Similar to the EUnetHTA project stage of 2006-2008, the existing HTA structures and national standards will need to be accurately and systematically assessed by a working-group appointed specifically for that purpose. Besides the importance of accepting a unifying framework similar to the EUnetHTA core model, implementation features that are specific to the context of EAEU countries could include the development of common adaptation toolkits and glossaries. Capacity building efforts may also prove crucial to ensure the sustainability of HTA-related cooperation.

Conclusions. Optimization of resources by streamlining HTA processes, whether in research, policy, or results dissemination, and avoiding duplication of effort by HTA agencies, is relevant in the context of limited healthcare resources in developing countries. This overview is an attempt at facilitating discussion to inform policy and research efforts to streamline HTA processes.

PP121 How To Involve Patients In Decisions About Antibiotic Prophylaxis After Tick Bite

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Introduction. Antibiotic prophylaxis with a single dose of doxycycline after a tick bite is one of the tools for preventing Lyme disease, which is becoming increasingly prevalent in Quebec. The aim of this work was to revisit this practice in adults and children younger than 8 years of age.

Methods. To assess the safety and absolute risk reduction (ARR) of doxycycline for preventing Lyme disease in contraindicated populations, two systematic reviews were conducted with a re-analysis of the original efficacy data. A knowledge mobilization framework was used to consider the scientific, contextual, and experiential evidence, taking into account information on patients' and clinicians' experiences.

Results. A single dose of doxycycline prescribed within 72 hours of being bitten by a tick (Ixodes scapularis) could prevent cutaneous manifestation of Lyme disease (ARR -2.8%, 95% confidence interval: -11.7–6.1; p = 0.06), without serious side effects, provided that the bite occurred in a geographical region where at least 25 percent of nymph and 50 percent of adult ticks are infected with the disease. However, the level of evidence was low and its generalizability to other contexts was doubtful. The decision to prescribe antibiotic prophylaxis may be based more on the fear of Lyme disease, rather than on effectiveness data and the real risk of contracting Lyme disease.

Conclusions. It may be challenging for clinicians to discuss Lyme disease prophylaxis with patients and their families in contexts where people are fearful of the disease, and the risk of contracting it from a tick bite is uncertain. Decision aids that provide scientific evidence on the real risk of developing Lyme disease after a tick bite, particularly in Quebec, can promote informed decisions based on patient preferences and values by supporting discussion between clinicians and patients.

PP123 Management of Patients' Conflicts Of Interest And Of Commitment In Health Technology Assessment

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Introduction. Health technology assessment (HTA) and the development of clinical practice guidelines (CPGs) support important health policy and clinical decisions. Conflicts of interest (COI) and conflicts of commitment (COC) can undermine the credibility and integrity of these processes, that of the actors involved, and, more alarmingly, the health of the population. Thus, management of COI and COC is critical. Although COI among experts participating in HTA and CPG development are increasingly discussed and managed, little is said about COCs and the possible COI and COC associated with patient participation. The aim of our study, which is part of the Institut national d'excellence en santé et services sociaux (INESSS) continuing improvement process for COI and COC management, was to identify best practices in this matter.

Methods. We examined the COI and COC management policies of ten HTA and CPG organizations and performed a review of the relevant academic literature.

Results. Three HTA and CPG organizations had norms regarding the management of patients' COI and COC, whether they were representatives of patient associations or not. These norms addressed situations such as: when a patient represents a patients' association; when a patients' association or an individual patient has important (financial) ties with the pharmaceutical industry; or when an expert or one of his/her family members suffers from the disease related to the HTA or CPG. The declaration of a COI or COC should not necessarily lead to the individual's exclusion from the entire HTA or CPG development process, but it must lead to some evaluation and management. Patients appointed to share their perspectives are not considered to have COI or COC if their mandate is explicit.

Conclusions. The COI and COC of all participants in HTA and CPG development should be managed fairly and transparently. Therefore, the management of COI and COC among patients participating in HTA or CPG development should be based on the same principles as those applied to clinical experts.

PP124 Smart Capability Building For Effective Patient Involvement

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Introduction. A new Health Technology Assessment (HTA) agency, Health Technology Wales (HTW), has been established to consider the identification, appraisal, and adoption of non-medicine health technologies. This includes, for example, medical devices, surgical procedures and diagnostics. HTW recognizes the importance of effective patient and public involvement (PPI) and is building smart capabilities.

