

PP89 Stimulating And Assuring Evidence Quality From A Dutch Funders' Perspective – Introducing The ZonMw Reporting Checklist

Wendy Reijmerink, Gerjanne Vianen (vianen@zonmw.nl), Margreet Bloemers, Abida Durrani and Annelein Stax

Introduction. All studies should report methods and findings in full, following credible and justifiable reporting guidelines. According to the guiding principles of the Ensuring Value in Research (EViR) Funders' Forum (www.evir.org), this applies irrespective of the nature of the findings or whether the study was completed as planned.

One way for a public funding agency to address evidence quality and transparency is to adaptively implement EQUATOR reporting guidelines (www.equator-network.org) in its funding procedure to ensure research quality 'from proposal to publication'. The Netherlands Organisation for Health Research and Development, ZonMw, has created the ZonMw Reporting Checklist (ZRC), which was derived from EQUATOR reporting guidelines in order to systematically plan, monitor, and evaluate projects. The next step is experimenting with implementing the ZRC in ZonMw's grant management system and procedures. Customization is possible based on the 'comply or explain' approach (80/20 rule).

Methods. We selected 15 EQUATOR reporting guidelines that covered basic research and health technology assessment through to implementation projects, supplemented with the reporting guideline for implementation studies (StaRI checklist). We conducted comparative content analyses (including rearrangement) to provide a greatest common denominator consisting of both standard and modular reporting elements. We completed the ZRC by adding other current requirements for responsible research practices with respect to diversity and gender, data management, open access, systematic reviews, recruitment and inclusion, registration, and impact.

Results. The ZRC results in structured and validated in-house data on the objectives, design, conduct, and results of ZonMw projects. This is an important source for good research governance, impact assessment, and research on research.

Conclusions. Implementation of the ZRC by a funding agency optimizes the quality, transparency, relevance, and impact of evidence, which legitimately and effectively improves health care for all.

PP90 Startup And Inclusion Problems In Healthcare Efficiency Studies: A Quantitative And Qualitative Analysis

Jennifer Drenth,
Karen Van Liere-visser (liere-visser@zonmw.nl),
Daniël Warmerdam, Inge Zijp and Ruud van Zessen

Introduction. Aging populations and specialized medicine are leading to increasing healthcare costs which are expected to rise in the next decades. The Netherlands Organization for Health Research and Development (ZonMw) funds trials that address the efficiency of healthcare interventions in order to evaluate new and existing interventions. These studies have led to considerable cost savings and increased health outcomes. However, efficiency studies often face setbacks during the start-up and inclusion which limit the available research capacity and postpone the availability of novel findings. Here, we investigate the scope of these problems and identify common causes.

Methods. Records from efficiency research trials funded by ZonMw from 2014-2020 were combined with information provided by project leaders through a survey. The combined dataset was explored through statistical analysis. Next, a subset of 30 selected projects was evaluated qualitatively to gain a better understanding of the possible underlying reasons for the experienced problems.

Results. The response rate among project leaders was 73 percent (146/201). Data indicate that 61 percent of projects started as planned and 35 percent included the first patient as scheduled. The complexity of setting up a multicenter study and legal procedures like local ethical approval were associated with delays in starting inclusions. In addition, 56 percent of studies had to extend the inclusion period by more than 6 months. Possible reasons that were identified include the limited numbers of patients available, and treatment preferences of the doctor, the patient, or the participating center.

Conclusions. Our results indicate that the majority of trials face setbacks and the main reasons include time to procure legal and ethical approval, limited patient numbers, as well as unforeseen treatment preferences. More streamlined procedures regarding approvals could speed up trial initiation, and better knowledge of eligible patients and treatment preferences could lead to more realistic planning. The results and conclusions from this study can be applied by ZonMw and other relevant stakeholders to resolve the identified problems in order to accelerate healthcare efficiency research.

PP91 Developing A Re-assessment Process For Non-medicine Health Technologies In Wales

Jessica Williams (jessica.williams20@wales.nhs.uk) and David Jarrom

Introduction. Updating of health technology assessments (HTAs) is generally more efficient than starting again when new evidence emerges, but there is no clear guidance on how to do this. Health Technology Wales (HTW) has developed a re-assessment process to ensure that HTAs remain current and relevant to best serve the population and health and care providers in Wales.

Methods. HTW developed a standard operating procedure (SOP) to create a consistent approach to HTA re-assessment. HTW keep a record of stakeholders who contribute to a HTA and then send them a