OP123 Health Technology Assessment In Digital Health: A Rapid Approach To Assess Health Apps

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INTRODUCTION:

The Health Technology Assessment (HTA) of mobile health applications involves significant challenges including rapid product development cycles, sparse evidence and uncertainty over the economic impact. However apps also provide unique opportunities, such as their potential reach and use of real-world data, which will facilitate their contribution to healthcare delivery. The National Institute for Health and Care Excellence (NICE), alongside other agencies, has been piloting the development of a health app assessment programme. This presentation reports the results of a study about the development of the Health App Briefing (HAB) which is designed as the output from a rapid assessment of the effectiveness and cost-saving potential of apps to inform decision makers in the United Kingdom National Health Service.

METHODS:

The HAB is built on the success of the NICE Medtech Innovation Briefings programme because many of the HTA challenges are similar to those found with medical devices. HAB development is grounded in four principles: rapid assessment; transparent process; independence from industry or the health service and input from commentators. The content includes an evidence summary for effectiveness including comments from specialist experts and users; a summary of information relating to the cost saving potential and a summary of other user benefits (including issues of access and usability). Novel features are the presentation of a rating of the potential value of the app to the health system and working with commissioners of the app to obtain real-world information for a case study about the economic impact.

RESULTS:

The development of four HABs along with a review of the learning from the piloting process will be presented. The review will include stakeholder feedback from a workshop.

CONCLUSIONS:

We believe the evaluation of this work presented here will be of interest to other HTA agencies around the world that are deciding how to approach the issues surrounding the assessment of health apps.

OP124 Can Registry Failures Be Compensated By Medico-Administrative Database

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INTRODUCTION:

Post-approval studies (PAS) constitute an important tool in medical devices (MD) assessment usually supported by registries. However, registries are often poorly designed or incomplete. The French health insurance databases are organized since 2003 into a digital data warehouse, the Système national d'information inter-régime de l'assurance maladie (SNIIR-AM), and is the main source of information on patients, hospital activity and associated expenditure. The aim of the study was to determine if these medico-administrative data can be sufficiently relevant to guide a renewal of MD reimbursement in the context of registry failure.

METHODS:

The initial PAS aimed to assess the impact of the guidelines on practice (characteristics of patients, type of stenosis, indications, use of cerebral protection system, surgical procedure) and to determine the

https://doi.org/10.1017/S0266462317001854 Published online by Cambridge University Press

30-day cumulative morbidity and mortality rate of endovascular procedure associated with stenting. Medico-administrative databases provide information on age, sex, symptomatic or asymptomatic stenosis in-hospital mortality and long-term mortality (with a linkage to epidemiological data) and morbidity estimated by ischemic stroke.

RESULTS:

The database allowed selection of a cohort of 2,071 patients in whom carotid stenting was performed in 161 centers (40 percent of stents were implanted in 14 centers) with a follow-up of 1 year. Carotid stents were mainly implanted in asymptomatic patients (81.6 percent). Morbi-mortality in symptomatic patients at 30 days (9.2 percent: 5.7 percent stroke and 3.4 percent mortality) was similar with results observed in a French comparative study EVA-3S (9.6 percent: 2.8 percent stroke and 8.8 percent mortality). These data allow the concerned HAS (French Health Authority) committee to renew the reimbursement proposal of these stents.

CONCLUSIONS:

Medico-administrative database collecting robust criteria can be used to support reimbursement renewal of high risk implantable medical devices. The implementation of other criteria including the disease etiology and the complications imputability may allow to consider the use of these data for non-invasive MD.

OP125 A New Collaborative Approach To Assess Innovative Health Technologies

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INTRODUCTION:

Decision makers worldwide face the challenge of offering the best health care within a context of scarce resources. Technological developments have multiplied in the past decades, with the lifecycle of technologies becoming shorter. As a result, the traditional Health Technology Assessment (HTA) model is often caught in a too early, too late syndrome. In the province of Québec (Canada), there is no standardized process for assessing non-pharmaceutical technologies for reimbursement purposes, and technologies are therefore introduced via multiple sources. There are concerns that the introduction of some of the most promising technologies is delayed, and on the contrary, that others are introduced without providing a real added value to patients and the health system.

METHODS:

INESSS (Institut national d'excellence en santé et services sociaux), collectively with stakeholders of the Québec innovation field, has developed a dynamic process for assessing the added value of innovative technologies. POETIS (Processus optimisé d'évaluation des technologies innovantes en santé) aims to identify the technologies with the highest potential for positive impact on patients and the health system, in order to accelerate their implementation and promote their optimal use.

RESULTS:

POETIS comprises four phases aligned with the lifecycle of technologies: research and development, pre-implementation, limited implementation, and diffusion. It allows a continuum of assessment, from the promise of a technology to its real-world benefit. It differs from other approaches because of the sustained involvement of key stakeholders, including patients, and because it assesses technologies iteratively, therefore fostering their adaptation to better suit patients needs. It is hoped for the first technologies to be assessed in 2017.

CONCLUSIONS:

HTA has to adapt to the challenges of innovation, and this could be done with a lifecycle approach and an enhanced collaboration with end-users. Developed in Canada, the goals behind POETIS are common to many

https://doi.org/10.1017/S0266462317001854 Published online by Cambridge University Press