addition to assessing the feasibility of implementing new health technologies (HTs) into the hospital's practice, the Unit also interacts with the National Regulatory Authority (NRA) to transfer new technologies into the National Reimbursement System (NRS). We report on the transformation of the HB-HTA Unit from a stand-alone entity to an integrated, specialized agency.
Methods: Data were drawn from reports of the HB-HTA Unit and internal NRA documents. Inclusion of new HTs into the NRS consists of the following sequential stages: (i) implementing the technology in at least one hospital; (ii) filing an application with the Ministry of Health Care (MoH) in the field of HTA to resolve the issue of reimbursement at the national level; (iii) in case of a positive decision, approval at the national level of the clinical protocol for using the medical intervention; (iv) agreement on the reimbursement price of the technology.
Results: Based on positive recommendations from the HB-HTA report in 2015, the hospital implemented 19 new nuclear medicine technologies. In 2016, the hospital initiated an application to the MoH to include these technologies in the NRS (previously, these technologies were carried out only for a fee or with private insurance). From 2016 to 2020, a positive decision from the MoH was received, protocols for medical interventions were published at the national level, and cost estimates were formulated. In 2021, 19 new medical services in nuclear imaging and scintigraphy were included in the NRS.
Conclusions: Despite the long and bureaucratic process of including new HTs in the NRS, the HB-HTA Unit managed to speed up this process. One of the main priorities of the integrated HB-HTA Unit is to promote the transfer of HTs into the health system at the national level.

OP149 How To Improve The Impact Of Health Technology Assessment: Stakeholders' Perspectives In Spain

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Introduction: Health technology assessment (HTA) agencies in Spain have an important role in informing decisions about the introduction and use of health technologies in the Spanish National Health System. However, although different approaches have been taken to measure and improve their impact, no study to date has explored the perceived impact of HTA products at the national level. The aim of this study was to explore the perspectives of macro-, meso-, and micro-level decision makers on how to improve the impact of HTA.
Methods: Three online focus groups were conducted with policy makers, healthcare managers, clinicians, and patients. The transcripts were evaluated using a deductive thematic analysis based on a multidimensional framework to explore mechanisms of impact.
Results: Four key themes were identified:

(i) Timeliness and use of HTA assessments: Although the quality of the reports was recognized, the time taken for the elaboration and extension of reports negatively affected their use. Participants considered that reports should be tailored to the needs of end users (e.g., briefer versions available for meso-and micro-level use);
(ii) Effective engagement and external communications: The engagement of multiple stakeholders (policy makers, manufacturers, clinicians, and patients) in the elaboration process was considered crucial to improve HTA impact and ensure adequate communication of results;
(iii) Good institutional reputation and fit within the healthcare and policy making system: Stakeholders agreed on the need to strengthen collaboration at the national level and increase public understanding of the value of HTA and its use in healthcare decision-making; and
(iv) Effective implementation of policy change regarding health technologies: Stakeholders were very receptive to the results and recommendations of HTA reports when new technologies are demanded, but the identification and selection process should be improved to guarantee that these reports are available on time.

Conclusions: This study has identified different proposals and mechanisms that could improve the impact of HTA in Spain.

OP150 An Inventory Of Policy Levers For Influencing Appropriate Care

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Introduction: Healthcare reform through appropriate care is a current focus for many jurisdictions. A variety of policy options, or "levers," are available to decision makers to influence appropriate care. However, these levers are not always identified in advance of developing policy recommendations, and few direct, empirical analyses are available to support their selection. An appropriate care policy lever inventory was developed for health technology assessment (HTA) users in Alberta, Canada, to support HTA scoping and policy development.
Methods: Relevant information was identified by a single reviewer through a scoping search of MEDLINE, forward and backward searching, and targeted gray literature searches. An Excel-based inventory was populated with a list of policy levers and their descriptions, policy effectiveness, and implementation considerations. Filters were developed to identify levers based on key characteristics. The inventory was iteratively refined through presentations to and feedback from key user groups.
Results: The inventory contained 53 policy levers aiming to influence service provision, clinician behavior, fiscal policies, populations or organizations, and patient behavior. The levers varied in how they restrict decision-making. Few levers were considered high impact

