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EXPLORING THE ROLE OF THE COMMITTEE IN THE NICE APPRAISAL PROCESS:
HOW CONSISTENT ARE DECISIONS ACROSS COMMITTEES?

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TECHNOLOGY ASSESSMENTS

methods for future economic evaluations.

OBJECTIVES: No. guidelines exist in the approach that Evidence Review Groups
(ERG) should take to appraise search methodologies in the manufacturer’s sub-
mission (MS) in single technology appraisals (STA). As a result, ERGs are left to
appraise searches using their own approach. This study investigates the limita-
tions in “many-to-many” search methodologies as critiqued by ERGs in published
STA reports. METHODS: Limitations from search critiques in 83 ERG reports pub-
lished in the NIHR website between 2006 and May 2011 were extracted. The limi-
tations were grouped into themes. Comparisons were made between limitations
reported in primary care costs and cost-effectiveness searches in STAs. Results:
Over 60 different limitations were identified and sorted in seven broad themes:
missing studies, search strategy, reporting, sources, limits, filters and translation.
The search strategy theme contained the most limitations. Missing studies were
frequently found by the ERG group in the clinical effectiveness searches. The omis-
sion of searches by manufacturers for unpublished and ongoing trials was fre-
quently reported by the ERG. By contrast, failure of the manufacturer to report
strategies was the most common limitation in the cost-effectiveness searches
which may explain the number of missing critiques in some ERG reports. Themes
with the most frequent limitations in both types of searches are search strategy
reporting and source. CONCLUSIONS: Variations exist in the limitations reported
in both clinical and cost-effectiveness evidence searches in STAs. It is recom-

dended that separate checklists or one that incorporates both reporting and
search methodology limitations be used to ensure that ERG groups and patients
are aware of the range of limitations that might exist when appraising searches.

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THE ROLE OF DECISION-ANALYTIC MODELING IN GERMAN HEALTH
TECHNOLOGY ASSESSMENTS

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Objectives: Decision-analytic modeling has become a widespread method ap-
plied in Health Technology Assessments (HTA) but the extent to which modeling
will increasingly be used in future to rationalize finite health care resources and
budgets. For this purpose, a model is needed to give an economic recommenda-
tion – two of these with limitations. The identified models differ with respect to
the type of health economic evaluation, level and type of relative effectiveness
evidence, cost-utility, model type (decision tree, Markov model, Monte Carlo sim-
ulation, time horizon (two weeks – life long), discount rate (3%, 5%), perspective
(statutory health insurance, care provider, social), outcome parameters (generic,
disease-specific) and sensitivity analyses (one-way, multi-way, probabilistic).

CONCLUSIONS: Incorporating decision-analytic models in German HTAs has the
potential to increase the number of health economic recommendations, but only
a fraction of reports developed a specific model so far.

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ASSESSING THE QUALITY OF MANUFACTURERS’ SEARCHES IN NICE SINGLE
TECHNOLOGY APPRAISALS BY EVIDENCE REVIEW GROUPS

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APPLICATIONS OF DECISION ANALYTICS TO HEALTH TECHNOLOGY
ASSESSMENTS

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The evidence of a medicine can result in P&R decision discrepancies across markets. These
can be expected to make similar decisions regarding the acceptance or rejection
of new decision-analytic models. To assess the impact of these models on recom-
mendations, all relevant reports were reviewed with respect to the health eco-

economic conclusion, modeling methods and further research needs.

RESULTS: A total of 90 DAHTA-reports incorporate an economic assessment. Of these, ten
reports develop a new specific decision-analytic model. About 30% of the reports with an economic model come to a generally similar decision as the
DAHTA gives a clear recommendation without major limitations. About 20% of these reports explicitly state that the development of a model for the German setting may have helped to come to a clear conclusion. In contrast, all reports incorporating a model
give an economic recommendation – two of these with limitations. The identified
types of models differ with respect to the type of health economic evaluation
(cost-effectiveness, cost-utility, model type (decision tree, Markov model, Monte Carlo
simulation), time horizon (two weeks – life long), discount rate (3%, 5%), perspective
(statutory health insurance, care provider, social), outcome parameters (generic,
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CONCLUSIONS: Incorporating decision-analytic models in German HTAs has the
potential to increase the number of health economic recommendations, but only
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PAID INFORMATION REQUIREMENTS FOR RELATIVE EFFECTIVENESS
ASSESSMENT VARY ACROSS MARKETS AND CREATE DISCREPANCIES IN
PATIENT ACCESS TO MEDICINES


