OP40 An Initiative To Identify The Long-Term Effects Of COVID-19: Turkish Ministry Of Health (MoH) COVID-19 Follow-Up Centers

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Introduction: During COVID-19 pandemic Follow-up Centers were established by Turkish Ministry of Health (MoH) to detect possible complications in recovered COVID-19 patients at an early stage and make necessary interventions on time. It was aimed to reveal the short, medium and long-term effects of the disease by monitoring regularly. The Follow-up Center algorithms were designed by 10 clinicians of different branches with the support from United Nations Development Programme (UNDP). The follow-ups were made for one year in two pilot centers by using the health information systems infrastructure. In the dissemination process, Follow-Up centers were established initially in 24 and subsequently in 81 provinces.
Methods: In this study, the establishment, dissemination, operation and patient follow-up process of the COVID-19 Follow-up Centers were examined. The one-year (between 1 December 2021 and 1 December 2022) data obtained were analyzed. The patient follow-up;

- was made at 0, 1, 3, 6 and 12 months for the first year,
- planned to be made twice in the second year and the following years if needed.

In the first year, people who received 3 follow-ups by using the forms and scales in the integrated information system modules were assumed to be followed up regularly.
Results: Among the one-year data obtained from the COVID-19 follow-up centers, the total number of follow-ups, the distribution of follow-ups by date, gender and age groups and symptoms according to time were examined. In the first year; 11,288 people were included in the follow-ups and 18,328 follow-ups were made; 2,462 people were followed-up regularly. The followed up people consisted of 51.8% women; 48.3% of them were men. The incidence of symptoms decreased from 1,198 people in the first follow-up and to 180 people in the third follow-up.
Conclusions: The establishment of Follow-up Centers is considered to be an important initiative to generate systematic data on the long-term effects of COVID-19. It was concluded that conducting studies using two-year data obtained from the follow-up centers, especially for complications, would be beneficial for management of the COVID-19 pandemic and in preparation for similar pandemics.

OP43 Translating Cell And Gene Therapy HTA Into Practice – Building The Plane As We Fly It

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Introduction: Assessing, funding, and implementing cell and gene therapies are usually based on limited evidence. This requires health technology assessment (HTA) agencies to develop new methodologies; payers to accept risk-based funding; industry to consider the right evidence and price; hospitals to consider if they have the necessary requirements; patients to consider their risk appetite for gene therapies; and health departments to consider all the above. Ensuring timely patient access to these therapies is challenging in Australia's federated health system. To ensure stakeholders are aligned, all must come to the table and share their respective insights, experiences, and expertise to support planning, decision-making, funding, and commissioning of these therapies. It is time to develop a new consultative and decision-making paradigm to expedite HTAs, funding, commissioning, and timely patient access for cell and gene therapies.
Methods: Australian federal, state, and territory government representatives agreed to develop a framework that clarifies processes around information sharing, HTA, funding, commissioning, and monitoring of highly specialized therapies and services (including cell and gene therapies). A draft national framework was developed that addresses assessment, funding, and implementation of high cost, highly specialized therapies and services (e.g., bone marrow transplants). However, it is unclear whether non-government stakeholders have been consulted.
Results: The framework for assessing, funding, and implementing high cost, highly specialized therapies and services across Australia's public hospital system is pending endorsement by each of the jurisdictional governments. High-level in nature, the framework's primary audiences are industry and public hospitals. While not all processes are in place, the framework is forward-looking. A detailed implementation plan is warranted to better inform the roles and requirements of each stakeholder.
Conclusions: The framework allows stakeholders to better understand government processes regarding assessment, funding, and implementation of high-cost therapies and services, thereby fostering a collaborative environment that supports timely patient access. Articulating process details in a follow-up implementation plan is essential to gain the trust of, and input from, industry, clinicians, and patient representatives.