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(>5% change to behavior, utilization, or cost) or well-supported (>10 studies reporting effectiveness). Stakeholders found the inventory information useful, particularly for considering potential levers not frequently utilized within their respective programs. A user guide and case examples were also developed to help users learn to navigate the inventory.
Conclusions: An inventory of policy levers, which can be tailored to specific clinical areas and topics, can be of assistance to healthcare decision makers developing and utilizing HTAs to improve appropriateness of care. With limited indication-specific evidence, policy makers must utilize the broader evidence base on appropriate care policy levers to select and implement strategies that are applicable and transferable to their context. Challenges remain in systematically identifying all relevant literature given the inventory's breadth, and in updating the inventory to reflect new evidence.

OP151 Health Technology Assessment In Switzerland – Current And Future Challenges

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Introduction: The Swiss Health Technology Assessment (HTA) program is a unique, innovative program that connects research with policy making. In 2017, a HTA unit was established within the Federal Office of Public Health following a decision by the Federal Council in 2015 to intensify efforts in HTA.
Methods: The legal basis of the HTA program is Article 32 of the Federal Health Insurance Act, which specifies that health technologies (i.e., all preventive, diagnostic, and therapeutic interventions in health care) covered by the compulsory health insurance must be effective (E), appropriate (A), and economically efficient (E).
Health technologies that do not meet the EAE criteria are not eligible for coverage. For health technologies that are already reimbursed, re-evaluation of the criteria can result in the removal of technologies from the catalog of benefits or limitations being placed on their reimbursement.
Results: The initial focus of the HTA program was the re-evaluation of controversial health technologies. This focus was later expanded to evaluating new and upcoming technologies through horizon scanning. Challenges encountered since the start of the program include:

- aligning the classic HTA domains with the EAE criteria;
- identifying suitable re-evaluation topics;
- tailoring HTA processes to regulation options and decision-making processes; and
- involving stakeholders in the HTA process without jeopardizing the quality and objectivity of the research.

Conclusions: Despite various initial challenges, the HTA program has become an acknowledged and appreciated actor within the Swiss reimbursement policy landscape. An outlook on the program's future will also be shared.

OP152 Use of Real-world Evidence By The Brazilian Health Technology Assessment Committee (Conitec) For Monitoring Of Health Technologies

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Introduction: In Brazil, the incorporation or disinvestment of health technologies into the Unified Health System (SUS) are advised by the National Committee for Health Technology Incorporation (Conitec). Despite the thorough evaluation carried out by Conitec, the results measured after implementation do not always reflect the economic and clinical impact expected from the incorporation. Thus, real-world evidence (RWE) is essential for monitoring health technologies. The aim of this study was to report how Brazil is using the RWE to obtain additional information about the incorporated technologies.
Methods: Actions related to the use of RWE for monitoring of technologies incorporated into the SUS were described. The period evaluated was between 2012 and 2022.
Results: The first Conitec recommendation in which the use of real-life data in the decision-making process was evidenced occurred in 2016. Administrative data from a cohort of patients identified that beta-interferons for Multiple Sclerosis were less effective than the other drugs used in the Brazilian public system. A further eight reports have been published assessing the performance of technologies using administrative data.
Another strategy for RWE generation was through the funding of primary studies, highlighting a study with 21 rare diseases and another one to evaluate Zolgensma gene therapy, acquired through court for Spinal Muscular Atrophy. Both studies are ongoing and aim to evaluate the effectiveness, safety, adherence, and cost of medications in the evaluated diseases. Conitec is also following studies in RWE financed by pharmaceutical companies to evaluate effectiveness for incorporated technologies subject to reassessment. Additionally, managed access arrangements have been promoted for generating RWE when there is uncertainty about outcomes.
Conclusions: Real-world evidence from administrative data and clinical research allows monitoring after the implementation of technologies in the Unified Health System in Brazil. This makes it possible to reallocate resources in health and contribute for the system sustainability, in addition to generating data that reduce the uncertainties assumed at the time of incorporation.

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