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OBJECTIVES: To 1) evaluate how relative effectiveness assessment (REA) is used
within the P&R processes in 8 developed and emerging markets; 2) to understand
REA requirements and preferences in each of the markets studied; and 3) to analyse how the process impacts patient
access to medicines across geographies. METHODS: IHS studied national P&R pro-
cesses through primary and secondary research to establish how REA is leveraged
to rationalise reimbursement and control price levels. Over 30 key relative effec-
tiveness assessors and P&R decision makers were interviewed to understand the
level and type of relative effectiveness evidence they look for in practice, broken
down by public versus private sector, primary versus secondary-care segment, and
key therapeutic areas. This research was further supported by real-life REA case
studies across key therapeutic areas. RESULTS: The evaluation of the therapeutic
value of a medicine can result in P&R decision discrepancies across markets. These
coverage disparities not only reflect societal and methodological differences in
the way the available evidence is interpreted across markets. In terms of how thera-
paeutic value is factored into P&R decisions, markets can be segmented into two
broad categories: 1) those that rely on economic evidence to assess therapeutic
type, and 2) those that evaluate the added therapeutic value/improvement in actual
clinical benefit without considering associated costs. In terms of informa-
tion needs, payers wish to be in a position to evaluate how new medicines compare
with the standard of care in their specific health care setting and in their patient
population when making their P&R decisions. CONCLUSIONS: REA will increas-
ingly be used in future to rationalise finite health care resources and budgets.
For now there are two schools when it comes to the methodology and patient access
to medicines is more stringent in countries that undertake economic evaluation.

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CALCULATED Forecast FOR TECHNICAL OBsolescence IN Computerised
Tomography EQUIPMENT

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OBJECTIVES: To estimate the useful life of Computerised Tomography Equipment
(CT) and relates it in this regard, the extent to which modeling is used differs
among international HTA institutions. The German Agency for Health Technology Assessment (DAHTA) states in its methodological
guidelines that model calculations can be carried out if necessary and feasible. How-
ever, DAHTA does not provide any methodological guidance in this regard. Aim of this
study is to quantify the current role of decision-analytic modeling in DAHTA-re-
ports and to analyze the applied methods. METHODS: All 140 DAHTA-reports pub-
lished between 1998 and May 2011 were screened for the specific development of
new decision-analytic models. To assess the impact of these models on recom-
mendations, all relevant reports were reviewed with respect to the health eco-

economic conclusion, modeling methods and further research needs.

RESULTS: A total of 90 DAHTA-reports incorporate an economic assessment. Of these, ten
reports develop a new specific decision-analytic model. About 30% of the reports
with an economic model come to a generally similar decision as the
DAHTA gives a clear recommendation without major limitations. About 20% of these reports explicitly state that the development of a model for the German setting may have helped to come to a clear conclusion. In contrast, all reports incorporating a model
give an economic recommendation – two of these with limitations. The identified
types of models differ with respect to the type of health economic evaluation
(cost-effectiveness, cost-utility, model type (decision tree, Markov model, Monte Carlo
simulation), time horizon (two weeks – life long), discount rate (3%, 5%), perspective
(statutory health insurance, care provider, social), outcome parameters (generic,
disease-specific) and sensitivity analyses (one-way, multi-way, probabilistic).

CONCLUSIONS: Incorporating decision-analytic models in German HTAs has the
potential to increase the number of health economic recommendations, but only
a fraction of reports developed a specific model so far.

A159

EXPLORING THE ROLE OF THE COMMITTEE IN THE NICE APPRAISAL PROCESS:
HOW CONSISTENT ARE DECISIONS ACROSS COMMITTEES?

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APPLICATIONS OF DECISION ANALYTICS TO HEALTH TECHNOLOGY
ASSESSMENTS

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OBJECTIVES: To understand payer REA requirements and preferences in
different geographies and to analyze the applied methods.

METHODS: All 140 DAHTA-reports published between 1998 and May 2011 were
screened for the specific development of new decision-analytic models. To assess

the impact of these models on recommendations, all relevant reports were reviewed
with respect to the health economic conclusion, modeling methods and further research
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CONCLUSIONS: Incorporating decision-analytic models in German HTAs has the
potential to increase the number of health economic recommendations, but only
a fraction of reports developed a specific model so far.
the shortcoming of the current system is that it does not consider the interaction between different factors, such as costs and benefits. To address this limitation, we propose an approach that takes into account the interactions between these factors and provides recommendations for improving the current system.

We conducted a series of remote and in-person meetings to gather and refine the RoPR system. Overall, the RoPR system is designed to provide a comprehensive framework for assessing the effectiveness of health interventions in the context of a middle-income country.

In conclusion, the RoPR system offers a valuable tool for policymakers and stakeholders to make informed decisions about health interventions. It provides a structured approach for evaluating the value of health interventions and supports evidence-based decision-making in the context of a middle-income country.