

maintenance actions performed. For the equipment in the administrative, support and research areas, the function and physical risk criteria were replaced by the safety and by the risks to the quality of service criteria. The evaluation is carried out by a multidisciplinary team. The tool categorizes the equipment into low, medium and high criticality.

**Conclusions.** The tool prioritized the equipment based on objective criteria evaluated by the departments' multidisciplinary team comprising experts who use the equipment in their activities, the department administrator and clinical engineers, and provided transparency regarding the decision-making of the hospital's Investment Committee. In 2019, the limited financial resources were invested only in the replacement of highly critical equipment. We believe the tool can be reproduced in hospitals in low and middle-income countries.

### PP499 Disinvestment Supported By A Hospital-Based Health Technology Assessment Unit: A Case Of A Teaching Hospital In Brazil

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**Introduction.** The Hospital de Clínicas de Porto Alegre (HCPA), a public teaching hospital, has a Hospital-based Health Technology Assessment (HB-HTA) unit to support the decision-making process on technology incorporation, rationalization or disinvestment. In 2017, the plastic adhesive drape was standardized at HCPA for use in cardiovascular, digestive, orthopedic, and neurological surgery for the purpose of preventing surgical site infection (SSI). This study evaluated whether the plastic adhesive drape technology is more effective than the no adhesive drapes in the surgical procedures in which it is used in the HCPA, so as to support the medical board's decision regarding the rationalization of use.

**Methods.** The primary outcome was the surgical site infection rate (SSI). Searches were performed in PubMed, Cochrane and national and international health agencies: World Health Organization (WHO), National Institute for Health and Care Excellence (NICE), Centers for Disease Control and Prevention (CDC), Society for Healthcare Epidemiology of America (SHEA), Brazilian National Commission for the Incorporation of Technologies (CONITEC) and Brazilian National Health Surveillance Agency (ANVISA) databases. The search strategy combined terms related to the technology and types of surgery in which it is used in the HCPA. The quality of the included studies was assessed. Additionally, data on technology utilization and costs in the hospital were analyzed.

**Results.** Technology assessment followed AdHopHTA project recommendations. Data from the hospital showed that the technology has been used in fifteen surgical specialties, different from the proposed incorporation, with a progressive increase in consumption from 2017 to 2018. The literature review included a systematic review with seven clinical trials, which concluded that the plastic adhesive drape lacks benefits, with potential for increased risk of SSI. The evidence was of moderate quality.

**Conclusions.** The expenses associated with the use of the technology were considered unjustified as it is not reimbursed by the Brazilian Ministry of Health and its disinvestment was recommended. The Medical Board approved the disinvestment of the technology based on the evidence found by the HB-HTA unit, and the medical staff complied with the decision.

### PP501 Inclusion Of Key Stakeholders' Views When Developing A mHealth Assessment Tool: Focus Groups And Health Consensus Results

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**Introduction.** The Agency for Health Quality and Assessment of Catalonia (AQuAS) is developing an evaluation tool for mobile health (mHealth) solutions to be used by health technology assessment (HTA) agencies and evaluation experts. In order to have a practical and comprehensive tool taking into account the particularities and challenges of mobile interventions, we considered the views and opinions of key stakeholders. The objective was to present the final selection of general aspects (dimensions) to be assessed in the evaluation, as well as the specific items (criteria) to be included in each of these topics, as a result of different co-design approaches with health professionals, developers, hospital managers, HTA agencies and patients.

**Methods.** A list of criteria used for health apps evaluation were drawn from a literature review. The initial list included eighty-nine criteria items grouped in nine domains. Those criteria and domains were discussed during four focus groups (FG). The importance of the criteria that were not considered as mandatory were later rated through a Delphi online sub-study, in a scale from one to six points, taking as consensus value when median value (median 6, Interquartile range, 0–1) was reached.

**Results.** FG reduced domains and criteria from nine to seven and from eighty-nine to thirty-three, respectively. Most mandatory criteria were related with security, user experience, and clinical effectiveness. Fifty-seven individuals (53.7% of 106 invited to participate) were registered in the online platform (50.1% women, 68.4% 35–64years old and 42.1% from HTA agencies). From fifty non-mandatory criteria under consensus, ten criteria reached consensus (most from solution's content and health problem covered domains) concluding with a 43/7 criteria/domain tool.