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Methods. HTW consulted with external organizations to identify the first steps toward effective PPI. Public partners were recruited as a priority before working together on a PPI strategy. Building smart capabilities is key to establishing effective PPI and future-proofing. HTW established a PPI Standing Group to inform HTW throughout its work, including the development of processes and procedures.

Results. Knowledge and resources have been shared and future collaborations identified, including events to encourage new topics from patients and the public. The HTW PPI lead has become a member of key PPI groups, locally and internationally. HTW has recruited public partners who are actively contributing as full members of the Assessment Group and the Appraisal Panel; two members on each Committee. The PPI Standing Group has been established. They have provided advice and co-produced PPI tools for piloting.

Conclusions. The PPI Standing Group concluded that PPI methods and approaches should be tailored for each project based on best practice, and should be piloted to allow them to evolve based on impact evaluation. A PPI strategy or framework would be more useful at a later stage. HTW is committed to identifying and following best practice. Future-proofing and building smart capability will be key to ensuring that HTW develops effective PPI that can be dynamic and responsive to the evolving PPI and HTA landscapes.

PP125 PhotoVoice: Promoting Knowledge Exchange About Patients' Experiences

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Introduction. In the past decades the community-based participatory research method known as PhotoVoice has gained relevance, but there are few published studies on its application in the field of health technology assessment (HTA) and clinical practice guidelines (CPGs). The aim of this presentation was to describe a PhotoVoice project linked to a CPG on major depression in children and adolescents.

Methods. The design of the study was adapted to the main objective, which was to enhance the understanding of major depression and improve clinical practice with the contributions of clinicians, methodologists, and patients. Seven adolescents and ten of their family members participated in the study through PhotoVoice sessions and focus groups. The audio recordings of all sessions were transcribed verbatim and coded, and a thematic analysis was undertaken.

Results. Six themes emerged: (i) a lack of understanding and information about depression in childhood and adolescence; (ii) the importance of support groups; (iii) the need to favor early care and access to services; (iv) the adaptation of therapeutic strategies tailored to individual needs; (v) the sensitivity of professionals; and (vi) fostering interaction between the health and education systems. Photographic exhibitions were planned to share the main results. These exhibitions were promoted to increase public awareness and reduce stigmatization, and to reach clinicians and policy makers. From a methodological point of view, the use of PhotoVoice in this study helped to effectively incorporate the lived experiences, concerns, and preferences of patients and their relatives into the CPG. The study also confirmed the value of photographs and participatory methods. The main limitations and strengths of the study, as well as suggestions for future research, are also outlined.

Conclusions. PhotoVoice is a flexible, effective, and innovative method of obtaining information about patients' perspectives and experiences, and it offers the added value of being able to reach the main stakeholders, including policymakers and the public.

PP126 Analyses Of User Requirements In The Evaluation Of Medical Equipment

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Introduction. Human-centered approaches to eliciting requirements for medical equipment selection are recognized as improving healthcare outcomes, safety, and end-user satisfaction. Nevertheless, there are many challenges to conducting rigorous investigations to identify requirements that satisfy different hospital services and types of end users (e.g., patients, healthcare professionals, and clinical engineers). By establishing a systematic method for selecting medical recliners, this study provides detailed technical characteristics and user requirements associated with several hospital areas, as well as a comparison between two end users (health professionals and patients) and their different perceptions of usability.

Methods. First, clinical engineers and senior nurses from seven hospital services identified and rated the technical characteristics of medical recliners. Ratings were then used to stratify all services in well-defined similar groups using hierarchical and non-hierarchical clustering algorithms. Next, users of hospital recliners (60 patients and 56 healthcare providers) from each group were interviewed to identify their requirements for an ideal medical recliner. Finally, analyses of variance were performed to identify consensus decisions from users across the different hospital contexts as to which technical characteristics were the most relevant.

Results. The contribution of senior nurses and clinical engineers led to the identification of 41 technical characteristics. The analysis of 116 participant interviews identified 95 different requirements, extracted from 1,052 user suggestions. Correspondence analysis of the most important requirements, combined for each of the three stratified service groups, indicated that two-thirds of all user requirements (14 out of 20) were fulfilled by five out of 32 quantitative technical characteristics, regardless of context.

Conclusions. Human-centered methods can identify similarities between health technology characteristics and decrease the complexity associated with selecting technologies, while simultaneously fulfilling the requirements of multiple users and hospital departments.

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