; (ii) reproductive, maternal, newborn, and child health; and (iii) other health issues. The included eHealth technologies comprised mobile health (n = 27), telemedicine (n = 10), and information and communication technology (n = 2).

Conclusions. The majority of studies assessed eHealth technologies based on the following eight dimensions: safety, clinical effectiveness, technical aspects, acceptability, cost, ethical aspects, adaptability to local needs, and scalability. However, evidence on safety, cost effectiveness, and scalability were limited. The main implementation challenges identified were technology development and maintenance costs, the need for trained human resources, and acceptability among users. The methodologies and assessment frameworks of the studies were heterogeneous in nature, highlighting the need for a robust, standardized, and comprehensive framework for assessing eHealth technologies.

OP178 Assessing Digitally Enabled Therapies: Challenges And Opportunities

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Introduction. In 2017, the National Institute for Health and Care Excellence (NICE) and the National Health Service England established a program to identify Digitally Enabled Therapies (DET) that increase access to Improving Access to Psychological Therapies (IAPT) services. The aim was to determine whether DETs could improve service efficiency, and whether outcomes are at least as good as those achieved by NICE-recommended non-digital therapies.

Methods. An IAPT assessment briefing (IAB) was developed for each eligible DET. IABs included an assessment of content, technical standards, clinical effectiveness, and cost and resource impact. IABs were reviewed by the NICE IAPT expert panel to decide whether a DET is suitable for evaluation in IAPT services, needs further development, or is not suitable. Suitable DETs were evaluated for up to two years.

Results. Of 154 DETs reviewed by the program, fourteen had IAB assessments. The high dropout rate was due to ineligible products or developer withdrawal. Of the fourteen IABs, five were recommended for evaluation, one was recommended for development, and eight were not recommended.

Conclusions. DETs can provide an alternative for patients who may not be able to access treatment. When establishing programs to review DETs, centers must consider the quality of the products submitted and, where necessary, make pragmatic decisions about assessment criteria.

OP179 Nationwide Electroencephalographic Screening Using Telemedicine Apps

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Introduction. Disruptive telemedicine tools can help overcome the lack of specialized care and electroencephalographic (EEG) support for diagnosing and treating nervous system disorders such as epilepsy in remote communities. However, evidence on how such cloud-based platforms could enhance data-driven health care is limited. The utility of telemedicine-based apps to achieve EEG screening of communities in rural areas of Paraguay was investigated.

Methods. This descriptive study was carried out by the Telemedicine Unit of the Ministry of Public Health in collaboration with the Department of Biomedical Engineering and Imaging of the Health Science Research Institute in Paraguay and the Basque Country University in Spain to evaluate the utility of telediagnostic apps for EEG screening. For this purpose, the results obtained by tele-EEG apps implemented in nineteen public community hospitals were analyzed to determine the utility of the apps as epidemiological surveillance tools.

Results. Among the 10,791 remote EEG studies performed, the most common reasons for the test included epileptic seizure (44%), headache (22%), seizure disorder (8%), follow up (6%), attention deficits in children (5%), cognitive impairment (4%), cranioencephalic trauma (3%), brain death (1%), history of seizure (0.9%), abnormal movements (0.7%), and behavioral disorders (0.5%).

Conclusions. The results showed that telemedicine apps can significantly enhance nationwide EEG screening by freeing up

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professional time and increasing productivity, improving access and equity, and reducing costs. However, before their systematic implementation a contextualization of the apps using the regional epidemiological profile must be performed.

OP184 Strengthening Patient Outcome Evidence In Health Technology Assessments: A Co-Production Approach

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Introduction. Involving patients is a core principle which governs the work of the National Institute for Health and Care Excellence (NICE). To improve how patient evidence is identified and considered in health technology assessments (HTAs), NICE worked with patient organizations to review existing HTA methods and co-designed proposals for change.

Methods. A working group, including six patient organizations, oversaw the project, identifying and co-designing options for improvement. We held a stakeholder event with twenty-two patient organizations to identify themes for improving how we find and use patient evidence. We then ran an online quantitative and qualitative survey for targeted consultation with patient organizations to capture broader views.

Results. The fifty-two people who responded to the consultation made the following suggestions:

(i) Provide information about uncertainties that patient evidence might help to address;
(ii) Explore the role of real-world evidence in patient involvement;
(iii) Provide training and support to patient organizations;
(iv) Create inclusive committee cultures; and
(v) Include additional touchpoints during HTAs to incorporate patient evidence.

Conclusions. This work identified improvements in seeking and incorporating patient evidence into HTA processes. Precise guidance for patient organizations will help them to submit evidence that will make the most impact. This is particularly important when assessing disruptive technologies where there are likely to be greater uncertainties and cost pressures. The results of this work will be developed into formal options for NICE to consider when updating its methods guides.

OP206 Expert Elicitation Of Probabilistic Distributions to Inform Survival Modelling of CD19 Chimeric Antigen Receptor T-Cell Therapies

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Introduction. In 2018, the National Centre for Pharmacoeconomics (NCPE) was commissioned to conduct a health technology assessment (HTA) of one of the first commercially available chimeric antigen receptor (CAR) T-cell therapies, tisagenlecleucel. CAR T-cells are a major advance in personalized cancer treatment, demonstrating promising outcomes in relapsed/refractory pediatric acute lymphoblastic leukemia (pALL). However, the results are based on short-term follow up, limiting their value in predicting long-term survival and leading to uncertainty about the most appropriate survival modeling method to employ. This study aimed to address these limitations by means of expert elicitation.

Methods. An expert elicitation method, the histogram technique, was employed. A predefined discrete numerical scale was presented in Microsoft Excel® and the expert was asked to place twenty crosses on a frequency chart. These crosses represented the expert's beliefs about the distribution of particular quantities. Each cross represented five percent of the probabilistic distribution. Individual distributions were then aggregated across experts using linear pooling.

Results. A total of seventeen experts were invited to take part; eight agreed to participate and five completed the exercise. Three experts did not consider tisagenlecleucel to be a "curative" therapy because patients had a higher risk of death, compared with the age- and sex-matched general population. The aggregated distributions indicated the five-year overall survival rate to be thirty-three percent (95% CI 8.65–56.88) in patients who do not receive a subsequent stem cell transplant and twenty percent (95% CI 2.38 -52.04) in those who do.

Conclusions. The results of this study will be used to calibrate CD19 CAR T-cell therapy survival estimates presented in HTA submissions to the NCPE to ensure more robust assessments. They will also be used to inform the construction of a de novo cost-utility model for examining the cost effectiveness of CD19 CAR T-cell therapies for relapsed/refractory pALL in the Irish healthcare setting.

OP230 How Legitimate Is The Process Of Updating the Benefits Package In Israel? A 20 Year Overview

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Introduction. The National Health Insurance Law enacted in 1995 stipulates a minimum list of health services (benefits package) that the four health plans in Israel have to provide to their members. The recommendations on which new technologies or new indications for existing ones should be added every year to the benefits package, subject to a predetermined budget, are made by a public committee that evaluates and prioritizes candidate technologies according to their clinical merit, economic (mainly budget impact), social, ethical and other aspects. We assessed the legitimacy of this coverage decision process over the past 20 years.

Methods. The legitimacy of the process was assessed by adherence to the conditions outlined in the accountability for reasonableness (A4R) framework. A4R defines four conditions for legitimate and fair healthcare coverage decision processes: relevance, publicity, appeals/reversibility, and enforcement. We reviewed the changes made in the coverage decision process over the past 20 years and examined whether these changes have changed its legitimacy.

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