OP44 Exploring The Disconnect In Relevant Outcomes For Health Technology Assessment-Related Economic Evaluation Relative To Care Commissioning: Implications For Resource Allocation

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Introduction: Outcome-based commissioning – a set of arrangements to define and pay for a service based on pre-agreed outcomes – has been operationalized in some regional care settings (e.g., adult social care). However, it remains largely aspirational due to operational considerations and challenges. Outcomes-based commissioning shares a common goal with economic evaluation alongside health technology appraisal (HTA): to achieve value for money for outcomes from a finite budget.
Methods: We explored the considerations, implications, and challenges regarding the practical role of relevant outcomes in economic evaluation, relative to care commissioning, using England as a case study. Our exploration bridges a gap between economic evaluation evidence and practical resource allocation decision-making, focusing on conceptual (e.g., what are 'relevant' outcomes), practical considerations (e.g., quantifying and using relevant endpoints or surrogate outcomes alongside costs), and pertinent issues when linking these to commissioning based payment mechanisms.
Results: Firstly, there is a disconnect between existing economic evaluation approaches and commissioning processes. For example, using a single quality-adjusted life-year (QALY) maximum and limited consideration of affordability relative to cost effectiveness. Secondly, service-focused outcomes (e.g., seeing a specialist team) rather than person-focused outcomes (e.g., QALYs) are often desirable from a practical commissioning and service provider perspective as they make it easier to measure key performance indicators. Thirdly, both person- and service-focused payment structures could lead to market inefficiencies when activity is focused on only people for whom a prespecified outcome can be achieved or service delivered; these approaches require additional efficiency-equity tradeoff considerations (e.g., using distributional cost-effectiveness analyses).
Conclusions: We highlight payment structures as a major and complex consideration for commissioning, for which economic evaluation provides little to no consideration. Service-related outcomes and payments can be used as surrogate outcomes within economic modeling frameworks, while monitoring and evaluation can still be based on economic outcomes (e.g., QALYs and aggregated costs). Accounting for and explaining direct links from payment structures to economic outcomes is a major step to bridging a gap between economic evaluation evidence and practical resource allocation.

OP45 HTA And Gender Medicine: Time To Take Action!

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Introduction: Gender medicine responds to the need for a reassessment of the medical-scientific approach in a gender perspective, to increase knowledge of the different aspects underlying gender differences and the appropriateness/ effectiveness of health interventions.
Methods: A policy review of documents prepared by the Italian Ministry of Health on gender medicine was carried out, to investigate the possible areas of intervention of health technology assessment in the development of this interdisciplinary dimension. The areas of highest priority for action have been identified.
Results: In Italy, the Ministry of Health, with the support of the National Institute of Health, issued a Plan for Application and Dissemination of Gender Medicine in June 2019. Our review shows that for the development of research on the mechanisms of pathogenesis the Italian Plan gives indications on the identification of diagnostic markers, prognostic and predictive response in a gender perspective, but there are no formalized rules that constitute a constraint or an obligation to do so. In Horizon Europe calls, for example, "Pragmatic trials on minimally invasive diagnostics" (HORIZON-MISS-2023-CANCER-01-03) on the other hand, it is required that gender and gender issues should be taken into account in all projects and all data should be disaggregated by gender, socio-economic status and ethnicity. Separating subjects into two groups in the analysis leads to greater complexity. This is even more true when considering the different types of gender. The total number of subjects to be included must likely increase to maintain statistical power in evaluating effects in subgroups. This increase leads to an increase in time and cost, if one needs to provide separate data by sex and even more so by gender. Different statistical tests to be used, according to the type of variables of the primary endpoint, should be considered in the study protocols.
Conclusions: It seems appropriate to suggest reviewing upcoming health technology assessments with an eye to gender medicine. Gender medicine should become a strategic goal of prevention in public health and will strengthen the concept of the patient centrality until the personalization of therapies is achieved.

OP46 The Decision Uncertainty Toolkit: Risk Measures And Visual Outputs To Support Health Technology Decision-making During Public Health Crises

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Introduction: During public health crises such as the COVID-19 pandemic, decision-makers have relied on infectious disease models to predict and estimate the impact of various health technologies. The difficulties associated with capturing and representing uncertainty using infectious disease models leads to a high risk of making decisions that are misaligned to policy objectives. Even when uncertainty is adequately captured in the analysis, the tools for communicating the risks and harms of making wrong decisions have proved inadequate, which can lead to the suboptimal adoption of critical health technologies including vaccines and antivirals. We aim to adapt and extend health economic methods for the characterization, estimation, and communication of uncertainty to infectious disease modeling.
Methods: Economic and infectious disease models share many features, including the comparison of policy alternatives on outcomes

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