

resources, to support adoption of NICE health technology assessments guidance into practice. We will continue to engage with healthcare professionals and be responsive in our processes to ensure the packages of adoption support are tailored to need.

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## OP35 Integrated Knowledge Translation In Policy Development

### AUTHORS:

Glenna Laing, Rume Djebah, Judy Hoff, Robert Shaffer, Sheila Rutledge Harding, Carmen Moga, Stefanie Kletke, Ann Scott ([capstone@shaw.ca](mailto:capstone@shaw.ca))

### INTRODUCTION:

Immune globulin (IG) is a publicly funded blood product with high utilization rates and rapidly rising costs. Inappropriate use of IG, particularly in dose and treatment duration, is observed in about 10 percent of cases, and the national guidelines for IG treatment are outdated. To develop a utilization management policy for IG, the Alberta, Manitoba and Saskatchewan Ministries of Health collaborated with health technology assessment (HTA) researchers and clinicians to develop evidence-based guideline recommendations for IG treatment to inform an authorization policy for IG utilization in the provinces.

### METHODS:

A multidisciplinary committee comprising HTA researchers and 22 physicians from seven medical specialties adapted recommendations from 43 "seed" guidelines into one locally contextualized IG guideline. HTA methods and rapid review products were used extensively to update gaps in the evidence base. The guideline recommendation document was used to develop a provincial IG utilization management policy. The challenges of achieving a methodologically rigorous guideline development process will be discussed.

### RESULTS:

The guideline contained over 60 recommendations for IG use in different medical specialties. The health ministries used the guideline recommendations to develop an IG authorization policy. The clinician-sanctioned review criteria were used to construct a

conditional reimbursement system for generating outcome data from controlled off-label IG use for conditions where evidence gaps existed, and were built into policies for benchmarking compliance.

### CONCLUSIONS:

Three provinces successfully collaborated to develop an IG utilization management policy. The unique approach involved a credible and transparent process that incorporated key review elements for compliance benchmarking and reimbursement, promoted clinician buy-in, and created a cadre of clinical champions willing to assist in policy development and implementation. The proactive, rather than retroactive, incorporation of clinician-sanctioned benchmarking and review criteria into policy will help bridge the know-do gap and foster a stronger, more direct link between health policy and evidence.

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## OP37 Health Technology Assessment Impact Assessment: Barriers And Enablers Perceived By Members Of The International Network Of Agencies For Health Technology Assessment (INAHTA)

### AUTHORS:

Nadine Berndt ([n.berndt@alumni.maastrichtuniversity.nl](mailto:n.berndt@alumni.maastrichtuniversity.nl)), Tara Schuller, Alicia Aleman, Karen Macpherson, Susan Myles, Matthias Perleth, Sophie Werkö, David Hailey

### INTRODUCTION:

Health technology assessment (HTA) agencies wish to ensure the impact of their HTAs. HTA impact assessment measures the influence of a HTA on decision-making and downstream to patient outcomes. Despite their potential to provide insights, the use of impact assessment frameworks by HTA agencies is limited. Understanding the underlying mechanisms of adopting HTA impact assessment frameworks is therefore important. Using a social cognitions lens, this study aims to provide insights into the enabling and hindering factors associated with the assessment of HTA impact by INAHTA members.

**METHODS:**

Using an interpretive description design, this cross-sectional study used semi-structured interviews of INAHTA members to gain insight into attitudes, social support, self-efficacy, barriers, and intentions towards HTA impact assessment. Transcriptions were analyzed using a social cognitions lens by two researchers using a constant comparative method to identify themes.

**RESULTS:**

Twenty-six of forty-seven INAHTA members participated. Preliminary results showed that interviewees most often perceived support for assessing impact from their ministry of health or from agency staff. Most interviewees noted challenges to measuring impact at the right time and a lack of human resources, methods, and tools as internal barriers. A lack of transparency and a limited impact assessment culture were perceived as the main external barriers. Interviewees reported feeling fairly confident in overcoming internal barriers, but were less confident in overcoming external barriers. Providing feedback for improvement to HTA processes and making achievements visible were the most frequently reported advantages of assessing impact, whereas its time consuming nature was the biggest disadvantage.

**CONCLUSIONS:**

This is the first study to use a social cognitions model to understand HTA impact assessment. Although the results of this convenience sample need to be interpreted with caution, they contribute knowledge on factors that facilitate and hinder agencies in the assessment of impact and illuminate opportunities for developing effective strategies to support HTA agencies in this area.

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## OP39 Evaluation Of Discharge Planning And Transitional Care For The Elderly

**AUTHORS:**

Maggy Wassef ([maggy.wassef@douglas.mcgill.ca](mailto:maggy.wassef@douglas.mcgill.ca)), Marc-Olivier Trepanier, Sylvie Beauchamp

**INTRODUCTION:**

According to our local data, elderly patients accounted for 14 percent of the population yet, represent 58 percent of hospitalization and, they are more likely to return after

discharge. These patients are more likely to return to the hospital following discharge. In order to meet ministerial target for length of stay of patient on a stretcher, the UETMIS-SS was requested to evaluate interventions aiming to improve the fluidity of patient trajectories in the acute care services. The objective of this health technology assessment is to evaluate the effectiveness of discharge planning and transitional care interventions aiming at reducing the readmission rate of the elderly.

**METHODS:**

An umbrella review was conducted following the PRISMA statement to summarize the scientific evidence. The search was conducted in five databases along with the grey literature search. Two reviewers independently performed the study selection, the quality assessment and the data extraction. To better illustrate the activities and the healthcare professionals (HCP) involved in the interventions, an analytical framework was developed. Results were summarized in a narrative synthesis. The contextual and experiential data were collected through interviews with HCP and directorates from different settings. The level of evidence was and a committee was then held to elaborate the recommendations.

**RESULTS:**

In the nine systematic reviews included in the narrative synthesis, three models were identified: Post-discharge planning and follow-up by the same HCP was established to be effective in reducing the readmission rate. Discharge planning interventions with follow-up by non-specific HCP have been shown to be promising, while discharge planning without follow-up after the hospital discharge has shown to be ineffective in reducing the readmission rate.

**CONCLUSIONS:**

An individualized discharge plan, coordination of services and follow-up performed by the same HCP is established to be effective in reducing readmission rate.

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## OP40 Effect Of Advanced Nursing Practice On Hospital Use For The Elderly

**AUTHORS:**

Marc-Olivier Trepanier ([marc-olivier.trepanier@douglas.mcgill.ca](mailto:marc-olivier.trepanier@douglas.mcgill.ca)), Maggy Wassef, Sylvie Beauchamp