

## OP15 Improving The Osteoporosis Care Trajectory By Collaboration Between Clinicians, Patients And Health Insurers Within the Appropriate Care Program

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**Introduction.** The cyclic appropriate care program of the National Health Care Institute aims at enhancing quality of care in the Netherlands. A full cycle consists of four phases: (i) screening each ICD-10 chapter and selecting a care trajectory, (ii) in-depth analysis of the care trajectory and formulating actions for improvement, (iii) implementation, and (iv) evaluation. Collaboration with and between relevant parties from the field is key to its success. We describe the 2nd and 3th phase of this cycle, aimed at osteoporosis.

**Methods.** First, nine clinicians, one nurse practitioner, two physiotherapists and one pharmacist representing scientific organizations, two patient representatives and one health insurer, defined research questions. Second, by in-depth analysis on declaration data of health care activities, and comparing the results to the guidelines, research questions were addressed. Last, results were discussed among all parties and actions for making wiser choices and improving the appropriateness of care were formulated. For each action, the parties defined who would take the lead and who would be involved.

**Results.** The analyses showed that only 26 percent of Dutch fracture patients 50 years of age and above underwent dextra-scanning, as opposed to more than 80 percent in the guideline. All parties underlined this percentage should be increased. Possible actions were defined: to describe the care trajectory in the update of the multidisciplinary guideline; to better inform fracture patients about the importance of dextra-scanning; and to make adjustments to the hospital electronic system in order to facilitate the ordering of dextra-scans. For these actions, medical specialists were in the lead. Other data-analyses showed that half of osteoporosis patients stopped using medication within two years. For the jointly defined actions aimed at raising medication adherence, such as better patient education, the general practitioner and pharmacist were in the lead. Currently, the National Health Care Institute facilitates implementation and monitors improvement.

**Conclusions.** Close collaboration with relevant parties led to well-considered actions on improvement of osteoporosis care.

## OP16 Learning From Engagement With Human Immunodeficiency Virus Community Organizations In The Health Technology Assessment Lifecycle

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**Introduction.** Involving patients and community organizations in the health technology assessment (HTA) lifecycle is a core principle at the National Institute for Health and Care Excellence (NICE) and helps build public confidence in the healthcare decision-making. From 2019 to 2021 NICE assessed a HIV-1 medicine for the first time. This presented new opportunities and challenges for engaging with Human Immunodeficiency Virus (HIV) community organizations who hadn't participated in a NICE HTA before. To understand their experience, we collected feedback on the impact and experience of community involvement throughout the assessment.

**Methods.** We used a mixed-method approach using a survey and qualitative feedback from the committee lay member, community experts, and the community organizations. An impact survey was sent to key committee members, the NICE technical team and Associate Director. It included Likert scale questions and open text boxes to capture both quantitative and qualitative data. Additionally, qualitative feedback was gathered throughout the assessment's lifecycle from the NICE team and the community stakeholders.

**Results.** Results from the impact survey showed that the community input: had significant impact on the evaluation (100% (n=5)); helped interpret the other evidence and information (80% (n=4)); provided new evidence (60% (n=3)); and, was consistent with the other evidence (40% (n=2)). Examples of impact included highlighting the population heterogeneity, stigma, side effects and the effects of frequent clinic attendance. The key feedback from the qualitative data from the community organizations and experts in terms of their experience were: early support and support throughout from the NICE team; NICE's flexibility in involving them; and, meaningful inclusion of their evidence in the committee slides.

**Conclusions.** Both the NICE committee and the community stakeholders recognized that the community input was valued and had an impact on the decision-making. To ensure meaningful community engagement, support and flexibility from NICE were required throughout the assessment. This level of engagement will be adopted in future for community organizations new to medicines HTAs at NICE.