

increasingly involved. In 2015 a new proposal process of topic selection for HTA reports was initiated by German legislation with the aim of more closely involving patients and the general public. The new process has been implemented by the Institute for Quality and Efficiency in Health Care (IQWiG) under the project title "ThemenCheck Medizin" (Topic Check Medicine).

METHODS:

Since July 2016, patients and the general public can propose topics for HTA reports to IQWiG, excluding topics on the assessment of drugs. The proposals are submitted via the IQWiG website www.themencheck-medinin.iqwig.de (available only in German). No specific expertise is required for the submission of a topic. On the basis of the proposals a selection committee (patient representatives appointed by patient organizations legitimized in Germany) choose up to fifteen topics deemed suitable for HTA reports. In 2017 the committee will be extended to include members of the general public. IQWiG makes the final decision on the selection of up to five topics per year for HTA reports.

RESULTS:

In the first proposal phase thirty proposals were submitted. The topics were allocated to the following categories: two for diagnostics; four for teeth; one for skin and hair; four for head and nerves; three for muscles, bones and joints; two for heart and circulation; four for cancer; two for children and adolescents; one for reproductive health and birth; and three for mental and emotional wellbeing. Four topics could not be considered because they either addressed the assessment of drugs or could not be transferred into an HTA question.

CONCLUSIONS:

Through "ThemenCheck Medizin" patients and the general public in Germany can actively be involved in the process of collecting proposals for HTA reports as well as in topic prioritization. The prerequisites for successful implementation were in particular the

easy-to-use online form and IQWiG's support of persons submitting topics in their formulation of an HTA question. The integration of a selection committee of patient representatives was shown to be constructive and productive.

OP78 Patient Involvement In European Health Technology Assessment Focus Group With Cardiac Patients

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INTRODUCTION:

Involving patients in defining the scope of health technology assessments is recognized as a valuable strategy that ensures that patient-relevant outcomes are considered.

The aim of this project was to pilot the focus group approach with cardiac patients in a European rapid assessment on the wearable cardioverter defibrillator, to improve involvement processes, to identify neglected outcomes, and to explore the potential of this methodology for eliciting the patients views on their disease and the wearable cardioverter defibrillator therapy.

METHODS:

An e-mail was sent to members of the nine regional associations of the Austrian Organization for Heart and Lung Transplant Patients to identify eligible participants. Guiding questions for the discussion were developed based upon a hand search of patient involvement initiatives and a review of appropriate literature. The 4-hour meeting was moderated by a patient support expert and recorded upon approval of participants. The anonymized transcript was analyzed using framework analysis.

RESULTS:

Ten eligible patients responded, of which five men, aged between 55 and 73 years (mean 65 years) from Austria and Germany, were able to participate. All respondents experienced heart transplantation, and four had received an implantable cardioverter defibrillator before.

Participants reported that experiencing a sense of security was crucial to them and that they expected to do sports and live a life with few limitations, despite receiving a therapy. A wearable cardioverter defibrillator was hence not considered a long-term solution due to expected restrictions in living a 'normal' life.

Challenges included the identification of participants representative of this patient group and the complexity of patient histories.

CONCLUSIONS:

The focus group approach proved useful in the wearable cardioverter defibrillator assessment. Gathered results informed the inclusion of outcomes relevant to the target group and revealed patients views on health-related quality of life. Lessons learned guide us in further improving patient involvement processes within the European Network for HTA (EUnetHTA) project.

OP79 Experimenting HTAi Patient Group Submission Template To Involve Patients

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INTRODUCTION:

The Health Technology Assessment International (HTAi) community recognises the importance of including patients' views from published research and systematically obtaining input from patient organizations (POs). The HTAi's Patients and Public

Involvement Subgroup has elaborated the Patient Group Submission Template for HTA (HTA Template) to facilitate the collection of evidence from patients via POs involvement. In 2015 AGENAS outlined a procedure to involve POs and tested the HTA Template within a Health Technology Assessment (HTA) report on dialysis.

METHODS:

The HTAi template was translated into Italian and adapted to the HTA report's specific information needs: to understand patients' experiences with different dialysis modalities and any delivery problems at the regional level. Some questions were reformulated, others were cut and two different versions of the template were used. One was tailored to POs representatives and the other to individual patients selected with a purposive sampling procedure. We provided the HTA Template to POs appointed by an umbrella organization, Cittadinanzattiva, for their input and to identify other relevant POs to be involved. We identified a list of four associations, based on geographical location and typology of patients. Each POs representative completed the first template and administered the second one to, at least one patient for each five dialysis modalities. AGENAS staff provided support on a cascade basis POs collected and returned all templates.

RESULTS:

Researchers performed a thematic analysis of the answers received and this input was introduced in the HTA report within the chapter on Patients Aspects. Patients' experiences closely corresponded to the ones in our qualitative literature's systematic review. However, PO representatives templates revealed an important problem of equity in access to different dialysis modalities across regions that we highlighted in the HTA report's recommendations.

CONCLUSIONS:

One of the template's limitations was related to self-administration. In some cases, a lack of familiarity with communicating one's views in writing may have affected the survey's informative power. This pilot also demonstrated the need for a more inclusive