

Studies have shown generally homogenous results in reduction of rectal toxicity across assessed subgroups, but the requirement to prioritize remains. One way of addressing the appropriate use of beneficial health technologies is the inclusion of end-user experts in decision-making. The study aim was to identify consensus among radiation oncologists on patient prioritization for rectal hydrogel spacers.

Methods. We conducted a Delphi study where six leading clinical oncologists and one urologist from across the UK experienced in using rectal hydrogel spacers participated in two rounds of online questionnaires and two virtual advisory board meetings.

Results. The experts estimated that 83 percent of patients who could potentially benefit from a spacer were denied access. Overall, ten points of consensus were reached. Key ones concerning patient-access were:

- Spacer use in eligible patients significantly reduces radiation dose to the rectum and toxicity-related adverse events.
- Increased benefit is expected in patients on anticoagulation, with diabetes and with inflammatory bowel disease.
- Increased benefit can be expected with ultra-hypofractionated radiotherapy, but radiotherapy modality is not a key consideration for patient selection.
- Patients should have the opportunity to actively participate in the discussion regarding the use of a spacer.

Conclusions. Currently, not all patients who would benefit can access funding for hydrogel spacers. Consensus in this study indicates that appropriate health policy and funding mechanisms are warranted for patients, to provide equitable access to technologies improving quality of life.

PP151 VALIDATE Methodology On A Medication-Related Clinical Decision Support System: Holistic Assessment For Optimal Technology Adoption

Carla Fernandez Barcelo (cafernandez@clinic.cat),
Elena Calvo-Cidoncha and Laura Sampietro-colum

Introduction. In the past decade, health technology assessment (HTA) has narrowed its scope to analyses of mainly clinical and economic benefits. Technology challenges in the 21st century emphasize the need for holistic assessments to obtain accurate recommendations for decision-making, as in HTA's foundations. Using the VALUES In Doing Assessments of health TEchnologies (VALIDATE) methodology for complex technologies provides a deeper understanding of problems through analysis of stakeholders' views, allowing for more comprehensive HTAs. This study aimed to assess a pharmaceutical clinical decision support system (CDSS) using VALIDATE.

Methods. Semi-structured interviews with different stakeholders were conducted in the following domains: problem definition (medication error [ME] occurrence and prevention); judgement of solution

(existing preventive methods and previous experiences of the CDSS); background theories (future impact and personal beliefs); and barriers to and facilitators of implementation. The following individuals were interviewed: medical informatic specialists (n=3), pharmacists (n=2), nurses (n=2), physicians (n=2), CDSS company representatives (n=1), electronic health record developer (n=1), and health consultancy firm representatives (n=1). Content analysis was used to integrate and analyze the data.

Results. The multistakeholder interviews identified various barriers to the acceptance and implementation of a pharmaceutical CDSS that were different from those reported in the literature. These included: (i) occurrence of ME (no traceability of medication taken or poor patient medication empowerment); (ii) perception of current level of MEs (huge improvement from ten years ago); (iii) perception of technology as a tool to prevent ME (not enough if only implemented at one point of care); (iv) previous experiences with a CDSS (low rates of development of CDSSs are due to medication prescriptions being digitalized last in hospitals); (v) CDSS metrics (input data should be measured to control CDSS performance); and (vi) other barriers.

Conclusions. Including facts and stakeholders' values in problem definition and the scoping of health technologies is essential for the proper conduct of HTAs. Incorporating views from multiple stakeholders when scoping the assessment of health technologies brings additional values to literature findings, resulting in a more holistic evaluation. The lack of multistakeholder scoping can lead to inaccurate information and result in wrong decisions about if, when, and how to adopt a CDSS.

PP152 The Assessment Of The Price Of A Medicine: The Possible Application Of Cost-Based Pricing Methods

Sibren Van Den Berg (s.vandenberg1@amsterdamumc.nl), Marcel Canoy, Lonneke Timmers and Carla Hollak

Introduction. Before admission to the insured package, the price of a medicine is usually assessed on the basis of the value of the medicine for the patient: the effect size on health and survival must be in line with the costs. That seems like a fair starting point, but the use of such 'value-driven' models sometimes results in unrealistic prices. These prices in turn lead to discussions about limitations within the health-care budget and may result in delays in the accessibility of medicines. The aim of this study was to review several alternative pricing models and propose possible applications of the models.

Methods. Six pricing models were selected that encompassed cost-based or cost- and value-based aspects. The models were reviewed within the context of the published group of medicines, followed by a discussion on their potential to aid in creating benchmarks for pricing negotiations.

Results. Five cost-based pricing models and one value-based model with a cost-based aspect were found with potential applications. (i) The AIM-model for innovative medicines. (ii) The adjusted AIM-model for repurposed medicines. (iii) The Cancer drug pricing model for innovative oncolytics with information about health