

## PP70 Enhancing HTA Processes In The Maltese System For Introducing New Medicines

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**Introduction.** Most European countries use Health Technology Assessment (HTA) as input for decisions on reimbursement of (new) medicines. In 2018, following the approval of European Social Funding, the Directorate for Pharmaceutical Affairs (DPA) within the Malta Ministry for Health led a specific Work Package aimed at enhancing knowledge, skills and HTA processes to inform reimbursement decisions.

**Methods.** Since the start of the project, the Institute for Medical Technology Assessment (iMTA) and the National Health Care Institute of the Netherlands (ZIN) collaborate in providing guidance and training to DPA on relative effectiveness assessments (REAs) and pharmaco-economic assessments (PEAs) of pharmaceuticals. Several activities were organized: site visits, face-to-face interviews with stakeholders, a qualitative assessment of the core process of the Maltese system, health economics training and tutorials, meetings introducing the European Network for Health Technology Assessment (EUnetHTA) and Dutch HTA processes, development of a new framework for assessment, and a shadow assessment.

**Results.** Our assessment identified important methodological challenges and crucial processes interdependencies to optimize within the Maltese system. Based on the learnings, DPA created a template based on the EUnetHTA REA assessment format. iMTA created a template to perform PEAs. Currently, a shadow assessment is ongoing in which DPA performs the REA and PEA of a pharmaceutical using the new templates. ZIN and iMTA will provide feedback to DPA on several aspects, including, but not limited to, the PICO, assessment of therapeutic efficacy and safety, identifying uncertainties, input costs and effects, and formulating a clear discussion of the assessment. If necessary, the templates will be adapted during the process. The project will be evaluated and finalized in 2022.

**Conclusions.** With the guidance and training provided by iMTA and ZIN, DPA structured and aligned their REA and PEA to enhance their assessment process and to improve the presentation of their HTA report to the two appraisal committees. This project emphasizes the importance of international collaboration to enhance HTA processes within the

## PP71 Lessons Learned During Analyses Of Appropriate Hearing Care: Building Bridges Between Patient Organizations, Health Professionals And Insurance Companies

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**Introduction.** As part of the cyclic Appropriate Care programme of the National Health Care Institute in the Netherlands, a systematic analysis of hearing health care is taking place. Parties in hearing health care are actively involved throughout the entire process. This abstract focuses on lessons learned from the cooperation as a HTA body with a diverse group of stakeholders.

**Methods.** We carried out an in-depth analysis for the patient journey of both children and adults with ear complaints or hearing impairment. Different kinds of information were included in the analyses, including claims data, quantitative and qualitative research, analyses of (international) guidelines and patient information. A range of strategies were used to co-operate and interact with patient organizations, hearing health care professionals, institutes/hospitals and insurance companies.

**Results.** Close collaboration between the project team and patient organizations turned out to be effective to comprehend patient perspectives. Data analyses were often found to be challenging in hearing health care, as the reimbursement data lacked sufficient information. In several cases, building bridges between parties, but also in relation to our HTA body was needed. Conclusions from the analyses were being shared and discussed with a panel of involved stakeholders, leading to support, but not always consensus on potential room for improvement. An internal review process turned out to be helpful in sharing experiences on effective multi-stakeholder management.

**Conclusions.** We believe that the process did influence the way stakeholders think about the appropriate use of the different available treatment options. Building bridges, and combining different perspectives from patient organizations, health-care professionals and insurance companies is necessary in a cyclic approach. The cyclic appropriate Care programme proved to be a constructive approach for collaboration with stakeholders.

## PP72 SARS-CoV-2: A Rapid Review On The Effectiveness Of Face Coverings To Reduce Transmission

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**Introduction.** At various stages of the COVID-19 pandemic, face coverings have been recommended and encouraged as one of the interventions to reduce transmission of the SARS-CoV-2 virus. However, in the earlier stages of the pandemic, decisions on face coverings relied primarily on evidence based on other viral respiratory infections. More direct evidence on the use of face coverings with COVID-19 developed in tandem with the pandemic.