**Conclusions.** Insights from main stakeholders on the content of the tool for mHealth assessment were considered through the FG and Delphi technique. The dimensions of security and privacy, clinical effectiveness, solutions' content, technological aspects, users' experience and costs were considered mandatory. The dimension related to the impact on the organization was appraised as a secondary domain for evaluation. A workshop with AQuAS research team and HTA external researchers will help to define: the assessment methods (type of instrument,

dichotomous responses and/or Likert scales) for the evaluation and the format and dimension's weights of the final design of the tool.

## PP502 AQuAS Learnings From Implementing GRADE Approach, Especially The Evidence To Decision Framework And Multidisciplinary Final Consensus

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**Introduction.** In recent years, the GRADE system has been adopted internationally to make judgments about evidence and/or recommendations. Recently, the Spanish Network of HTA (RedETS) has promoted among its members the use of the GRADE system, especially the "Evidence to Decision" tool (EtD) where a multidisciplinary panel is involved. The objective is to describe the methodological approach with the first AQuAS experience using this methodology in HTA, focused on inclusion/exclusion of these technologies in the Spanish National Health Service (NHS) portfolio.

**Methods.** The standard EtD tool was used for clinical and financial decisions. Four multidisciplinary panels were constituted by relevant professionals in clinical practice and, where possible, patients. The four panels discussed on the following four interventions: in two cases, AQuAS prepared preliminary recommendations and participants provided feedback, while in the other two cases, experts received the evidence review and were asked to formulate recommendations. These recommendations were voted on and, in the case of disagreement, adapted and then voted on for a second time. Finally, any discrepancies were noted in the report. Evaluated interventions were: maxillofacial 3D-reconstruction, cataract surgery equipment, non-invasive surgery in obesity and pharmacological treatment in secondary fracture prevention.

**Results.** Especially when more than one evaluative question was addressed in the HTA report the EtD and the consensus results required discussion. Consensus was fast but not immediate. Meeting length depended on the number of HTA questions and the amount of original disagreement in the recommendations. The nuances on how to write recommendations also affected the panel duration. All panels were successful in formulating the final recommendations.

**Conclusions.** Standardizing methodologies increased the homogeneity across HTA reports. The GRADE system is a feasible and useful tool because it favors transparency and rigor in drawing up recommendations on the inclusion/exclusion of technologies in the NHS portfolio. The EtD framework complements GRADE tables, which display the relevant evidence in a way that can be used by multidisciplinary groups to reach a consensual recommendation. Although all participants received a short training video, more experience in the use of these methodologies might shorten the duration of the process and facilitate reaching

consensus. Some considerations on how to overcome the difficulties and complexity of this methodological approach are discussed.

## PP506 Health Technology Reassessment (HTR) Of A Non-Drug Technology: Methods Used By A Regional HTA Unit

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**Introduction.** An environmental scan conducted by the Canadian Agency for Drugs and Technologies (CADTH-March-2019) revealed that several health technology assessment (HTA) organisations are currently developing standard health technology reassessment (HTR) processes. Here we present methods used to conduct an HTR of a prioritization programme for non-immediate life-threatening urgent surgeries implemented in 2017 at a tertiary referral hospital in (Quebec-Canada). This HTR initiative was conducted by a regional HTA unit to optimize the programme efficiency and resources utilization as well as to motivate change in the clinical community of other hospitals within its healthcare network. Patient and healthcare personnel satisfaction levels towards the programme were also considered.

**Methods.** In this case study, HTR methods and outputs were elaborated using elements presented in the CADTH environmental scan and relevant publications identified through PubMed and in the grey literature. Documents in English and French, published between January 2002 and March 2019 were considered. Key stakeholders were consulted to identify barriers of the programme implementation to other hospitals in regards to aspects related either to the local medical practice or organizational factors.

**Results.** The prioritization process was conducted using the same tool applied for HTA appraisal with the additional criterion that the HTR could facilitate the programme implementation. The research processes used in this HTR included: i) systematic review of the literature, ii) hospital database search (efficacy and resource utilization), iii) perceptions of healthcare teams and patients. HTR outputs consist of specific recommendations on implementation barriers and methods to monitor the impacts of the programme.

**Conclusions.** In this evolving field, sharing lessons from HTR methods provides information to develop standard adaptable processes to different contexts. Hence, this work applies HTR to a healthcare programme while most of the literature focuses on the HTR processes on drug and interventional medicine disinvestment. These elements represented HTR methods used from prioritization appraisal, research processes for evaluation and outputs used to plan the implementation and finally monitoring from a regional HTA unit. It also showcases that HTR being conducted as a structured evidence-based assessment adds value to a healthcare programme and could also facilitate its implementation.