

## RESULTS:

Ten eligible patients responded, of which five men, aged between 55 and 73 years (mean 65 years) from Austria and Germany, were able to participate. All respondents experienced heart transplantation, and four had received an implantable cardioverter defibrillator before.

Participants reported that experiencing a sense of security was crucial to them and that they expected to do sports and live a life with few limitations, despite receiving a therapy. A wearable cardioverter defibrillator was hence not considered a long-term solution due to expected restrictions in living a 'normal' life.

Challenges included the identification of participants representative of this patient group and the complexity of patient histories.

## CONCLUSIONS:

The focus group approach proved useful in the wearable cardioverter defibrillator assessment. Gathered results informed the inclusion of outcomes relevant to the target group and revealed patients views on health-related quality of life. Lessons learned guide us in further improving patient involvement processes within the European Network for HTA (EUnetHTA) project.

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## OP79 Experimenting HTAi Patient Group Submission Template To Involve Patients

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### INTRODUCTION:

The Health Technology Assessment International (HTAi) community recognises the importance of including patients' views from published research and systematically obtaining input from patient organizations (POs). The HTAi's Patients and Public

Involvement Subgroup has elaborated the Patient Group Submission Template for HTA (HTA Template) to facilitate the collection of evidence from patients via POs involvement. In 2015 AGENAS outlined a procedure to involve POs and tested the HTA Template within a Health Technology Assessment (HTA) report on dialysis.

## METHODS:

The HTAi template was translated into Italian and adapted to the HTA report's specific information needs: to understand patients' experiences with different dialysis modalities and any delivery problems at the regional level. Some questions were reformulated, others were cut and two different versions of the template were used. One was tailored to POs representatives and the other to individual patients selected with a purposive sampling procedure. We provided the HTA Template to POs appointed by an umbrella organization, Cittadinanzattiva, for their input and to identify other relevant POs to be involved. We identified a list of four associations, based on geographical location and typology of patients. Each POs representative completed the first template and administered the second one to, at least one patient for each five dialysis modalities. AGENAS staff provided support on a cascade basis POs collected and returned all templates.

## RESULTS:

Researchers performed a thematic analysis of the answers received and this input was introduced in the HTA report within the chapter on Patients Aspects. Patients' experiences closely corresponded to the ones in our qualitative literature's systematic review. However, PO representatives templates revealed an important problem of equity in access to different dialysis modalities across regions that we highlighted in the HTA report's recommendations.

## CONCLUSIONS:

One of the template's limitations was related to self-administration. In some cases, a lack of familiarity with communicating one's views in writing may have affected the survey's informative power. This pilot also demonstrated the need for a more inclusive

involvement procedure, as some important POs were not initially represented by the umbrella organization.

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## OP83 Value Assessment Framework: Evidence-Informed Deliberative Processes

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### INTRODUCTION:

Priority setting in health care has been long recognized as an intrinsically complex and value-laden process. Yet, Health Technology Assessment (HTA) agencies presently employ value assessment frameworks that are ill-fitted to capture the range and diversity of stakeholder values, and thereby risk to compromise the legitimacy of their recommendations. We propose 'evidence-informed deliberative processes' as an alternative framework with the aim to enhance this legitimacy.

### METHODS:

The framework is based on an integration of two increasingly popular and complementary frameworks for priority setting: multi-criteria decision analysis (MCDA) and accountability for reasonableness (A4R). Evidence-informed deliberative processes are, on the one hand, based on early, continued stakeholder deliberation to learn about the importance of relevant social values. On the other hand, they are based on rational decision-making – through evidence-informed evaluation of the identified values.

### RESULTS:

The framework has important implications for how HTA agencies should ideally organize their processes. Firstly, HTA agencies should take the responsibility to organize stakeholder involvement. Second, agencies are advised to integrate their assessment and appraisal phase,

allowing for the timely collection of evidence on values that are considered relevant. Third, HTA agencies should subject their specification of decision-making criteria to public scrutiny. Fourth, agencies are advised to use a checklist of potentially relevant criteria, and to provide argumentation how each criterion affected the recommendation. Fifth, HTA agencies must publish their argumentation and install options for appeal.

### CONCLUSIONS:

Adopting 'evidence-informed deliberative processes' as a value assessment framework could be an important step forward for HTA agencies to optimize the legitimacy of their priority setting decisions. Agencies can incorporate elements according to their needs and affordances.

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## OP85 Value To Society Of A Nationwide Patient Blood Management Program

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### INTRODUCTION:

Patient Blood Management (PBM) describes a multidisciplinary approach that strives to optimize patients own blood and has been reported to reduce blood components utilization while achieving improved patient outcomes and reduced healthcare costs. The aim of this study was to evaluate the public health and economic impact related to the implementation of a nationwide PBM program in Portugal.

### METHODS:

A decision-model comparing two scenarios ("current clinical practice" and "with PBM implementation") was used to estimate the PBM impact including