Health Technology Wales undertook an ultra-rapid review to inform national guidelines, the work assessed the evidence on the effectiveness of face coverings to reduce SARS-CoV-2 transmission. We also reviewed evidence on the efficacy of different types of face coverings.

**Methods.** We conducted a systematic literature search for evidence to address (i) the effectiveness of face coverings to reduce the spread of COVID-19 in the community, and (ii) the efficacy of different types of face coverings designed for use in community settings. We identified a rapid review in 2021 by Public Health England that closely aligned with our review questions. This provided the main source for identifying relevant studies, supplemented by a search for publications following their search date.

**Results.** We identified two evidence reviews (including the Public Health England review) that examined the effectiveness of face coverings on reducing transmission of SARS-CoV-2; reporting on 31 and 39 studies, respectively. Two further primary studies were published after the two evidence review searches were included. Overall, the evidence suggested that face coverings may provide benefits in preventing SARS-CoV-2 transmission, although the higher-quality studies suggested that these benefits may be modest. Medical masks appeared to have higher efficacy than fabric masks, although the evidence was mixed.

**Conclusions.** At the time of this review, evidence on the effectiveness of face coverings remains limited and conclusions rely on low-quality sources of evidence with high risk of bias, although higher-quality evidence points to some benefit. Face coverings may play a role in preventing transmission of SARS-CoV-2, particularly as part of a bundle of other preventative measures.

## PP74 Taking A Lifecycle Approach To Scottish Medicines Consortium Budget Impact Analysis

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**Introduction.** The Scottish Medicines Consortium (SMC) conducts early health technology assessment of new medicines in Scotland. While budget impact is not a factor in decisions on reimbursement, budget impact information is provided initially through horizon scanning reports for high impact medicines (estimated net budget impact >GBP 500,000 [EUR 585,710] per annum) to aid financial planning and implementation of advice at the local level, and later through budget impact templates from the submitting company

issued alongside SMC advice. This research aimed to understand how the information is used and to evaluate the benefits of a lifecycle approach to budget impact analysis.

**Methods.** Health Board users of the budget impact templates were surveyed to explore the degree of utilization and identify areas for improvement, including the need to cross-validate the horizon scanning estimates with those of the submitting company. Responses were analyzed quantitatively and qualitatively, with comments coded in Nvivo (QSR International) and themes established through thematic analysis.

**Results.** The initial responses received (n=17) provided representation from 57 percent of Health Boards (i.e., payers) covering 79 percent of the population. Preliminary results showed that while the budget impact templates were valued, 69 percent of respondents found them 'somewhat useful', suggesting scope for improvement. Almost half (48%) of the respondents used the templates for high impact medicines, with only 30 percent using them for all medicines. The majority (76%) of those surveyed thought there would be value in linking budget impact information throughout the SMC process. An emerging theme was that some users found the templates complex and inflexible, and that a simpler, more adaptable tool to aid the planning process would be welcomed. Priorities identified for improving template included adapting them to the local population and adjusting medicine prices to reflect confidential discounts.

**Conclusions.** This research suggests that budget impact information is valued by Health Boards and that there is strong support for linking budget impact estimates and engaging stakeholders throughout a medicine's lifecycle. Simplifying the templates, increasing their adaptability, and providing guidance and training in their use will be key steps in improving this important part of SMC process.

## PP76 Database On Evidence-Based Telemedicine In A Hospital Setting

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**Introduction.** The use of telemedicine services has increased worldwide during recent years because of national strategies for digitalization of health care and the coronavirus disease 2019 (COVID-19) pandemic. However, healthcare professionals often express uncertainty regarding the effectiveness of telemedicine interventions. The TELEMED database (<https://telemedicine.cimt.dk/>) was introduced by the Centre for Innovative Medical Technology (CIMT) at Odense University Hospital to ensure that hospital managers, healthcare professionals, and other stakeholders have access to scientific studies of telemedicine interventions.

**Methods.** The database constitutes a structured literature search in PubMed for randomized and non-randomized controlled trials on the use of telemedicine for treating somatic diseases in the hospital setting. The search was conducted by staff members in the health technology assessment unit at CIMT. Identified studies were sorted