OP88 Drawing Lines In The Sand: How Do We Define The Scope Of Analysis In HTA And Economic Evaluation?

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Introduction. We explore how the scope of analysis is defined in health technology assessment (HTA) and economic evaluation and consider the potential implications of these decisions.
Methods. The scope of analysis, including decisions about which methods and domains of HTA to include in the assessment, which costs, and health outcomes are most meaningful, and which comparators are the most relevant are typically informed by the needs of the decision-maker. We undertook two systematic scoping reviews to assess: (i) to what extent systems thinking is considered in literature-based technology assessments; and (ii) how the scope of the analysis is defined in economic evaluation using *Clostridioides difficile* infection as an exemplar. We synthesized the findings from these reviews and offer three key observations for future research and exploration in the field of HTA.
Results. Our scoping reviews found that the scope of analysis in economic evaluations typically focus on single interventions, often ignoring upstream and downstream interventions. Similarly, published technology assessments have narrowly defined and inconsistent scopes of analysis, with limited consideration of indirect health and non-health impacts. Three key observations for the field of HTA include: (i) economic evaluations focus on the value of single heath interventions. A focus on a single health intervention may simplify the analysis; however, will this siloed decision-making lead to optimal health resource allocation? (ii) published assessments have inconsistently defined scopes of analysis. A decision problem that focuses on the needs of the decision-maker is practical; however, will inconsistencies in perspectives across assessments create unfair conceptualizations of value? (iii) HTA is technology-focused, not patient-focused. A technology-focused HTA system aligns with the technology diffusion process; however, does this move us away from the patient-centered mandate of HTA?
Conclusions. The dynamic nature of HTA leads to many conceptualizations of value. Considering the potential implications of narrowly defined, inconsistent, and technology-focused scopes of analyses may have consequences on achieving a patient-centered high-quality health system.

OP89 The CE-Signal, A New Simplified Health Technology Assessment Method To Determine Whether Interventions Are Cost-Effective

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Introduction. Conducting a cost-effectiveness analysis (CEA) is resource consuming, and therefore the Dutch National Health Care Institute (ZIN) only performs those for interventions with a high budget impact. Sometimes, cost-effectiveness (CE) estimates are clearly below or far above reference values, which makes full cost-effectiveness assessments less vital. The objective of this study was to develop an efficient and simplified method to identify interventions that are clearly cost-(in)effective.
Methods. The method makes use of headroom analysis. Several HTA experts and other relevant stakeholders have been asked to provide feedback on a preliminary version of the CE signal.
Results. The method consists of five steps. In the first step (i) the relevant willingness-to-pay threshold is determined. Reference values are used by ZIN for the maximum willingness-to-pay per incremental quality-adjusted life year (QALY), depending on burden of disease. In next step (ii) the health gain that can realistically be obtained with the new treatment is estimated. Hereby the effect of the intervention on the clinical outcomes, quality of life and gained life years is determined to estimate the number of QALYs gained, including uncertainty. Then (iii) the societal cost maximum (SCM) of the new treatment is calculated by multiplying step 2 with step 1. In step four (iv) the incremental treatment costs are estimated looking at both the costs and savings for both treatments options for the average patient. In the final step (v) the incremental treatment costs are compared to the SCM to determine if the intervention is probably cost effective, probably not cost-effective or if a conclusion cannot be drawn.
Conclusions. This method has proven to be feasible and could be a valuable addition to the current cost-effectiveness assessment toolbox. The CE-signal is being validated against performing a full cost-effectiveness analysis.

OP90 Optimizing Health Technology Assessment And Appraisal For Orphan Drug Reimbursement: Experiences And Tools For Improvement

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https://doi.org/10.1017/S0266462322001349 Published online by Cambridge University Press